

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

ENVIRONMENTAL
CH# 4023
MAY 25 2017

CH 4023

Date of Notification (1) 5/18/17		Name of Building Owner/Operator (2) AST COMPLETE CONST LLC	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 1st STREET City, State, Zip Code Lodi NJ 07644	ASBESTOS CONTROL & LICENSING Telephone Number
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 building etc.)	
City (5) ELIZABETH NJ		Square Feet 2,000	# of Floors 2
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) NOVATECH INC
Street Address [REDACTED]		Street Address P.O. Box 814	
City, State, Zip Code		City, State, Zip Code Old Bridge NJ 08857	
Project Manager for Monitoring Firm		Telephone No. 732 238-7500	License No. 00806
Start Date (10) 5/19/17		Scheduled Completion Date (11) 6/30/17	
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 NOVATECH INC	
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 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		Street Address P.O. Box 814 City, State, Zip Code Old Bridge NJ 08857	
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 X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) DOCK INSULATION	Amount (Specify SF or LF) 20 SF
Name of Registered Waste Hauler NOVATECH INC	NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.
City, State Old Bridge NJ 08857		Disposal Date 6/1/17	City, State Middletown PA
Completed by CARLOS ALMEIDA		Title PRESIDENT	Signature [Signature] Date 5/18/17

Project #

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

Check # 3792

MAY 25 2017

Date of Notification (1) 05/17/2017		Name of Building Owner/Operator (2) Mary Murphy							
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 Morristown, NJ 07960							
Name of Contact Mary Murphy		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Morristown, NJ		# of Floors							
County (6) Morris		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Nick Restoration LLC							
City, State, Zip Code		Street Address 72 Brookside Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Randolph, NJ 07869							
Telephone No.		Telephone No. 973933-2550							
Start Date (10) 05/27/2017		License No. 01133							
Scheduled Completion Date (11) 05/29/2017		Name of OSHA Monitor IRIS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Rt 22 West							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Union, NJ 07083							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Garage area		X		Duct insulation	60 SF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD		Name of Registered Landfill G.R.O.W.S			
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa					
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>		Date 05/17/2017			

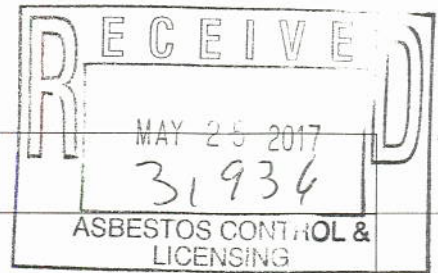
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 4024

via US MAIL
DECLASSIFIED
MAY 25 2017

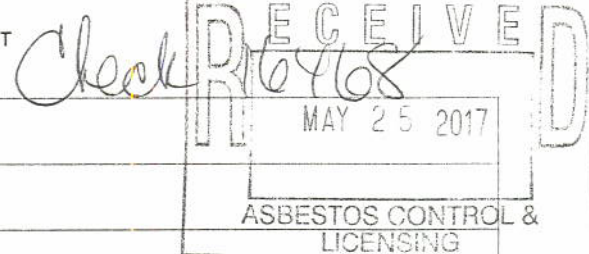
Date of Notification (1) 5/20/17		Name of Building Owner/Operator (2) [REDACTED]						
Agencies Notified	Type Notification	Street Address 460 GARDEN ST SOUTH BRAD						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ELIZABETH NJ 07202						
		Name of Contact MRS RAY	Telephone Number [REDACTED]					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		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, h etc.)						
City (5) ELIZABETH	Square Feet 2000	# of Floors 2	Bldg. Age 90					
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		Street Address						
City, State, Zip Code		City, State, Zip Code						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) 5/29/17		Scheduled Completion Date (11) 6/29/17	Name of OSHA Monitor NOVATECH INC					
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 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						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
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
EXTERIOR			X	SIDING	800 SF X			
BASEMENT			X	PIPE INSULATION	420 LF X			
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 10	Name of Registered Landfill GROWS				
City, State Old Bridge N.J. 08857		Disposal Date 6/30/17	City, State Harrisville P.A.					
Completed by CARLOS ALMEIDA		Title PRESIDENT	Signature [Signature]		Date 5/29/17			

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



Date of Notification (1) 05 / 19 / 17		Name of Building Owner/Operator (2) Ingalls Custom Contracting							
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 2025 Hwy. 71 City, State, Zip Code Spring Lake Heights, NJ 07762							
		Name of Contact Mike Ingalls	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence3		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Sea Bright	Square Feet 1000 sf	# of Floors 1	Bldg. Age 65						
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 05 / 31 / 17	Scheduled Completion Date (11) 06 / 01 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	16 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	5 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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 6/2/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager		Signature 			Date 5/19/17			

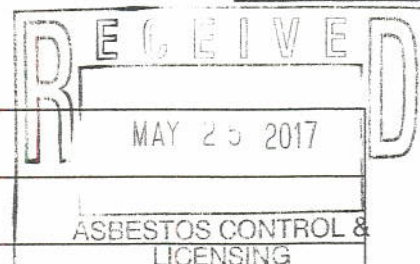
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



NO CK

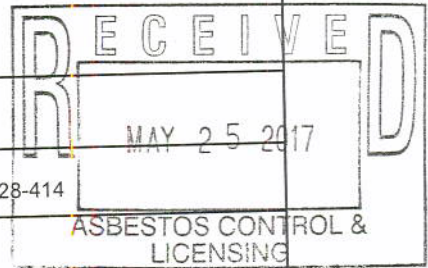
Date of Notification (1) 5/19/17		Name of Building Owner/Operator (2) Phil Puccio							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elmwood Park, NJ 07407							
		Name of Contact Phil	Telephone Number 1						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Park Ridge		Square Feet 2300	# of Floors 2						
		Bldg. Age 68							
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 5/22/17	Scheduled Completion Date (11) 6/15/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-roof			x	roof/felt	1,000 SF	x			
Name of Registered Waste Hauler Tony's Clean-up & Hauling, LLC		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater NJ			Disposal Date TBD	City, State Easton PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 5/19/17			

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



Date of Notification (1) 05-16-17		Name of Building Owner/Operator (2) KSL Capital Partners							
Agencies Notified	Type Notification	Street Address 100 Saint Paul St. Suite 800							
<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 Denver, CO 80206							
		Name of Contact Sigurd Kolemainen	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Building		Type of Facility (4)							
Street Address 211 East Drive		<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) Paramus		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
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) 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) 05-26-17	Scheduled Completion Date (11) 06-02-17	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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
Ground Floor		x		Ceiling Tiles	5,200 SF	x			
Roof		X		Roofing Materials	9,400 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 06-02-17		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 05-16-17			

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



2

of Notification (1)
5 / 17 /17

Names of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
Sandra M. Schenk

Telephone Number

Types of Notification

<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #3
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

<input type="checkbox"/> School (K-12)
<input type="checkbox"/> Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/> Other (ie. private & commd. bldgs., homes, etc.)

Location Address
EAST LINCOLN AVENUE - BUILDING 80N

Square Feet
40,000

of Floors
1

Bldg. Age
65

County Code (7) (STATE USE ONLY)
UNION

Current Use (Prior if being demolished)
VACANT

Name of Monitoring Firm Hired by Building Owner (8)
IRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Selected State Date (10)
5 / 6 /17

Sched. Completion Date (11)
5 / 17 /17

Occupancy Status During Abatement (Check only one)

<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:
<input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-4PM

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Type of Work (Check all that apply)

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation
<input checked="" type="checkbox"/> >3SF OR LF	
<input type="checkbox"/> >160 SF OR 260 LF	

Full Containment with Negative Pressure

<input checked="" type="checkbox"/> Mini Enclo.
<input checked="" type="checkbox"/> Glovebag Procedure
<input type="checkbox"/> Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	VAT & MASTIC	10 SQ. ST	X			
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	ACM DOORS	40 SQ. FT	X			
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	PIPE FITTINGS	10 LN. FT.	X			
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	ACM DOORS	80 SQ. FT.	X			
ADDITION TO SCOPE:			X	PIPE FITTINGS	10 LN. FT.	X			
INTERIOR ROOF			X	PIPE FITTINGS	10 LN. FT.	X			
Name of Registered Waste Hauler REEHOLD CARTAGE, INC. 25 HIGHWAY 33 City, State REEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 6	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752						
Disposal Date 5/6/2017-5/20/17									

