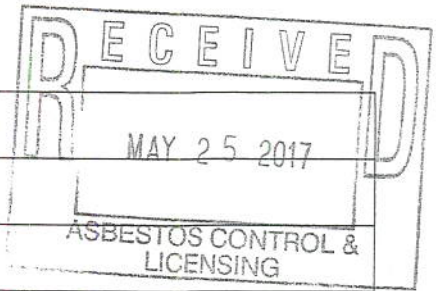


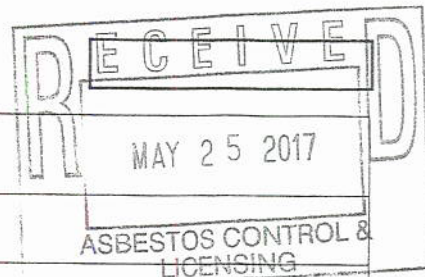
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
PAL JOB#16-1089 POSTPONED



Date of Notification (1) 05/19/2017		Name of Building Owner/Operator (2) William Patterson							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 300 Pompton Road						
			City, State, Zip Code Wayne, NJ 07470						
		Name of Contact Karl Pettit	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William Patterson University		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 300 Pompton Road		Square Feet 91,500	# of Floors 3						
City (5) Wayne, NJ 07470		Bldg. Age 56							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 1253 N Church Street		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Jeff Seaman		Telephone No. 856-889-5182	Telephone No. 718-349-0900						
			License No. 28675						
Start Date (10) POSTPONED	Scheduled Completion Date (11) 10/20/2017		Name of OSHA Monitor Martin McRea						
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>Normal Hours 7:00am-3:30pm</u>		Street Address 714 Kennedy Blvd.							
		City, State, Zip Code Bayonne, NJ 07002							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input checked="" type="checkbox"/>	X		Pipe Insulation	3,575 LF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 30 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 05/23/2017		City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin	Signature	Date 05/19/2017					

Check#2789

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) Tenisha Victor	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Eatontown, NJ 07724	
Name of Contact Tenisha Victor		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Eatontown, NJ 07724		County Code (7) (STATE USE ONLY)	
County (6) Monmouth		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address [REDACTED]		Street Address 576 Valley Rd #283		City, State, Zip Code Wayne, NJ 07470	
City, State, Zip Code [REDACTED]		Telephone No. 973-638-1777		License No. 01127	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc	
Start Date (10) 05 / 27 / 17		Scheduled Completion Date (11) 05 / 30 / 17		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
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		City, State, Zip Code Fair Lawn, NJ 07410			

Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input 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 type="checkbox"/> Demolition	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite insulation	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility room-1st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite panel	25 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		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 05/18/17	

CL 2255


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

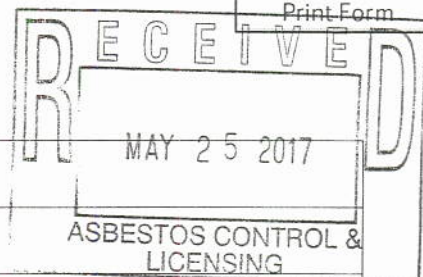
Print Form

RECEIVED

MAY 25 2017

ASBESTOS CONTROL & LICENSING

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"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Purchase, NY 10577							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Gerald Eglentowicz	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 1151 Shewsbury Avenue		Square Feet 13750	# of Floors 1						
City (5) Shewsbury, NJ 07702		Bldg. Age 70+							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) 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. 201-333-8855	License No. 01174						
Start Date (10) 5-30-2017	Scheduled Completion Date (11) 6-6-2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input 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
Throughout the property		X		Window glazing	1200 LF	X			
Throughout the property		x		Window caulking	1430 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	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 			Date 5-19-2017			



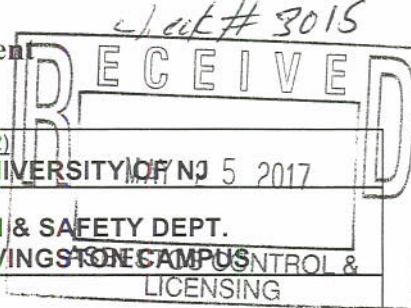
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 5/18/2017		Name of Building Owner/Operator (2) DUMONT BOARD OF EDUCATION							
Agencies Notified	Type Notification	Street Address 25 DEPEW STREET							
<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 DUMONT, NJ 07628							
		Name of Contact KEVIN DUNNE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DUMONT HIGH SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 101 NEW MILFORD AVENUE		Square Feet	# of Floors						
City (5) DUMONT		Bldg. Age							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) KARL & ASSOCIATES, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address 20 LAUCK ROAD		Street Address 11 VREELAND AVENUE							
City, State, Zip Code MOHNTON, PA 07628		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm MIKE KRISHER		Telephone No. 610-856-7700	License No. 00494						
Start Date (10) 5/30/2017	Scheduled Completion Date (11) 6/5/2017	Name of OSHA Monitor SAME AS (9) ABOVE							
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: EXTERIOR; START: 3:00PM		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) <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 - GYM		X		WINDOW CAULKING	9 WINDOWS	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 6	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 6/5/2017		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 5/18/2017					

Date of Notification (1) May 19, 2017		Name of Building Owner/Operator (2) BOROUGH OF OAKLAND	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 1 MUNICIPAL PLAZA		City, State, Zip Code OAKLAND, NJ 07436	
Name of Contact MR. Richard Kunze - Borough Administrator		Telephone Number ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Borough of Oakland - "Library" BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: ~70+ years	
Street Address 2 MUNICIPAL PLAZA		Current Use (prior if being demolished): LIBRARY BASEMENT & EQUIPMENT ROOM	
City (5) OAKLAND	County (6) BERGEN	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) McCABE ENVIRONMENTAL SERVICES, LLC		ASCM No. 00118	
Street Address 464 VALLEY BROOK AVENUE #3A		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code LYNDHURST, NJ 07071		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm JOHN CHIAVELLO		Telephone Number 732-438-4839	License Number 00840
Scheduled Start Date (10) 05/30/17		Scheduled Completion Date (11) 06/06/17	
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"/> Facility Occupied During Entire Period of Abatement - Area Vacated (SUB 8 - OCCUPIED - M - F 7am - 4 pm (24 hrs & weekends as needed))		Name of OSHA Monitor ENVIROVISION, INC.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> > 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure (Tent) <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Mudded Joint Fitting	50 SF
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Flue Packing	10 SF
Basement & Boiler Room	<input checked="" type="checkbox"/>	TSI - Aircell Pipe Insulation	25 LF
Various Locations	<input checked="" type="checkbox"/>	Remnant Old Generation Joint Compound	1000 SF
Various Locations	<input checked="" type="checkbox"/>	TSI - Preformed Flue Pipe Insulation	150 SF
Name of Reg. Waste Hauler Newark Carting, Inc. Newark, NJ 04509		NJDEP Waste Hauler ID # NJ DEP # 4509	Cubic Yards of Waste: 40 CY
Name of Registered Landfill G.R.O.W.S. North Landfill		Disposal Date 06/06/17	
Notes: None		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 19, 2017

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

GAC Project # 060-17

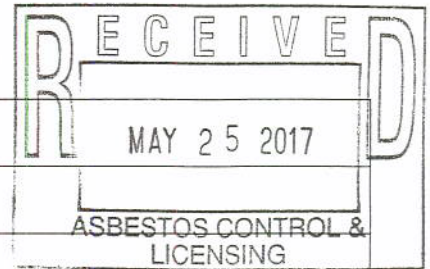


Date of Notification (1) May 19, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" 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.
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) TILLET HALL, BLDG# 4146		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 LIVINGSTON CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/02/17	Scheduled Completion Date (11) 06/05/17	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) Rooms 217, 215A, & 215B	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 470 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 06/5/2017	Name of Registered Landfill G.R.O.W.S. North Landfill
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>
		Date May 19, 2017	

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

MO24382374903


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



Date of Notification (1) 05/19/2017		Name of Building Owner/Operator (2) Mona Sphineller							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood, NJ, 07450							
		Name of Contact John Mulligan	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Mona Sphineller		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) Ridgewood		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)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance, LLC						
Street Address		Street Address 105 Van Riper Avenue							
City, State, Zip Code		City, State, Zip Code Clifton, NJ, 07011							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 05/29/2017		Scheduled Completion Date (11) 05/31/2017	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Basement	122 LF	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 2 YDS	Name of Registered Landfill 110 Sand Company					
City, State			Disposal Date	City, State Melville, NY 11747					
Completed by Darko Raloski		Title Project Manager		Signature 			Date 05/19/2017		

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

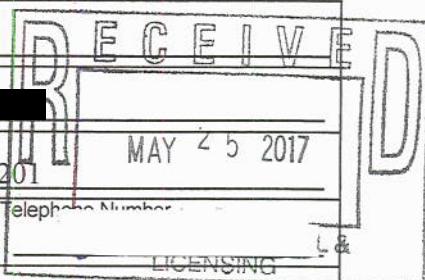
Check # 25507

Date of Notification (1) <u>5/24/17</u>		Name of Building Owner/Operator (2) <u>McMahon</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<div style="border: 1px solid black; padding: 5px; float: right; text-align: center;"> RECEIVED MAY 25 2017 </div> Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code <u>Haddonfield, NJ 08033</u>	
		Name of Contact <u>Thomas McMahon</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 5px;"></div>			
City (5) <u>Haddonfield, NJ 08033</u>		Square Feet <u>2500</u>	# of Floors <u>2</u>
		Bldg. Age <u>90+/-</u>	
County (6) <u>Camden</u>	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) _____	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>6/5/17</u>	Scheduled Completion Date (11) <u>6/9/17</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>Basement</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
		<input checked="" type="checkbox"/>	<u>Thermal Boiler Insulation</u>
			<u>60 sf</u>
			<input checked="" type="checkbox"/>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>6/9/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/24/17</u>

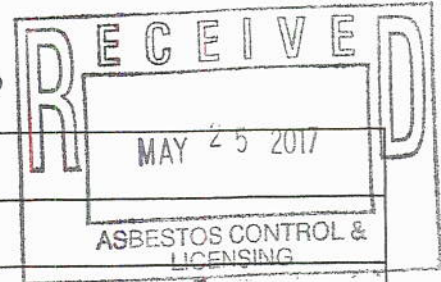
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check # 25506

Date of Notification (1) <u>5/24/17</u>		Name of Building Owner/Operator (2) <u>Ramirez</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>Elizabeth, NJ 07201</u>	
		Name of Contact <u>Rosalba Ramirez</u>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1800</u>	
City (5) <u>Elizabeth, NJ 07201</u>		# of Floors <u>2</u>	
County (6) <u>Union</u>		Bldg. Age <u>85+/-</u>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.	
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Street Address <u>PO Box 322</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u>	
License No. <u>00493</u>		Name of OSHA Monitor <u>MECS</u>	
Start Date (10) <u>6/2/17</u>		Scheduled Completion Date (11) <u>6/9/17</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am to 4 pm</u>		Street Address <u>PO Box 341</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)
	Yes	No	
<u>Crawl Space</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>
<u>Basement</u>	<input checked="" type="checkbox"/>		<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 cu</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>Fairless Landfill</u>	
Disposal Date <u>6/9/17</u>		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>5/24/17</u>