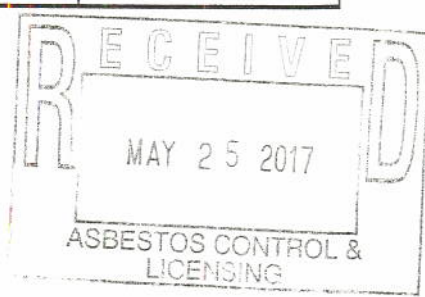
Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature



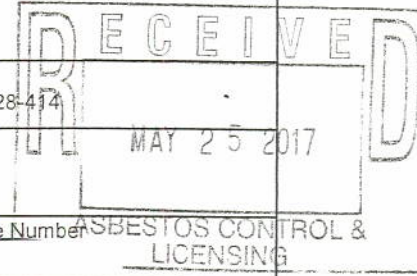
Date 5-9-17



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

CK# 30866

Date of Notification (1) 5 / 9 /17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #2	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	RAHWAY, NEW JERSEY 07065	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION	Sandra M. Schenk	



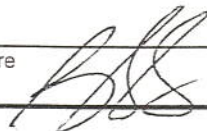
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N		Square Feet 40,000	# of Floors 1
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 5 / 6 /17 Month Day Year	Sched. Completion Date (11) 5 / 20 /17 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-4PM		Street Address 117 EAST 30TH STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		City, State, Zip Code NEW YORK, NEW YORK 10016	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
TELECOMMUNICATION CLOSET-						X			
GROUND FLOOR			X	VAT & MASTIC	10 SQ. ST				
TELECOMMUNICATION CLOSET-									
GROUND FLOOR			X	ACM DOORS	40 SQ. FT	X			
TELECOMMUNICATION CLOSET-			X	PIPE FITTINGS	10 LN. FT.	X			
GROUND FLOOR									
TELECOMMUNICATION CLOSET-			X	ACM DOORS	80 SQ. FT.	X			
GROUND FLOOR									
ADDITION TO SCOPE:									
EXTERIOR ROOF			X	PIPE FITTINGS	10 LN. FT.	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 6	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15					
City, State FREEHOLD, NEW JERSEY			Disposal Date 5/6/2017-5/20/17		City, State MONTGOMERY, PA 17752				

Completed by (Print or Type)
BENJAMIN SANCHEZ

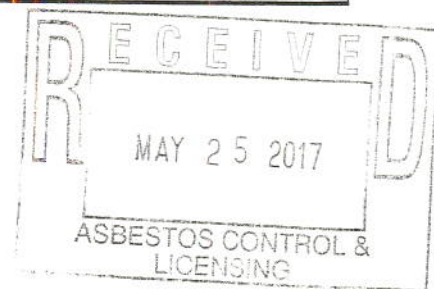
Title
DIRECTOR OF OPERATIONS

Signature



Date

5-9-17



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

CK 30848

Date of Notification (1)

5 / 5 /17

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

Sandra M. Schenk

Telephone Number

ASBESTOS CONTROL & LICENSING

MAY 25 2017

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #1
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80N

Square Feet
40,000

of Floors
1

Bldg. Age
65

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
VACANT

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

5 / 6 /17
Month Day Year

Sched. Completion Date (11)

5 / 16 /17
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY-FRIDAY 7AM-4PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☒ >3SF OR LF
☐ >160 SF OR 260 LF
☒ Renovation

☐ Full Containment with Negative Pressure
☒ Mini Enclo.,
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	VAT & MASTIC	10 SQ. ST	X			
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	ACM DOORS	40 SQ. FT	X			
ADDITION TO SCOPE: TELECOMMUNICATION CLOSET- GROUND FLOOR			X	PIPE FITTINGS	10 LN. FT.	X			
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	ACM DOORS	80 SQ. FT.	X			

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
5

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State

FREEHOLD, NEW JERSEY

Disposal Date

5/6/2017

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

Title

Benjamin Sanchez Dir. of Operations

Signature

[Signature]

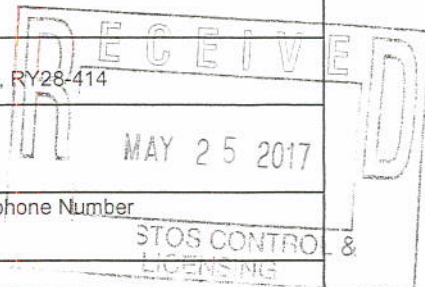
Date

5/5/17

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

CIC# 30783

Date of Notification (1) <div style="display: flex; justify-content: space-around;">4 / 19 /17</div>		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact Sandra M. Schenk	
		Telephone Number STOS CONTROL & LICENSING	




FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N		Square Feet 40,000	# of Floors 1
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 5 / 6 /17 Month Day Year		Sched. Completion Date (11) 5 / 16 /17 Month Day Year	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM-4PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Encl , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	


Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	VAT & MASTIC	10 SQ. ST	X			
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	ACM DOORS	40 SQ. FT	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 5/6/2017		City, State MONTGOMERY, PA 17752			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 4/19/17	

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

Check No. **4133**

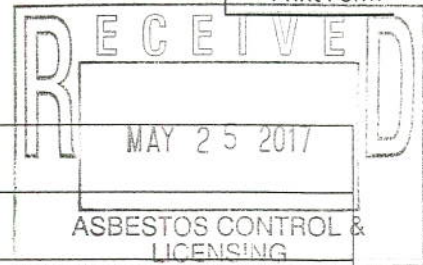
Date of Notification (1) January 11, 2017		Name of Building Owner/Operator (2) PA of NY & NJ						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>(Not required per State Reg. 10:27-04)</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 04 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Goethals Bridge, 2777 Goethal Road North City, State, Zip Code Staten Island, NY 10303-8413 Name of Contact Uday Mehta Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Goethals Bridge - New Jersey Side of Bridge		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 2777 Goethals Road North		Square Feet 440,758						
City (5) Staten Island, NY 10303-8413		# of Floors 1	Bldg. Age 88 +/-					
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bridge						
Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions (CES) Corp.		ASCM No. N/A	Name of Abatement Contractor (9) B&N&K. Restoration Company, Inc.					
Street Address 39 West 37th Street, 14th Floor		Street Address 223 Randolph Avenue						
City, State, Zip Code New York, NY 10018		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Dmitry Khusidman	Telephone No. 212 290 6323	Telephone No. 973-478-4681	License No. 00120					
Start Date (10) January 23, 2017	Scheduled Completion Date (11) January 21, 2018	Name of OSHA Monitor McCabe Environmental Services, L.L.C.						
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: Non-friable exterior work		Street Address 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
West Bound Bridge over NJ Turnpike	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Parapet) - North & South Side	900 In ft	<input checked="" type="checkbox"/>		
East of Rail Road Trestle	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Parapet) - South Side	450 In ft	<input checked="" type="checkbox"/>		
NJ Abutment Room	<input checked="" type="checkbox"/>			White Panel (Transite)	80 sq ft	<input checked="" type="checkbox"/>		
East Bound NJ approach of existing bridge	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Duct Bank)	86 In ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Horwith Truck Inc. Tri-State Transfer		NJDEP Waste Hauler ID No. 07110 Hazardous Waste: 16227 Solid Waste: 19551 (Tri-State)		Cubic Yards of Waste 153	Name of Registered Landfill Chemical Waste Management Minerva Enterprises, Inc			
City, State Northampton, PA / Bronx		Disposal Date 01/23/2017 - 01/21/2018		City, State Emelle, AL / Waynesburg, OH				
Completed by G. Roger Woodman	Title Project Manager			Signature 	Date 5/17/2017			