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120) Check # 26299

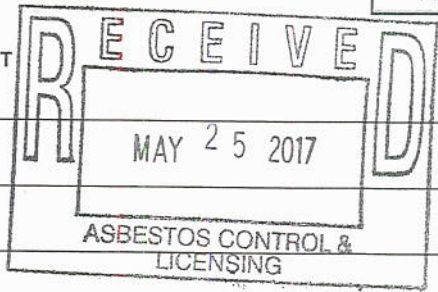


Date of Notification (1) 5/24/2017		Name of Building Owner/Operator (2) THE HIBBERT GROUP	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	STREET ADDRESS 400 PENNINGTON AVENUE	
		City, State, Zip Code TRENTON, NJ 08618	
		Name of Contact DAVID D'ANDREA	
		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) THE HIBBERT GROUP		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)	
Street Address 400 PENNINGTON AVENUE, THIRD FLOOR		Square Feet	# of Floors Bldg. Age
City (5) TRENTON, NJ		Current Use (Prior if being demolished)	
County MERCER	County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.
Street Address P.O. BOX 341		Street Address 15 BLACK FOREST ROAD	
City, State, Zip Code CROSSWICKS, NJ 08515		City, State, Zip Code Hamilton, NJ 08691	
Project Manager for Monitoring Firm WILLIAM WEISGARBER	Telephone No. 609-915-1140	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 5/24/2017	Scheduled Completion Date (11) 5/24/2017	Name of OSHA Monitor MECS	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours ESSENTIAL PERSONNEL/EVENING 4PM-12AM		Street Address P.O. BOX 341	
		City, State, Zip Code CROSSWICKS, NJ 08515	
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"/> WRAP & CUT <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
THIRD FLOOR CORRIDOR		<input checked="" type="checkbox"/>	PIPE INSULATION
			WRAP & CUT
Name of Registered Waste Hauler CHAMPION DISPOSAL SERVICES		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 5 YDS
City, State HAINESPORT, NJ		Disposal Date 5/25/2017	Name of Registered Landfill GROWS
Completed By DAVID D'ANDREA		Title PRESIDENT	Signature <i>David D'Andrea</i>
			Date 5/24/2017

ASB-41

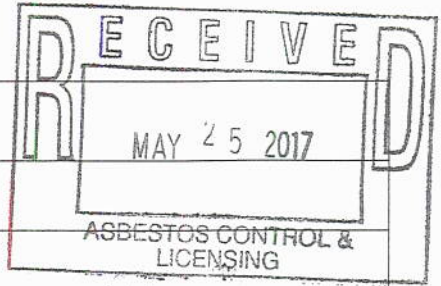
* Do not use this form for asbestos licensure exempted activities

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



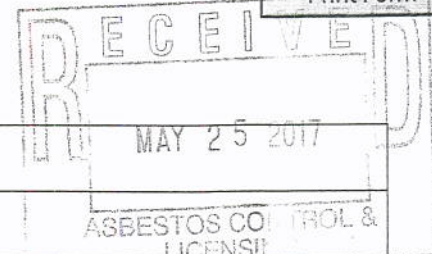
Date of Notification (1) 5/22/17		Name of Building Owner/Operator (2) Frank Ench							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Keansburg, NJ							
		Name of Contact Frank Ench	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Duplex 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 3000	# of Floors 1						
City (5) Keansburg, NJ		Bldg. Age 75+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Flood Damaged							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address _____		Street Address 135 Kinnelon Rd suite 102							
City, State, Zip Code _____		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm _____		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 5/30/17	Scheduled Completion Date (11) 5/31/17	Name of OSHA Monitor Yannuzzi Environmental Services							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: abandoned flood house		Street Address 135 Kinnelon Rd suite 102							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 wall			x	Transite Siding	300sf	x			
kitchen and hallway floors			x	floor tile	200sf	x			
Name of Registered Waste Hauler Yannuzzi Group		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 10	Name of Registered Landfill Grows/Fairless					
City, State kinnelon NJ		Disposal Date 5/31/17		City, State Fairless Hills, PA					
Completed by John Mucha		Title Project Mang	Signature 	Date 5/22/17					

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



Date of Notification (1) 05 / 23 / 17		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Verizon Way City, State, Zip Code Basking Ridge, NJ 07920 Name of Contact Alex Baylor Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon		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 53 East Mount Pleasant Avenue									
City (5) Livingston, NJ	Square Feet 10,000	# of Floors 2	Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental	ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5870	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 02 / 16 / 17	Scheduled Completion Date (11) 12 / 31 / 17	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-1:30AM		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S., Inc.						
City, State Hackettstown, NJ		Disposal Date 07/31/2017	City, State Morrisville, PA						
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature	Date 05-23-17						

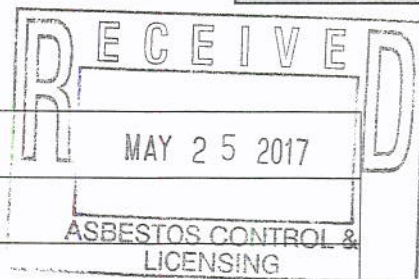
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)
PAL JOB#16-1089



Date of Notification (1) 03/27/2017		Name of Building Owner/Operator (2) William Patterson							
Agencies Notified	Type Notification	Street Address 300 Pompton Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Karl Pettit	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William Patterson University		Type of Facility (4)							
Street Address 300 Pompton Road		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Wayne, NJ 07470		Square Feet 91,500	# of Floors 3						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Bldg. Age 56						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 1253 N Church Street		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Jeff Seaman		Telephone No. 856-889-5182	License No. 28675						
Start Date (10) 05/20/2017	Scheduled Completion Date (11) 10/20/2017		Name of OSHA Monitor Martin McRea						
Occupancy Status During Abatement (Check Only One)		Street Address 714 Kennedy Blvd.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other – Describe: Normal Hours 7:00am-3:30pm		City, State, Zip Code Bayonne, NJ 07002							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input checked="" type="checkbox"/>	X		Pipe Insulation	3,575 LF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 30 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 05/23/2017	City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin	Signature 			Date 03/27/2017			