City, State PLAINFIELD TOWNSHIP, PA	
Signature 	Date 5/19/17

OK 30867

RECEIVED
MAY 25 2017
ASBESTOS CONTROL & LICENSING

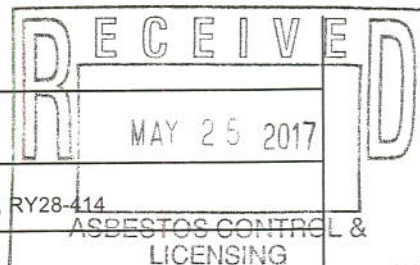
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5-19-2017		Name of Building Owner/Operator (2) Regional Construction Corp							
Agencies Notified	Type Notification	Street Address 3 Manhattanville 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 Purchase, NY 10577							
		Name of Contact Gerald Eglentowicz	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4)							
Street Address 1151 Shewsbury 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) Shewsbury, NJ 07702		Square Feet 13750	# of Floors 1						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 70+						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-333-8855						
Start Date (10) 5-29-2017		Scheduled Completion Date (11) 5-31-2017	License No. 01174						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor 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 type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof penetrations		X		Flashing	1372 SF	X			
Roof		x		Caulking - HVAC units	80 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 4	Name of Registered Landfill G.r.o.w.s. North Landfill				
City, State Jersey City, NJ		Disposal Date 6-12-2017		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 5-19-2017			

NO CK

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



Date of Notification (1)

5 / 17 17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #4
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION
Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

Sandra M. Schenk

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 Y LINK

Square Feet

7,500

of Floors

1

Bldg. Age

38

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

4 / 6 /17
Month Day Year

Sched. Completion Date (11)

5 / 17 /17
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

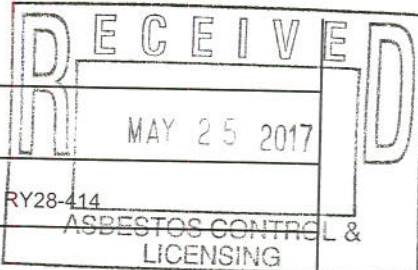
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini Enclo.
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF			X	MASTIC ON EXTERIOR BRICK BELOW	400 LN. FT.	X			
				ROOF COPING CAP					
ADDITION TO SCOPE:									
ROOF			X	ROOF FLASHING	1,000 SQ. FT.	X			
THROUGHOUT				TAR ON STEEL BEAMS	500 SQ. FT	X			
Name of Registered Waste Hauler	NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill						
FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	15939	30	LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15						
City, State	Disposal Date		City, State						
FREEHOLD, NEW JERSEY	04/06/17-12/30/17		MONTGOMERY, PA 17752						
Completed by (Print or Type)	Title	Signature	Date						
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS		5/17/17						

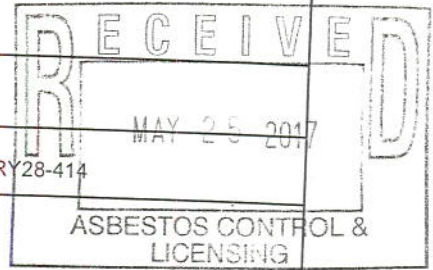
NO CK

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



Date of Notification (1) 5 / 17 / 17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION						
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			City, State, Zip Code RAHWAY, NEW JERSEY 07065						
Name of Contact Sandra M. Schenk			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80 Y LINK			Square Feet 7,500	# of Floors 1	Bldg. Age 38				
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION					
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD						
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901						
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101					
Expected State Date (10) 4 / 6 / 17 Month Day Year		Sched. Completion Date (11) 5 / 17 / 17 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - SATURDAY 7AM-3:30 PM			Street Address 117 EAST 30TH STREET						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF			X	MASTIC ON EXTERIOR BRICK BELOW	400 LN. FT.	X			
				ROOF COPING CAP					
ADDITION TO SCOPE:									
ROOF			X	ROOF FLASHING	1,000 SQ. FT.	X			
THROUGHOUT				TAR ON STEEL BEAMS	500 SQ. FT	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY			NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 30	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				
Disposal Date 04/06/17-12/30/17			Signature 		Date 5/17/17				
Completed by (Print or Type) BENJAMIN SANCHEZ			Title DIRECTOR OF OPERATIONS						

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



Date of Notification (1)

4 / 24 / 17

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
Sandra M. Schenk

Telephone Number

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #3
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80 Y LINK

City (5)
RAHWAY

County (6)
UNION

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet
7,500

of Floors
1

Bldg. Age
38

Current Use (Prior if being demolished)
VACANT

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMETAL HEALTH INVESTIGATIONS, INC.

ASCM No.
104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
655 WEST SHORE TRAIL
City, State, Zip Code

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH

Telephone Number
973-729-5649

Telephone Number
845-369-7500

License Number
1101

Expected State Date (10)

Month 4 / Day 6 / Year 17

Sched. Completion Date (11)

Month 12 / Day 30 / Year 17

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini Encl.
☐ Glovebag Procedure
☒ Non-Friable Procedure

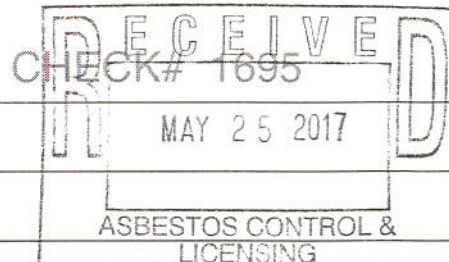
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF			X	MASTIC ON EXTERIOR BRICK BELOW	400 LN. FT.	X			
				ROOF COPING CAP					
ADDITION TO SCOPE:									
ROOF			X	ROOF FLASHING	1,000 SQ. FT.	X			
THROUGHOUT				TAR ON STEEL BEAMS	500 SQ. FT	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY									
NJDEP Waste Hauler ID No. 15939			Cubic Yards of Waste 30		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ				Disposal Date 04/06/17-12/30/17		Signature <i>[Signature]</i>			
Title DIRECTOR OF OPERATIONS				Date 4/24/17					

RECEIVED
MAY 25 2017
ASBESTOS CONTROL & LICENSING

ure

IN CONJUNCTION WITH ANNUAL
NOTIFICATION CHECK 1673

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



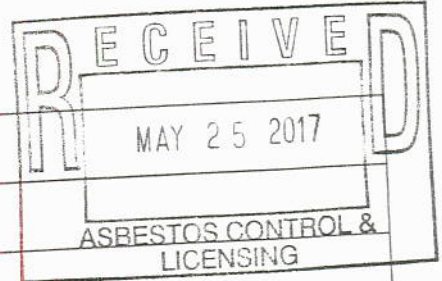
Date of Notification (1) 05/18/2017		Name of Building Owner/Operator (2) MAPLEWOOD III LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2000 MAPLEWOOD DRIVE City, State, Zip Code MAPLE SHADE NJ 08052 Name of Contact JIM
			Telephone Number _____

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES		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 2000 MAPLEWOOD DRIVE		Square Feet 800	# of Floors 1
City (5) MAPLE SHADE		Bldg. Age 50+	
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS	
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN	
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676 License No. 01145
Start Date (10) 05/19/2017	Scheduled Completion Date (11) 05/20/2017	Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>UNIT VACANT DURING REMOVAL</u>		Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMINSON NJ 08077	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-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
21A OAKWOOD			X	JOINT COMPOUND	128 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ			Disposal Date 05/19/2017	City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 05/18/2017	

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



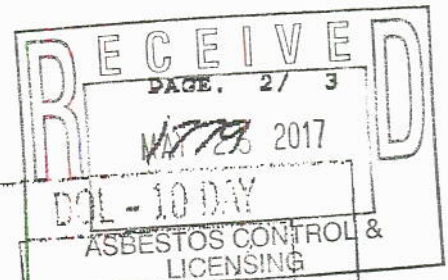
CH 2702

Date of Notification (1) 5/12/17		Name of Building Owner/Operator (2) Lanyi + Tervald, Inc.					
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 439 Rt. 46		City, State, Zip Code Rochaway, NJ 07866					
Name of Contact Eric Plackis		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Olga's Diner		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 100 West Rt. 70		Square Feet 16000	# of Floors 1				
City (5) Marlton		Bldg. Age 50					
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Diner					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.					
Street Address		Name of Abatement Contractor (9) Brick Industries Inc.					
City, State, Zip Code		Street Address P.O. Box 915					
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196				
Start Date (10) 5/15/17	Scheduled Completion Date (11) 6/20/17	Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 19,160 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
		✓ Asbestos Roofing + Roof HVAC ductwork					
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste	Name of Registered Landfill GROWS Inc.			
City, State Brick, New Jersey		Disposal Date 6/20/17	City, State PA		Date 5/12/17		
Completed by Eric Plackis		Title President	Signature <i>[Signature]</i>				

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

May.10.2017 09:12 AM

6094812123



State of New Jersey
NOTIFICATION ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

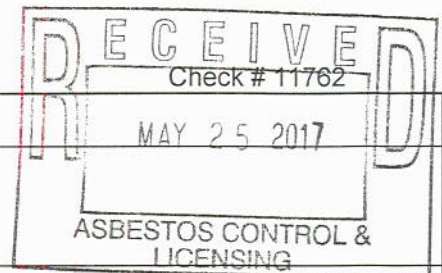
CK 1779

Date of Notification (1) 5/10/17		Name of Building Owner/Operator (2) Hispanic Family Center of Southern New Jersey							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 35-47th S. 29th Street		City, State, Zip Code Camden, NJ 08105							
Name of Contact Vince McGrath		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hispanic Family Center of Southern New Jersey		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 35-47th S. 29th Street		Square Feet 5000 sf	Wdg. Age 40 yrs						
City (5) Camden, NJ 08105		County Code (7) (STATE USE ONLY)							
County (6) Camden, NJ		Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address			AEI2, LLC						
City, State, Zip Code			Street Address 361 E. Fleming Pike						
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Hammonton, NJ 08037						
Start Date (10) 5/17/17		Scheduled Completion Date (11) 5/24/17	Telephone No. 609-491-2122						
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 AEI2, LLC							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 of or ≥3 ft <input checked="" type="checkbox"/> ≥150 sf or ≥250 ft ²		<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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	1	2	3	4
Ground Floor			X	Floor Tiles & Mastic	2300 sf	X			
Name of Registered Waste Hauler AEI2, LLC		NJDEP Waste Hauler ID No. 21376	Cubic Yards of Waste 4	Name of Registered Landfill TBD					
City, State Hammonton, NJ		Disposal Fee TBD	City, State TBD						
Completed By Wm. Minnick		Title Program Mgr.	Signature <i>[Signature]</i>	Date 5/10/17					

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) May 17, 2017		Name of Building Owner / Operator (2) Bank of America	
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 Amendment # _____ <input type="checkbox"/> Cancellation	522 Main Street City, State & Zip Code Bradley Beach, NJ 07720	
		Name of Contact Dino Nappi	Telephone Number -

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 & commercial buildings, home, etc.)	
Street Address 522 Main Street		Square Feet 6,500	# of Floors 3 + Basement
City (5) Bradley Beach		Bldg. Age 45	
County (6) Monmouth		County Code (7) USE ONLY	
Name of Monitoring Firm Hired by Building Owner (8) New York Environmental		ASCM No.	Name of Abatement Contractor (9) Synatech, Inc.
Street Address 88 Harbor Road		Street Address 829 Radio Road	
City, State & Zip Code Port Washington, NY 11050		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Michael Baudo		Telephone Number 516-805-2703	License Number 00817
Scheduled Start Date (10) May 27, 2017	Scheduled Completion Date (11) June 27, 2017		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 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

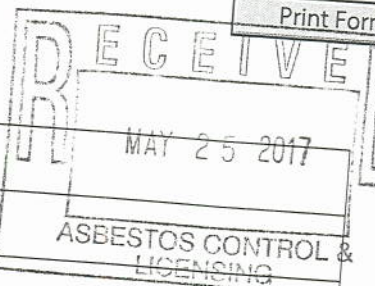
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Stairwell			X	Wall and Ceiling Plaster	250 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 15	Name of Registered Landfill Fairless Hills	
City, State Little Egg Harbor, NJ 08087		Disposal Date June 28, 2017		City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>		Date May 17, 2017	

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

Print Form



Date of Notification (1)
5/16/2017

Agencies Notified

☒ EPA
☒ DEP
☒ DOL
☒ DOH
☒ DCA

Type Notification

☐ Initial
☒ Amended
Amendment # 2
☐ Emergency (including justification)
☐ Cancellation

Name of Building Owner/Operator (2)
Belmont Construction Corp.

Street Address
240 W. Passaic Street, Suite 11

City, State, Zip Code
Maywood, NJ 07607

Name of Contact
Frank Belgiovine

Telephone Number

Name of Facility Where Abatement is Taking Place (3)
Oak Tree School

FACILITY INFORMATION

Street Address
45 Wilus Way

City (5)
Iselin

County (6)
Middlesex County

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
30,000 +

of Floors
3

Bldg. Age
1950's

Current Use (Prior if being demolished)
School

Name of Monitoring Firm Hired by Building Owner (8)
McCabe Environmental Services, LLC

ASCM No.
00118

Name of Abatement Contractor (9)
Unicorn Contracting Corp.

Street Address
464 Valley Brook Avenue, #3A

City, State, Zip Code
Lyndhurst, NJ 07071

Street Address
32 Willow Way

City, State, Zip Code
Woodland Park, NJ 07424

Project Manager for Monitoring Firm
John H. Chiaviello/Jarred Panecki

Telephone No.
201-438-4839

Telephone No.
973-333-9176

License No.
01331

Start Date (10)
TBD

Scheduled Completion Date (11)
6/23/2017

Name of OSHA Monitor
Envirovision Consultants, Inc.

Occupancy Status During Abatement (Check Only One)

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

Street Address
20-21 Wagaraw Rd., Bldg. 35-E

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

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

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

Name of Registered Waste Hauler
Unicorn Contracting Corp.

NJDEP Waste Hauler ID No.
0035844

Cubic Yards of Waste
30+

Name of Registered Landfill
Fairless Hills Landfill

City, State
Woodland Park, New Jersey

Disposal Date
TDB

City, State
Morrisville, PA

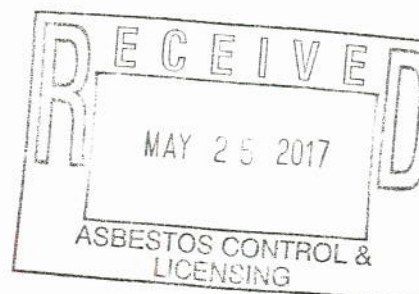
Completed by
Dimo Golcev

Title
General Manager

Signature

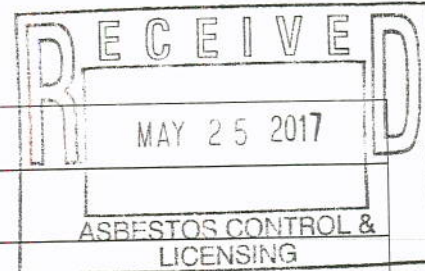
Date
5/16/2017

State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet

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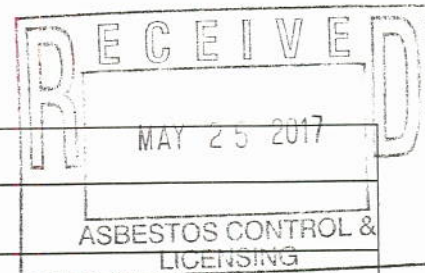
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CH 4304



Date of Notification (1) 5/16/17		Name of Building Owner/Operator (2) Rosedale Cemetery							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 408 Orange Road City, State, Zip Code Montclair NJ 07042 Name of Contact Kevin Seise Tel. Number -						
	FACILITY INFORMATION								
	Name of Facility Where Abatement is Taking Place (3) Rosedale Cemetery Street Address 408 Orange Road City (5) Montclair County (6) Essex County		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.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) County Code (7) (STATE USE ONLY) Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC						
Name of Monitoring Firm Hired by Bldg. Owner (8) EMWA Street Address 100 Misty Lane City, State, Zip Code Parsippany NJ 07054		ASCM No. Street Address 365 River Drive City State, Zip Code Garfield, NJ 07026 Telephone Number (973)685-9791 License Number 01191 "A"							
Project Manager for Monitoring Firm Kevin Seise Telephone Number (201) 923-7155		Name of OSHA Monitor Testor Tech							
Scheduled Start Date (10) 5/30/17		Scheduled Completion Date (11) 6/30/17							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101							
Source 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"/> Glove bag 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) 90 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Area			X	Pipe Insulation		X			
Name of Reg. Waste Hauler Cid Construction Services, LLC		NJDEP Waste Hauler ID # 32905		Cubic Yards of Waste TBD	Name of Reg. Landfill G.R.O.W.S., Waste Management				
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Roque G Schipilliti		Title Project Manager		Signature 			Date 5/16/17		