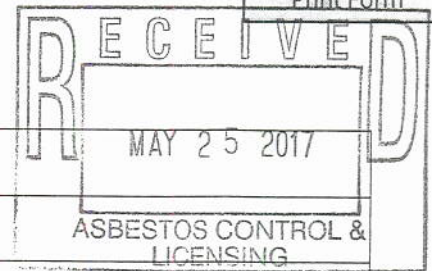
CK 6787002648

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) Laura Kimowitz							
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 Maplewood, NJ 07040							
		Name of Contact Laura Kimowitz	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Maplewood		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07078							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 05/31/2017		Scheduled Completion Date (11) 06/01/2017	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation	140 LF	x			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovc		Title Project Manager	Signature 	Date 05/18/17					

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) Geoffray North							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Geoffray North	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Short Hills		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07078							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-345-8685	01311						
Start Date (10) 05/30/2017	Scheduled Completion Date (11) 05/31/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		x		Duct Insulation	50 SF	x			
Basement		x		Duct Insulation	15 SF	x			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Ned Joksimovc		Title Project Manager	Signature 	Date 05/18/17					

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

Check# 3014

GAC Project # 060-17

Date of Notification (1) May 19, 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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - Additional Locations and Quantity <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	
				Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) SCHOOL OF DENTAL MEDICINE, BLDG# 7253			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 RBHS NEWARK CAMPUS			Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years		
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ASBESTOS CONTROL & ACADEMIC LICENSING		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE			Street Address 268 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016			City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 05/19/17		Scheduled Completion Date (11) 05/22/17		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			Street Address 20-21 WARGARAW ROAD		
			City, State, Zip Code FAIRLAWN, NJ		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / 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)	Abatement Type Remove Repair Encap Enclose	
B826	<input checked="" type="checkbox"/>	MASTIC	100 SF	<input checked="" type="checkbox"/>	
B824	<input checked="" type="checkbox"/>	MASTIC	100 SF	<input checked="" type="checkbox"/>	
B819	<input checked="" type="checkbox"/>	MASTIC	100 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 05/22/2017	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 19, 2017

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

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

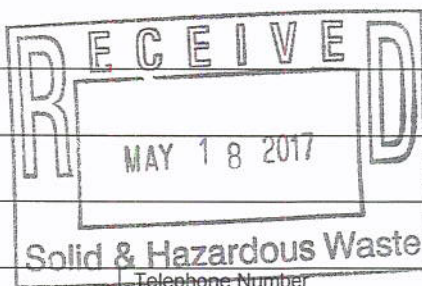
GAC Project, # 060-17

RECEIVE
MAY 25 2017
ENVIRONMENTAL HEALTH & SAFETY CONTROL & LICENSING

Date of Notification (1) May 9, 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 PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SCHOOL OF DENTAL MEDICINE, BLDG# 7253		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: 4 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	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/19/17	Scheduled Completion Date (11) 05/22/17	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) B826	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) MASTIC	Amount (Specify SF or LF) 100 SF
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 05/22/2017	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		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 9, 2017

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

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



Date of Notification (1) 05/11/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Milford, N.J. 07646							
		Name of Contact Gary Latero							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) New Milford		Square Feet 1662	# of Floors 2						
County (6) Bergen		Bldg. Age 70							
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						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
Start Date (10) 05/26/2017		Scheduled Completion Date (11) 06/02/2017	License No. 01316						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
1st Floor		X		Window Caulk	20 windows	X			
Ground level		X		Vinyl Tiles	900 sf	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>			Date 05/11/2017			

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

CK#1013

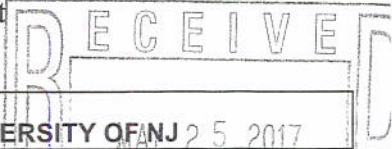
Date of Notification (1) 4/20/17		Name of Building Owner/Operator (2) Eliezer Schnall							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, NJ							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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) Fair Lawn		Square Feet 2000	# of Floors 2						
		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/aa		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255						
Start Date (10) 5/8/17	Scheduled Completion Date (11) 5/12/17	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied House</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	75 LF	x			
Basement			x	VAT	400 SF	x			
Name of Registered Waste Hauler Harmony Contracting		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>			Date 4/20/17			

State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 060-17

CK12701

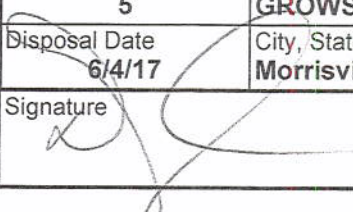


Date of Notification (1) May 19, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" 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	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) ADMINISTRATION SERVICE, BLDG# 3751		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 BUSCH CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years	
City (5) PISCATAWAY	County (6) MIDDLESEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 06/02/17	Scheduled Completion Date (11) 06/05/17	Name of OSHA Monitor 1 ENVIROVISION, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		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"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / 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)
106 Suite	<input checked="" type="checkbox"/>	VAT	450 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 06/5/2017	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 19, 2017

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

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

CK
7527

Date of Notification 5/17/17		Name of Building Owner / Operator (2) Caroline Jones		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAY 25 2017 A' JL 8 </div>	
Agencies Notified	Type of Notification	Street Address			
EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA	Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation	<div style="background-color: black; width: 100px; height: 15px; margin-bottom: 5px;"></div> City, State & Zip Code Manasquan, NJ 08736 Name of Contact Caroline Jones			
		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Vacant Residence			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 906 Jordan Avenue			Square Feet 2,500	# of Floors 2	Bldg. Age 60
City (5) Brielle	County (6) Monmouth	County Code (7)	Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Enviro tactics		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 1330 Laurel Ave		Street Address 443 Schoolhouse Road			
City, State & Zip Code Sea Girt, NJ 08750		City, State & Zip Code Monroe Township, NJ 08831			
Project Manager for Monitoring Firm Christopher Peschock		Telephone Number 732-449-0077	Telephone Number 732-605-9062	License Number 00714	
Scheduled Start Date (10) 5/29/17	Scheduled Completion Date (11) 6/4/17		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> Demolition		Renovation		Full Containment with Negative Pressure	
Large Project				<input checked="" type="checkbox"/> Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM				Glovebag Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM				Other:	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Bedroom	N/A	Ceiling paint	160SF	Removal	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 5	Name of Registered Landfill GROWS	
City, State Freehold, NJ		Disposal Date 6/4/17		City, State Morrisville, PA	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature 			Date 5/17/17