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

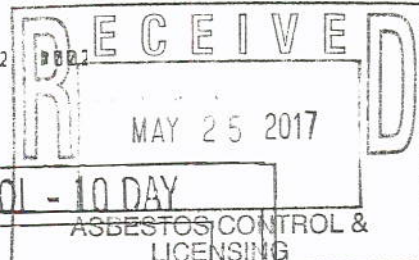


CK 4302

Date of Notification (1) 5/16/2017		Name of Building Owner/Operator (2) Morris County							
Agencies Notified () EPA () DEP (X) DOL (X) DOH () DCA	Notification Type (X) Initial Notification () Amended Amendment # () Emergency (including justification) () Cancellation	Street Address 12 Court Street							
		City, State, Zip Code Morristown NJ 07963							
		Name of Contact Mr. Christopher Walker	Tel. Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Morris County Courthouse		Type of Facility (4) () School (K-12) (X) Subchapter 8 (other than K-12) () Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 56 Washington Street									
City (5) Morristown NJ 07960		Square Feet 80,000	# of Floors 5						
County (6) Morris County		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Bldg. Owner (8) T and M Associates		ASCM No. 0145	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC						
Street Address 11 Tindall Road		Street Address 365 River Drive							
City, State, Zip Code Middletown, New Jersey 07748		City State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Kevin Burns	Telephone Number (732) 676-1725	Telephone Number (973) 685-9791	License Number 01191 "A"						
Scheduled Start Date (10) 5/26/17	Scheduled Completion Date (11) 5/29/17	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement (X) Abatement Performed Outside of Normal Facility Hours () Other - Describe:		Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101							
Source of Work (Check all that apply) (X) ≥ 3 sf or ≥ 3 lf (X) Renovation () ≥ 160 sf or ≥ 260 lf () Demolition () Full Containment with Negative Pressure () Mini-Enclosure (X) Glove bag Procedure (X) 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
Basement-Original Wing-Personnel Dept. Storage Room	X			Asbestos Pipe Insulation	180 LF	X			
First Floor- Original Wing- Exit Vestibule at New Main Entrance	X			Asbestos Pipe Insulation	40 LF	X			
First Floor- Original Wing- Exit Vestibule at New Main Entrance	X			Grey Cementitious pipe fitting insulation assoc. w/ FG pipe	20 LF	X			
First Floor- Original Wing- Exit Vestibule at New Main Entrance	X			9"x9" floor tile/mastic	105 SF	X			
Name of Reg. Waste Hauler Cid Construction Services, LLC	NJDEP Waste Hauler ID # 32905		Cubic Yards of Waste TBD	Name of Reg. Landfill G.R.O.W.S., Waste Management					
City, State Garfield, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Roque G Schipilliti	Title Project Manager		Signature 			Date 5/16/2017			

05/18/2017 08:34

NO. 012 3802



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:19)

DOI - 10 DAY

ASBESTOS CONTROL & LICENSING

MAY 19 2017

WAIVER APPROVED

JP

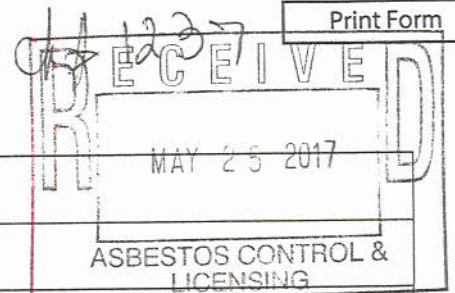
CK 3959

Date of Notification (1) 5 / 19 / 17		Name of Building Owner/Operator (2) Cherry Hill Public Schools		Street Address 45 Rencade Terrace		City, State, Zip Code Cherry Hill, NJ 08034		Name of Contact Tom Carter							
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"/> Amendment Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Facility Information Name of Facility Where Abatement is Taking Place (3) Cherry Hill High School East		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 and commercial buildings, homes, etc.)		Square Feet 100,000		# of Floors 3		Bldg. Age 86			
Street Address 1760 Kresson Road		City (5) Cherry Hill		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) TTI Environmental, Inc.		ASCM No. 00003		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1253 N. Church Street		City, State, Zip Code Moorestown, NJ 08057		Telephone No. 856-840-9600		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08082		Telephone No. 856-785-0999		License No. 00842			
Project Manager for Monitoring Firm Jim Gulland		Start Date (10) 05 / 18 / 17		Scheduled Completion Date (11) 05 / 22 / 17		Name of OSHA Monitor EMSL Analytical, Inc.		Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077					
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- PM/3:00PM-12:00AM															
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 25 ft <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 250 ft <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure															
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LR)		Abatement Type Removal Repair Encapsulate Endure							
Corridor B-01 North Corridor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Glue Dots		100 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Corridor B-03 South Corridor		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Glue Dots		40 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>							
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1		Name of Registered Landfill GROWS North Landfill		City, State Morrisville, PA							
City, State Freehold, NJ		Disposal Date 5/22/2017		Title Vice President of Operations		Signature 		Date 5/19/17							
Completed By (Print or Type) Christine Lynch															

ASAC1
JAN 10

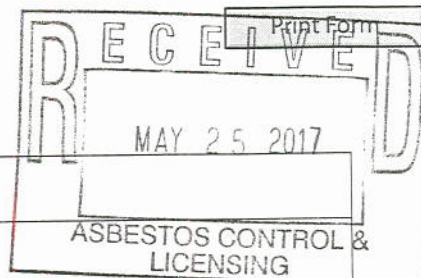
* Do not use this form for asbestos license exempted activities.

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



Date of Notification (1) 5/19/2017		Name of Building Owner/Operator (2) Paramount Assets							
Agencies Notified	Type Notification	Street Address 142 Broad Street							
<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 Elizabeth NJ							
		Name of Contact Richard Dunn	Telephone Number ---						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		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 2000SF	# of Floors 1						
City (5) Paterson NJ		Bldg. Age +50							
County (6) passaic	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. N/A	Telephone No. 201-552-9685						
Start Date (10) 5/29/2017		Scheduled Completion Date (11) 6/5/2017	License No. 01320						
Name of OSHA Monitor Iris Environmental 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
first floor			x	floor tile	2000SF	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 Marcos Regato		Title President	Signature <i>Marcos Regato</i>	Date 5/19/2017					

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



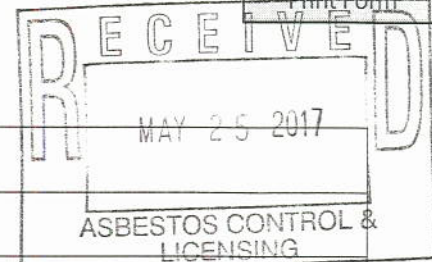
CH 5579

Date of Notification (1) 5/18/17		Name of Building Owner/Operator (2) Coldwell Banker Residential Brokerage							
Agencies Notified	Type Notification	Street Address 24 Carol Drive							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, NJ							
		Name of Contact Patricia Spinner	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED] Westfield		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) Westfield		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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) 6/2/17	Scheduled Completion Date (11) 6/5/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input 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	Encapsulate	Enclosure
INTERIOR				Floor Tile	900SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 6/5/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

CH 5579

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

Print Form

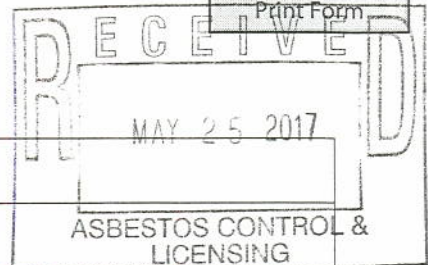


Date of Notification (1) 5/18/17		Name of Building Owner/Operator (2) MAUREEN LORD							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 PENNSAUKEN, NJ 08110							
		Name of Contact MAUREEN	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED] PENNSAUKEN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) PENNSAUKEN		Square Feet	# of Floors						
		Bldg. Age							
County (6) CAMDEN	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.	Telephone No. 732-668-9078						
		License No. 1200							
Start Date (10) 6/6/17	Scheduled Completion Date (11) 6/8/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Floor Tile	400SF	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 6/8/17	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

CK 5579

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

Print Form



Date of Notification (1) 5/18/17		Name of Building Owner/Operator (2) ARM CONSTRUCTION	
Agencies Notified	Type Notification	Street Address 711 PARK AVE	ASBESTOS CONTROL & LICENSING
<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 LAKEWOOD, NJ 08701	
		Name of Contact DINAH	
Telephone Number			

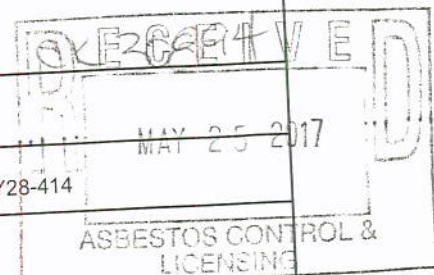
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) [REDACTED] Howell		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) Howell		Bldg. Age	
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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.	Telephone No. 732-668-9078	License No. 1200
Start Date (10) 5/28/17	Scheduled Completion Date (11) 5/30/17	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 Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Floor tile	40SF	x			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI
City, State NEWARK, NJ	Disposal Date 5/30/17	City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN	Title OWNER	Signature	Date

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



Date of Notification (1)
5 / 16 / 17

Agencies Notified

<input type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

Type Notification

<input type="checkbox"/>	Initial Notification
<input type="checkbox"/>	Amended Notification
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input checked="" type="checkbox"/>	EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON

Telephone Number
1

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
126 EAST LINCOLN AVENUE - BUILDING 28 EXTERIOR PIPE RACK

City (5)
RAHWAY

County (6)
UNION

County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.
104

Street Address
655 WEST SHORE TRAIL

City, State, Zip Code
SPARTA, NEW JERSEY 07871

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
VACANT

Project Manager for Monitoring Firm
WILLIAM S. KERBEL, CIH

Telephone Number
973-729-5649

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Expected State Date (10)
5 / 16 / 17

Sched. Completion Date (11)
5 / 26 / 17

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe:

☒ Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Telephone Number
845-369-7500

License Number
1101

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Scope of Work (Check all that apply)

☐ Demolition

☒ >3SF OR LF

☐ >160 SF OR 260 LF

☒ Renovation

☒ HEPA VACUUM/WET METHOD/PATCH REPAIR

☐ Mini Enclo.

☐ Glovebag Procedure

☐ Non-Friable Procedure

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
UNDER PIPE RACK CLEAN UP			X	PIPE RACK-PIPE INSULATION	40 SQ FT	X			

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
40

Disposal Date
5/16/17-5/26/17

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ

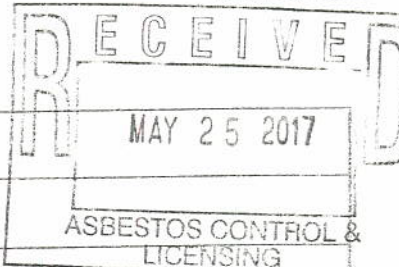
Title
DIRECTOR OF OPERATIONS

Signature
[Signature]

Date
5/16/17

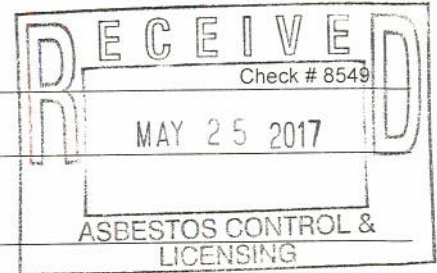
CK# 3165

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



Date of Notification (1) 5/23/17		Name of Building Owner/Operator (2) Kiely Development		MAY 25 2017	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 700 McGellan Street City, State, Zip Code Long Branch, New Jersey 07740 Name of Contact Cara Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Kiely Property			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 2500		
City (5) Little Silver			# of Floors 1		
County (6) Monmouth			Bldg. Age 55+		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co., Inc.	
Street Address				Street Address 95 Montrose Rd	
City, State, Zip Code				City, State, Zip Code Colts Neck, New Jersey	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732 294 1757	
Start Date (10) 6/1/17		Scheduled Completion Date (11) 6/8/17		License No. 00029	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: 7AM - 7PM				Name of OSHA Monitor	
				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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)	
interior (breezeway)		X		125 lf	
Kitchen		X		140 lf	
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 3	
City, State Colts Neck, New Jersey		Disposal Date 6/8/17		Name of Registered Landfill Chrins Landfill	
City, State Easton, PA		Signature Bree McGuire		Date 5/23/17	
Completed by Bree McGuire		Title Secretary Treasurer			

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



Date of Notification (1) 5/19/17		Name of Building Owner/Operator (2) Stevens University	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation	Street Address 1 Castle Point on Hudson	
		City, State, Zip Code Hoboken, NJ 07030	
		Name of Contact David Hernandez	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Stevens University – Howe Center			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address 1 Castle Point on Hudson			Square Feet 60000	# of Floors 13	Bldg. Age ~ 50
City (5) Hoboken	County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office/lab/classroom		
Name of Monitoring Firm Hired by Building Owner TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address 1253 N. Church St.		Street Address 323 Changebridge Road, Suite 100			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Pine Brook, NJ 07058			
Project Manager for Monitoring Firm Jeffrey Seaman		Telephone Number 856-840-8800	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 5/25/17	Sched. Completion Date (11) 6/30/17	Name of OSHA Monitor Iris Environmental Laboratories, LLC			
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: <u>partially vacated</u>			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

Location of Asbestos – Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	E	N	E
9 th floor		x		TSI	250 LF	X			
9 th floor		x		VAT/mastic	6500 SF	X			
9 th floor		x		Spray-on	1760 SF	x			

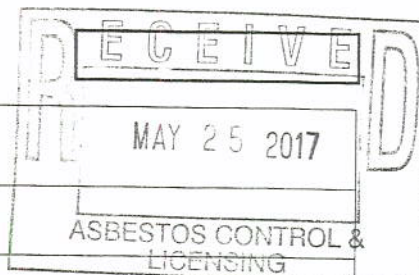
Name of Registered Waste Hauler Jupiter Environmental Services	NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 60	Name of Registered Landfill Alliance Landfill
City, State Pine Brook, NJ	Disposal Date 6/28/17	City, State Taylor, PA	
Completed By (Print or Type) Pane Repic	Title General Manager	Signature 	Date 5/19/17

ASB-411

Amendment #1, 4/13/17: Start date is being postponed for 5/1/17. Amendment #2, 4/28/17: New start date to be determined.
Amendment #3, 5/19/17: Start date is set for 5/25/17.

MO#24219181721

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



Date of Notification (1) 05 / 22 / 17		Name of Building Owner/Operator (2) Mary Baumeister							
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 <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Summit, NJ 07901 Name of Contact Mary Baumeister Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City (5) Summit, NJ 07901 County (6) Union		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 buildings, homes, etc.) Square Feet # of Floors Bldg. Age							
County Code (7) (STATE USE ONLY) 		Current Use (Prior if being demolished) 							
Name of Monitoring Firm Hired by Building Owner (8) 		ASCM No. 	Name of Abatement Contractor (9) Gr Tech LLC						
Street Address 		Street Address 576 Valley Rd #283							
City, State, Zip Code 		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm 		Telephone No. 973-638-1777	License No. 01127						
Start Date (10) 05 / 31 / 17		Scheduled Completion Date (11) 06 / 01 / 17							
Name of OSHA Monitor Envirovision Consultants, Inc									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite panel	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N.Jevtic</i>		Date 05/22/17				

ASB-41
MAY 11

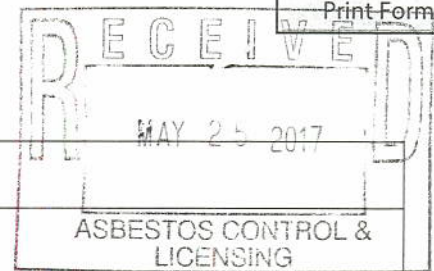
* Do not use this form for asbestos licensure exempted activities.