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

OK
7528

Date of Notification 5/17/17		Name of Building Owner / Operator (2) Karen Martin	
Agencies Notified	Type of Notification	Street Address	
EPA	Emergency Notification	<div style="background-color: black; width: 150px; height: 20px; margin-bottom: 5px;"></div> City, State & Zip Code Irvington NJ 07111 Name of Contact Karen Martin	
DEP	<input checked="" type="checkbox"/> Initial Notification		
<input checked="" type="checkbox"/> DOL	Amended Notification		
<input checked="" type="checkbox"/> DOH	Cancellation		
DCA		Telephone Number	

RECEIVED
MAY 25 2017
ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address <div style="background-color: black; width: 150px; height: 20px; margin-top: 5px;"></div>		School (K-12)	
		Subchapter 8 (Other than K-12)	
		<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) Irvington	County (6) Essex	County Code (7)	
		Square Feet 3,000	# of Floors 2
		Bldg. Age 70+	
		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road	
City, State & Zip Code Matawan, NJ 07716		City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	Telephone Number 732-605-9062
		License Number 00714	
Scheduled Start Date (10) 5/28/17	Scheduled Completion Date (11) 6/4/17	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		Street Address 443 Schoolhouse Road	
Abatement Performed Outside of Normal Facility Hours - Describe:		City, State & Zip Code Monroe Township, NJ 08831	
Other - Describe:			
Scope of Work (Check all that apply)			
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure	
Large Project <input type="checkbox"/>		Mini-Enclosure	
<input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure	
Quantity is ≥ 160 SF or ≥ 260 LF ACM		Other: Non-friable	

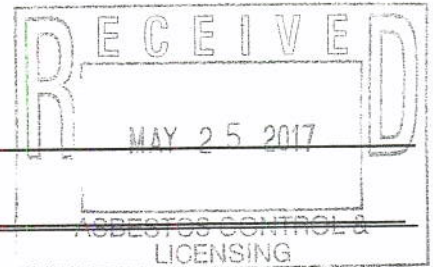
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI Pipe	60 LF	Removal

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 8	Name of Registered Landfill Cumberland County
City, State Freehold, NJ		Disposal Date 6/4/17	City, State Newburg, PA	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>		Date 5/17/17

Paragon Job#

CK1025

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



Date of Notification (1) 10/15/16/17		Name of Building Owner/Operator (2) Housing Authority of the City of Elizabeth	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amendment Amendment # _____ <input checked="" type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation	
Street Address 688 Maple Ave.		City, State, Zip Code Elizabeth, NJ 07202	
Name of Contact Michael Medeiros		Telephone Number f	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Farley Towers			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 33 Cherry St.			Square Feet 10,000 SF		
City (5) Elizabeth			# of Floors 12		
County (6) Union			Bldg. Age 65		
County Code (7) (State use only)			Current Use (Prior if being demolished) Apartment Building		
Name of Monitoring Firm Hired by Bldg. Owner (8) Certified Health and Safety Services, LLC.		ASCM No.		Name of Abatement Contractor (9) Paragon Contracting, Inc.	
Street Address 1902 Taylor's Lane Suite A				Street Address 590 River Rd.	
City, State, Zip Code Cinnaminson, NJ 08077				City, State, Zip Code Clifton, NJ 07014	
Project Manager for Monitoring Firm Harry Smith		Phone Number 856-829-4463		Telephone Number (973) 614-1600	
License Number 00748		Name of OSHA Monitor Paragon Contracting, Inc.			
Scheduled Start Date (10) 05/17/2017		Sched. Completion Date (11) 05/30/2017		Street Address 590 River Rd.	
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: Boiler Room Under Containment				City, State, Zip Code Clifton, NJ 07014	

Scope of Work (check all that apply)

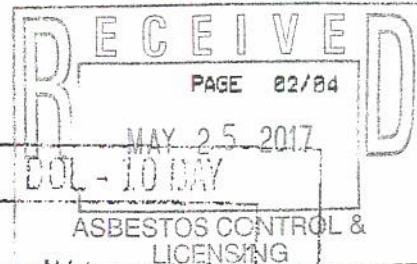
- ☐ Demolition ☒ Renovation ☒ Full Containment w/negative pressure ☒ Glovebag procedure
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☐ Non-Exempted (") Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Boiler Room Maintenance Shop	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	610 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	460 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 15 cyds	Name of Registered Landfill GROWS/Tullytown
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 05/16/2017

05/16/2017 13:52 9735149955

PARAGON



Paragon Job#

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

Date of Notification (1)
05/16/17

Name of Building Owner/Operator (2)
Housing Authority of the City of Elizabeth

Street Address
688 Maple Ave.

City, State, Zip Code
Elizabeth, NJ 07202

Name of Contact
Michael Medeiros

Telephone Number

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

Type Notification
☐ Initial
☐ Amendment
☒ Emergency (Include justification)
☐ Cancellation

Amendment #

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Farley Towers

Street Address
33 Cherry St.

City (5)
Elizabeth

County (6)
Union

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter B (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
10,000 SF

of Floors
12

Bldg. Age
65

Current Use (Prior if being demolished)
Apartment Building

Name of Monitoring Firm Hired by Bldg. Owner (8)
Certified Health and Safety Services, LLC.

Street Address
1902 Taylor's Lane Suite A

City, State, Zip Code
Cinnaminson, NJ 08077

Project Manager for Monitoring Firm
Harry Smith

Phone Number
856-829-4463

ASCM No.