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

Check # 9983
MAY 25 2017
RECEIVED
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5-19-17		Name of Building Owner/Operator (2) Kenny Lange							
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 [REDACTED]	City, State, Zip Code Lebanon NJ 08833						
		Name of Contact Kenny Lange	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors 2						
City (5) Lebanon NJ 08833		Bldg. Age							
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Single family Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) May 31, 2017	Scheduled Completion Date (11) June 12 2017	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1st floor		X		Linoleum flooring	400 SF	X			
		X		Floor Tiles under	50 SF	X			
Basement	X			Check Boiler Fiberglass	30 SF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date by 6-12-17		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 5-19-17			

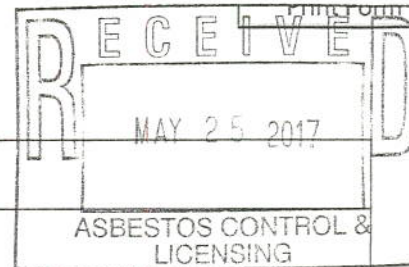
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



CK 3266

Date of Notification (1) 05/18/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, N.J. 07206							
		Name of Contact Manuel Santos	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,500	# of Floors 2						
City (5) Elizabeth		Bldg. Age 114							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No. _____							
Name of Abatement Contractor (9) Brinks Tank Services		ASCM No. _____							
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 06/02/2017	Scheduled Completion Date (11) 06/12/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe wrap	60 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 05/18/2017					

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



CK 2714

Date of Notification (1) 5/22/17		Name of Building Owner/Operator (2) Laureen Klein	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Avon By The Sea, NJ Name of Contact Eric Plackis	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Avon By the Sea	Square Feet 2400	# of Floors 2	Bldg. Age 63
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) None	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Brick Industries Inc.	
Street Address		Street Address P.O. Box 915	
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723	
Project Manager for Monitoring Firm		Telephone No. (732)899-7499	License No. 01196
Start Date (10) 6/1/17	Scheduled Completion Date (11) 6/15/17	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

- ☒ Renovation
☐ Demolition



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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				transite panels	1000 SF				
				pipe insulation	100 LF				

Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 8	Name of Registered Landfill GROWS Inc.	
City, State Brick, New Jersey			Disposal Date 6/15/17	City, State PA	
Completed by Eric Plackis		Title President	Signature 	Date 5/22/17	

CK#4093

RECEIVED
MAY 25 2017

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

DOL - 10 DAY

ASBESTOS CONTROL &
LICENSING

MAY 18 2017

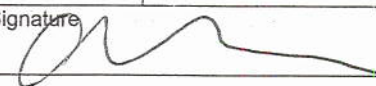
Date of Notification (1) 5/18/17		Name of Building Owner/Operator (2) MS. LORI KOPELMAN						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOR <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including jurisdiction) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code ENGLEWOOD, NJ, 07631						
Name of Contact MS. KOPELMAN		Name of Facility Where Abatement is Taking Place (3) MS. LORI KOPELMAN						
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.)		Square Feet 2500						
City (5) ENGLEWOOD		# of Floors 2						
County (6) BERGEN		County Code (7) (STATS USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) Best Removal Inc		ASCM No.						
Street Address 450 South River Street		City, State, Zip Code Hackensack, NJ 07601						
Project Manager for Monitoring Firm 201-329-7444		Telephone No. 00388						
Start Date (10) 5/20/17		Scheduled Completion Date (11) 5/21/17						
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: 7:00AM TO 5:00PM		Name of OSHA Monitor Omega Environmental						
Street Address 280 Huyler Street		City, State, Zip Code South Hackensack, NJ 07606						
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 type="checkbox"/> Non-Exempted ("r") and Non-Frangible Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Controlled Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 403F	Abatement Type			
	Yes	No			NA	Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 2 cys		Name of Registered Landfill Minerva Enterprises, LLC		
City, State Hackensack, NJ 07601		Disposal Date 5/20/17		City, State Waynesburg, OH 44688				
Completed by J. Maiorano		Title Estimator		Signature <i>[Signature]</i>		Date 5/19/17		

ASB-41 (8-04-01)

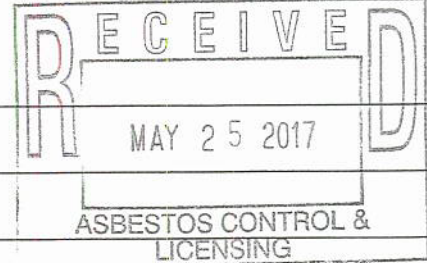
* Do not use this form for asbestos licensing exempted activities.

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

CK #143

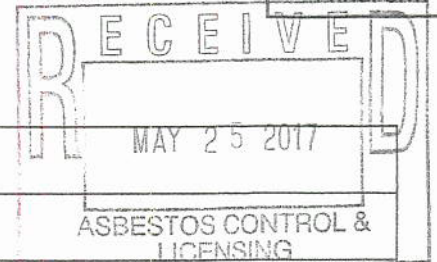
Date of Notification (1) 5/18/2017		Name of Building Owner/Operator (2) EREH LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED MAY 25 2017 ASBESTOS CONTROL & </div>					
Agencies Notified	Type Notification	Street Address 425 Darby Paoli Rd							
<input type="checkbox"/> 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 Wayne, PA 19087 Name of Contact Mark							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) New Gretna			Square Feet 1400	# of Floors 2	Bldg. Age 50+				
County (6) Burlington		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) SafeWay Abatement LLC						
Street Address		Street Address 128 Bartlett Ave							
City, State, Zip Code		City, State, Zip Code West Creek, NJ 08092							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 609-618-5955	License No. 01319					
Start Date (10) 5/29/2017	Scheduled Completion Date (11) 6/9/2017		Name of OSHA Monitor N/A						
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		x		Siding	1400 SF	x			
Name of Registered Waste Hauler Timster Trucking Inc		NJDEP Waste Hauler ID No. 21079	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management					
City, State West Creek, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Amanda Mears	Title Owner- Safeway		Signature 		Date 5/18/2017				

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



Date of Notification (1) 5/19/17		Name of Building Owner/Operator (2) Jennifer Kramer Private Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Evesham NJ 08053							
		Name of Contact Jen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Jennifer Kramer Private 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 1000+	# of Floors 2						
City (5) Evesham NJ 08053		Bldg. Age 35+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) 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) 6/1/17	Scheduled Completion Date (11) 6/7/17	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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	100 SF	x			
Window Caulk			x	exterior	6 windows	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 6/7/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 5/19/17		

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



Date of Notification (1) 05-17-17		Name of Building Owner/Operator (2) Simon Brief							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 150px; height: 20px;"></div> City, State, Zip Code Tenaflly, NJ 07670							
		Name of Contact Simon Brief	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Englewood		Square Feet	# of Floors						
County (6) Bergen		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) 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.	Telephone No. 201 216-9603						
			License No. 01206						
Start Date (10) 05-18-17	Scheduled Completion Date (11) 05-19-17	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	150 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery Facility					
City, State Union City, NJ		Disposal Date 05-22-17		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 05-17-17		

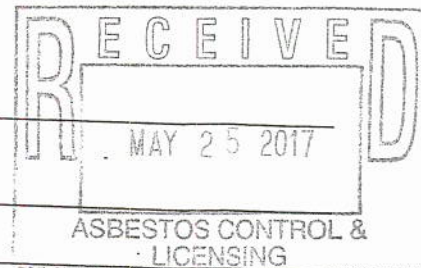
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ASBESTOS CONTROL &
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ASB-41
JAN 13

* Continued on next page

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



Date of Notification (1) 05/19/17 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified EPA DEP DCA DOH	Type Notification	Street Address P.O. box 2158	
	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Princeton NJ 08543	
	<input type="checkbox"/> Amended Notification	Name of Contact Robert Otego	
	<input type="checkbox"/> Cancellation	Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Princeton University - Spellman Hall BLDG 1 and 2			Type of Facility (4) <input type="checkbox"/> School (K12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K12) <input type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Princeton University			Square Feet 10000		
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	# of Floors 4	Bldg. Age 70+	
Name of Monitoring Firm Hired by Building Owner (8) CARDNO ATC Associates, Inc			Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 3 Terri Lane			Street Address 98 LaCrue Avenue		
City, State, Zip Code Burlington NJ 08016			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 610-364-9622		Licence Number 1103
Scheduled Start Date (10) 06/12/17 Month/Day/Year		Sched. Completion Date (11) 07/12/17 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM to 7:30 PM Other - Describe:			Street Address 3370 Progressive Drive		
			City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