Name of Abatement Contractor (9)
Paragon Contracting, Inc.

Street Address
590 River Rd.

City, State, Zip Code
Clifton, NJ 07014

Telephone Number
(973) 614-1600

License Number
00748

Name of OSHA Monitor
Paragon Contracting, Inc.

Street Address
590 River Rd.

City, State, Zip Code
Clifton, NJ 07014

Scheduled Start Date (10)
05/17/2017

Sched. Completion Date (11)
05/30/2017

Occupancy Status During Abatement (Check only one)
☐ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.
☒ Other-Describe: Rinker Room Under Containment

Scope of Work (check all that apply)
☐ Demolition
☒ Renovation
☐ >3 sf or >3 lf
☒ ≥160 sf or ≥260 lf
☒ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) Non-inhalable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encap	Encl
	Yes	No	N/A						
Boiler Room Maintenance Shop	X			Pipe Insulation	610 LF	X			
Boiler Room	X			Pipe Insulation	460 LF	X			

Registered Waste Hauler
Paragon Contracting, Inc.

NJ DEP Hauler ID#
22161

Cubic Yards of Waste
15 cyds

Name of Registered Landfill
GROWS/Tullytown

City, State
Clifton, NJ 07014

Disposal Date
TBD

City, State
Tullytown, PA

Completed by (Print or Type)
Goran Lazovski

Title
President

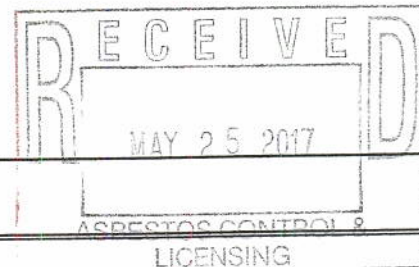
Signature

Date
05/16/2017

Paragon Job#

CK1024

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



Date of Notification (1) 10/15/16/17		Name of Building Owner/Operator (2) Gateway EH 4/5, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment Amendment # _____ <input type="checkbox"/> Emergency (include justification) <input type="checkbox"/> Cancellation	
Street Address 250 Memorial Dr.		City, State, Zip Code Camden, NJ 08103	
Name of Contact Chris Condon		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Warehouse			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1125-1151 Wright Ave.			Square Feet 13,400 SF		
City (5) Camden			# of Floors 01		
County (6) Camden			Bldg. Age 110		
County Code (7) (State use only)			Current Use (Prior if being demolished) Vacant Building		
Name of Monitoring Firm Hired by Bldg. Owner (8) Langan Engineering		ASCM No. _____		Name of Abatement Contractor (9) Paragon Contracting, Inc.	
Street Address 300 Kimball Dr. 4th Floor		Street Address 590 River Rd.		City, State, Zip Code Clifton, NJ 07014	
City, State, Zip Code Parsippany, NJ 07054		Telephone Number (973) 614-1600		License Number 00748	
Project Manager for Monitoring Firm Langan		Phone Number 973-560-4900		Name of OSHA Monitor Paragon Contracting, Inc.	
Scheduled Start Date (10) 05/31/2017		Sched. Completion Date (11) 06/09/2017		Street Address 590 River Rd.	
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 type="checkbox"/> Other-Describe: _____		City, State, Zip Code Clifton, NJ 07014			

Scope of Work (check all that apply)

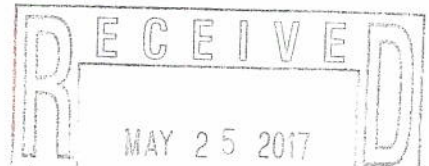
- ☒ Demolition ☐ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☐ >3 sf or >3 lf ☒ ≥160 sf or ≥260 lf ☐ Mini-enclosure ☒ Non-Exempted (") Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Offices			<input checked="" type="checkbox"/>	VAT&Mastic	1,150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway				Drywall	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 16 cyds	Name of Registered Landfill GROWS/Tullytown
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 05/16/2017

CKU 4236

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



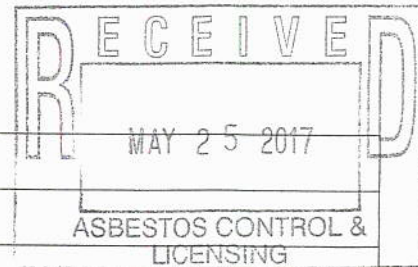
Date of Notification (1) <u>5-16-17</u>		Name of Building Owner/Operator (2) <u>HARBAUGH DEVELOPERS</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>318 GLASSBORO RD</u> City, State, Zip Code <u>WOODBURY HEIGHTS N.J 08097</u> Name of Contact <u>SAME</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1500</u>							
City (5) <u>STONE HARBOR</u>		# of Floors <u>2</u>							
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>							
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>							
Project Manager for Monitoring Firm _____		Telephone No. <u>856 779-0472</u>							
Telephone No. _____		License No. <u>00444</u>							
Start Date (10) <u>5-26-17</u>		Scheduled Completion Date (11) <u>6-2-17</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>N/A</u>							
Street Address _____		City, State, Zip Code _____							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input 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) <u>1750 SF</u>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1750 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>5 YDS</u>	Name of Registered Landfill <u>C. M. C. M. U. A</u>					
City, State <u>MAPLE SHADE N.J</u>		Disposal Date _____		City, State <u>WOODBINE N.J.</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUPER</u>	Signature <u>[Signature]</u>		Date <u>5-16-17</u>				

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MAY 25 2017
FINES BESTOS CONTROL &
LICENSING