Demolition ☐ ☒ Renovation ☒ Full Containment with Negative Pressure ☒
>3 sf or >3 if ☐ Mini - Enclosure ☐
>160 sf or >260 lf ☐ 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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
B1		<input checked="" type="checkbox"/>		joint compound	1620 SF	<input checked="" type="checkbox"/>			
B2		<input checked="" type="checkbox"/>		joint compound	1290 SF	<input checked="" type="checkbox"/>			

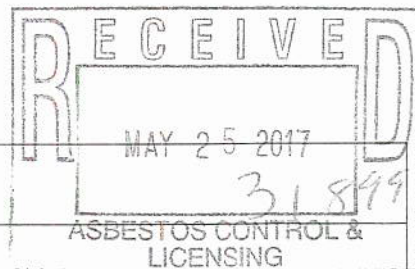
Name of Registered Waste Hauler Robbinson Waste		NJDEP Waste Hauler ID No. 1730	Cubic Yards of Waste 40	Name of Registered Landfill GROWS	
City, State Voorhees NJ		Disposal Date As needed		City, State Morrisville PA	
Completed By (Print or Type) Mark Goshow		Title Project Manager	Signature <i>Mark Goshow</i>		Date 5-19-17

**STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT**
Date of Notification (1)

POL Check # 42001238

Date of Notification (1) <u>5</u> / <u>23</u> / <u>17</u>		Name of Building Owner / Operator (2) Roberto Marques		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> R E C E I V E MAY 25 2017 </div>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Temple Emeth Shalom Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
Street Address 8501 Ventnor Ave			Square Feet 10,000		
City (5) Margate City			County (6) Atlantic		County Code (7)
Current Use (Prior if being demolished) Vacant			# Of Floors 1		Building Age +/- 50
Name of Monitoring Firm Hired by Bldg. Owner (8) Vertex			Name of Abatement Contractor (9) NorthStar Contracting Group, Inc.		
Street Address 700 Turner Way; Suite 105			Street Address 32 Williams Parkway		
City, State, Zip Code Aston, PA 19014			City, State, Zip Code East Hanover NJ. 07936		
Project Mngr. For Monitoring Firm Don Heim			Telephone Number 610-558-8902		
Scheduled Start Date (10) 6 / 6 / 17		Sched. Completion Date (11) 6 / 30 / 17		Telephone Number 973-772-3660	
License Number 00860					
Occupancy Status During Abatement (Check Only 1) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <u>7:00 AM - 3:30 PM M-F</u> <input type="checkbox"/> Other - Describe: _____			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 type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff (12)		Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		YES NO N/A		Amount (Specify SF or LF)	
1st Floor Conference Room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		2,000 SF	
Stair Landings 1st & 2nd Floor		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		500 SF	
1st Floor Kitchen		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		1,000 SF	
1st Floor Library		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		2,000 SF	
Name of Registered Waste Hauler Service Transport Group 58 Pyles Lane		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste	
City, State New Castle, DE.		Disposal Date		Name of Registered Landfill Minerva Landfill 8955 Minerva Road Waynesburg, OH. 44688	
Completed by (Print or Type) Richard Semega		Title Project Manager		Signature <i>[Signature]</i>	
				Date 05/23/17	

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



Date of Notification (1) 05 / 18 / 17		Name of Building Owner/Operator (2) Cream Ridge Environmental	
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 15 Black Forest Road City, State, Zip Code Hamilton, NJ 08691 Name of Contact Dave	
		Telephone Number	

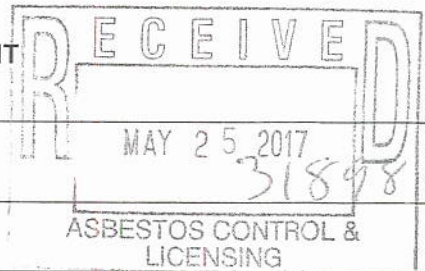
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet 3000 sf	
City (5) Trenton		# of Floors 3	Bldg. Age 100
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 64 Broad Street		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-22170	License No. 00624
Start Date (10) 05 / 30 / 17	Scheduled Completion Date (11) 06 / 05 / 17	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply) <input checked="" 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	roof tar	200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	light fixture wiring	80 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	window/door caulk	440 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	boiler insulation	55 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

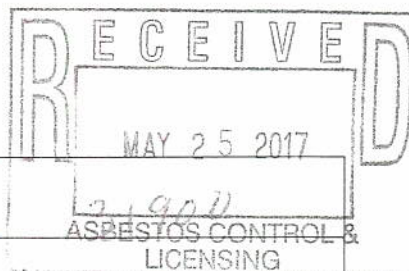
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 06/06/17		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 3/18/17	

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



Date of Notification (1) 05 / 18 / 17		Name of Building Owner/Operator (2) Cream Ridge Environmental							
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 15 Black Forest Road							
		City, State, Zip Code Hamilton, NJ 08691							
		Name of Contact Dave	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Trenton		Square Feet 3000 sf	# of Floors 3						
		Bldg. Age 100							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 64 Broad Street		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Matawan, NJ 07747		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Tom Geiger		Telephone No. 732-290-22170	License No. 00624						
Start Date (10) 05 / 30 / 17	Scheduled Completion Date (11) 06 / 05 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	mastic	400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	sink undercoating	12 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	580 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	boiler insulation	150 sf	<input checked="" 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 15	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 06/06/17	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 			Date 5/18/17			

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



Date of Notification (1) 05 / 18 / 17		Name of Building Owner/Operator (2) Finn Construction							
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 1902 Barbee Lane							
		City, State, Zip Code Wall, NJ 07719							
		Name of Contact Don	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Spring Lake		Square Feet 2000 sf	# of Floors 2						
		Bldg. Age 65							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 05 / 30 / 17	Scheduled Completion Date (11) 06 / 01 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
interior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	824 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	window caulk	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lower level ceiling tile room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	joint compound	400 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 06/02/17	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 			Date 5/18/17			

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

Check #

9984

Date of Notification (1) 5-19-17		Name of Building Owner/Operator (2) Mark Franchi Demolition	
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 348 Hueffville - Glenloch Road		City, State, Zip Code Sewell NJ 08080	
Name of Contact Mark Franchi		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Vineland NJ 08360		# of ASBESTOS CONTROL & LICENSE 2 5109-	
County (6)		County Code (7) (STATE USE ONLY)	
Current Use (Prior if being demolished) Single family Dwelling			
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	
Street Address		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code		Street Address P.O. Box 337	
Project Manager for Monitoring Firm		City, State, Zip Code New Egypt NJ 08533	
Telephone No.		Telephone No. 609 758-3365	
Start Date (10) June 1, 2017		License No. 00394	
Scheduled Completion Date (11) June 16, 2017		Name of OSHA Monitor EPC Tech	
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 P.O. Box 337	
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 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		City, State, Zip Code NE NJ 08533	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Back Addition		Siding Shingles	
		450 SF	
		X	
Name of Registered Waste Hauler EPC Technologies Inc		NJDEP Waste Hauler ID No.	
City, State NE NJ		Cubic Yards of Waste 2	
Disposal Date 6-16-17		Name of Registered Landfill Waste Management of PA	
City, State PA		Signature Steve Schenker	
Completed by Steve Schenker		Title President	
Date 5-19-17			

Open Window Time Frame

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

Check # 12700

GAC Project # 060-17

Date of Notification (1) May 17, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT.	
		27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MEDICAL SCIENCE, BLDG# 7257		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.) Sq. Feet: N/A # of Floors: 6 Bldg. Age: 60+ years	
Street Address RBHS NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 05/26/17		Scheduled Completion Date (11) 05/30/17	
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: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" 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)
E575	<input checked="" type="checkbox"/>	VAT	100 SF
E528	<input checked="" type="checkbox"/>	VAT	100 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 05/30/2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 17, 2017

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