Date of Notification (1) 5-16-17		Name of Building Owner/Operator (2) MEW & MACHINES	
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 225 FREMONT AVE		City, State, Zip Code WOODBINE N.J. 08270	
Name of Contact LIZIA		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 <div style="background-color: black; width: 100px; height: 1.2em;"></div>		Square Feet 1500	
City (5) STONE HARBOR		# of Floors 2	
County (6) CLAREMONT		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	
Start Date (10) 5-26-17		License No. 00444	
Scheduled Completion Date (11) 6-12-17		Name of OSHA Monitor N/A	
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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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) 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)	
SIDING		2750 SF	
TRANSITE		X	
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 17904	
City, State MAPLE SHADE N.J.		Disposal Date	
Name of Registered Landfill C.M.C.M.V. A		City, State WOODBINE	
Completed By MICHAEL KLEMM		Title SUP.	
Signature [Signature]		Date 5-16-17	

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

CK2641



Date of Notification (1) 05-18-2017		Name of Building Owner / Operator (2) Mr. Richard Cantor	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State & Zip Code Radnor, PA 19087	
Name of Contact Richard Cantor		Telephone Number [REDACTED]	

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 1,349	
City (5) Margate, NJ 08402	County (6) Atlantic	County Code (7)	# of Floors 2
			Bldg. Age 62
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	
Street Address P.O. Box 365		Name of Abatement Contractor (9) Resource Management Group, LLC	
City, State & Zip Code Berlin, NJ 08009		Street Address 2115 Hamilton Ave, Suite 202	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 5-31-2017	Scheduled Completion Date (11) 06-05-2017		Name of OSHA Monitor J&S Environmental Laboratories, 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 during Normal Hours: Describe: 8:30am – 6:00pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West	
		City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glove Bag Procedures
☐ 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 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	Encapsulat	Enclosure
Attic Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vermiculite	1500	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 05-18-2017

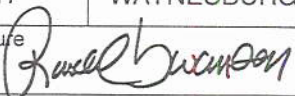
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CL# 026596

Date of Notification (1) 05/17/17		Name of Building Owner/Operator (2) Mr. Richard Vincek							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ramsey, NJ 07446 Name of Contact Mr. Richard Vincek Telephone Number 							
FACILITY INFORMATION		ASBESTOS CONTROL & LICENSING							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,000 + # of Floors 2 Bldg. Age 50 +							
City (5) Clifton	County (6) Passaic	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) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-628-9200	License No. 00408						
Start Date (10) 05/30/17	Scheduled Completion Date (11) 05/31/17	Name of OSHA Monitor Enviro Vision 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 <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg. #35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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
Basement			X	Pipe Insulation	60 LF	X			
Basement			X	Floor Tile	650 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey			Disposal Date	City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature 			Date 05/17/17			

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

CHECK# 1696

Date of Notification (1) 05/18/2017		Name of Building Owner/Operator (2) APRIL REITER		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED MAY 25 2017 CONTROL & INSURING </div>					
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	City, State, Zip Code MULLICA HILL NJ 08062							
		Name of Contact APRIL REITER							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL				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) MULLICA HILL				Square Feet 1824	# of Floors 3				
County (6) GLOUCESTER				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL				
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 1012 INDUSTRIAL DRIVE				Street Address 570 CLEMS RUN					
City, State, Zip Code WEST BERLIN NJ 08091				City, State, Zip Code MULLICA HILL NJ 08062					
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202		Telephone No. 610-304-4676	License No. 01145				
Start Date (10) 05/30/2017		Scheduled Completion Date (11) 05/31/2017		Name of OSHA Monitor EMSL					
Occupancy Status During Abatement (Check Only One)				Street Address 200 RT. 130 NORTH					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: RESIDENTIAL-WORK AREA VACANT				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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	DUCT PAPER INSULATION	6 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 05/31/2017	City, State WAYNESBURG, OH				
Completed by RON SWANSON		Title GENERAL MANAGER		Signature 		Date 05/18/2017			

CK # 4235

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



Date of Notification (1) <u>5-15-17</u>		Name of Building Owner/Operator (2) <u>JAY FELD EXCAVATING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>28 S MT AIRY RD</u>	
		City, State, Zip Code <u>EGG HARBOR TWP</u>	
		Name of Contact <u>JOSE</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>MARGATE CITY</u>	Square Feet <u>1000</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>5-25-17</u>	Scheduled Completion Date (11) <u>6-1-17</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J</u>		Disposal Date	Name of Registered Landfill <u>C.M.C.M.U.A</u>
City, State <u>WOODBINE</u>			
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>5-25-17</u>

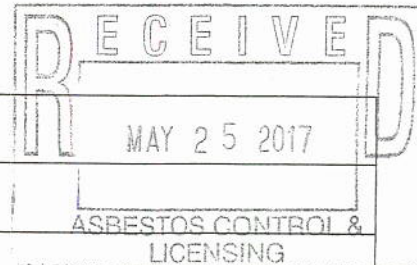
CK#3164

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

RECEIVED
MAY 25 2017

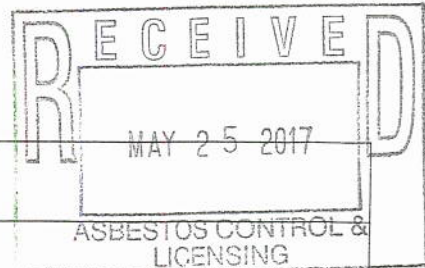
Date of Notification (1) 5/22/17		Name of Building Owner/Operator (2) Kiely Development						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	700 McClellan St						
		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 Development Property		Type of Facility (4)						
Street Address 58 Wigwam Rd		<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.)						
City (5) Middletown	Square Feet 2000	# of Floors 1	Bldg. Age 55+					
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)		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) 5/31/17		Scheduled Completion Date (11) 6/7/17	Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: <u>1 AM - 7 AM</u>		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
basement			floor tile	900 lb	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4	Name of Registered Landfill Chrins Landfill				
City, State Colts Neck, New Jersey		Disposal Date 6/7/17		City, State Easton, PA				
Completed by Bree McGuire		Title Secretary Treasurer	Signature <i>Bree McGuire</i>	Date 5/22/17				

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



Date of Notification (1) 05-17-2017		Name of Building Owner/Operator (2) 480 Route 9 Realty LLC							
Agencies Notified	Type Notification	Street Address 480 Rt 9							
<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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Marlboro, NJ 07746							
		Name of Contact Frank Seibert	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		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) Marlboro		Square Feet N/A	# of Floors N/A						
County (6) Monmouth		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address 1130 W Chestnut St		Street Address 12 Maple Ave #F2							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Pine Brook, NJ 07058							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-276-0099						
License No. 01317									
Start Date (10) 05-27-2017	Scheduled Completion Date (11) 05-29-2017		Name of OSHA Monitor United Safety LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 12 Maple Ave #F2							
<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 Pine Brook, NJ 07058							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	60 LF	X			
Basement		X		8 Joints		X			
1st Floor Kitchen		X		VAT & Mastic	100 SF	X			
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Pine Brook, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Vanco Petkov		Title Project Manager		Signature 			Date 05-17-2017		

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

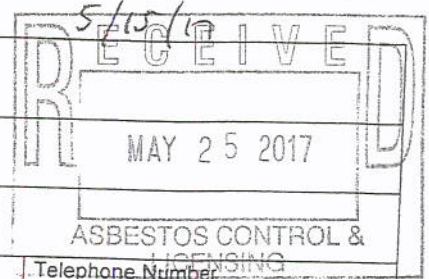


Date of Notification (1) <u>5</u> / <u>15</u> / <u>17</u>		Name of Building Owner/Operator (2) St Francis Medical Center							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-5/16/17</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 601 Hamilton Ave City, State, Zip Code Trenton NJ 08629 Name of Contact Rita Gelli Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St Francis Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 601 Hamilton Ave		Square Feet 70,000							
City (5) Trenton		# of Floors 3							
County (6) MERCER		Bldg. Age 60+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.							
Street Address 120 North Warren Street		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Trenton, NJ 08608		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Rollie Jones		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 609-392-4200		Telephone No. 215-788-6040							
Start Date (10) <u>5</u> / <u>16</u> / <u>17</u>		License No. 00509							
Scheduled Completion Date (11) <u>5</u> / <u>17</u> / <u>17</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>8:00AM-4:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 144	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 1 Cu Yd		Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL			
City, State BRISTOL, PA 19007		Disposal Date 5/16/17		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 5/16/17			

CHK# 3207

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

APPROVED BY:
TOM VOORHEES, DOL



Date of Notification (1) 5 / 15 / 17		Name of Building Owner/Operator (2) St Francis Medical Center	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 601 Hamilton Ave City, State, Zip Code Trenton NJ 08629 Name of Contact Rita Gelli	
		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St Francis Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 601 Hamilton Ave		Square Feet 70,000	# of Floors 3
City (5) Trenton		Bldg. Age 60+	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Rollie Jones	Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 5 / 16 / 17	Scheduled Completion Date (11) 5 / 16 / 17	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM/____PM-____AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

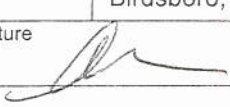
- ☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf
- ☒ Renovation
☐ Demolition
- ☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rm 144	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	9 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"/>

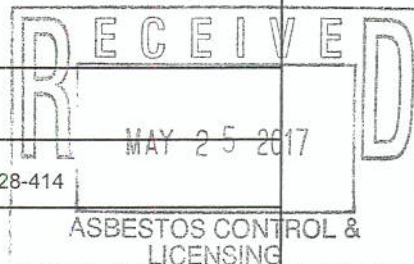
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date 5/16/17		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature Gino Pizzigoni / gr		Date 5/15/17	

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

Check 16499

Date of Notification (1) 5/17/17		Name of Building Owner/Operator (2) Megan MacMullin, Esq.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 25 2017 NJ DEPT. OF ENVIRONMENT & NATURE ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address 99 High Street			
<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 Ogdensburg, NJ 07439			
						Name of Contact Megan			
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Ogdensburg		Square Feet 2000		# of Floors 2	Bldg. Age 75				
County (6) Sussex		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.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 5/29/17		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)									
<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 type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	80 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold, NJ				Disposal Date TBD	City, State Birdsboro, PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 5/17/17			

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



Date of Notification (1) 5 / 18 / 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		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact 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 53		Square Feet 125,912	# of Floors 2
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY) 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 / 22 / 17		Sched. Completion Date (11) 6 / 5 / 17		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-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) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl. <input 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 EXHAUST FAN CURB			X	MASTIC	30 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 5/18/17-5/30/17		City, State MONTGOMERY, PA 17752			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 5/18/17	

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

CK# 30865

Date of Notification (1) 5 / 9 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			Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		
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			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
			Name of Contact Sandra M. Schenk		Telephone Number ASBESTOS CONTROL & LICENSING

RECEIVED
MAY 25 2017

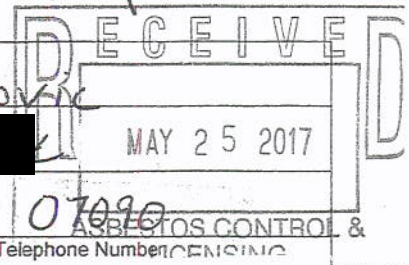
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 53			Square Feet 125,912	# of Floors 2	Bldg. Age 63
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 / 22 /17 Month Day Year		Sched. Completion Date (11) 6 / 5 /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-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) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input 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 EXHAUST FAN CURB			X	MASTIC	30 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 5	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 	Date 5-9-17

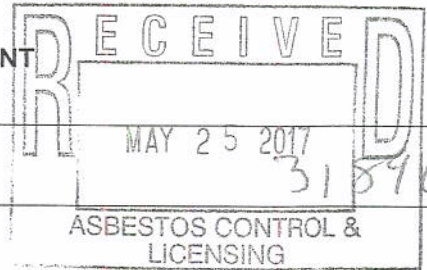
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 9982



Date of Notification (1) 5-19-17		Name of Building Owner/Operator (2) Milenka Zaninovic							
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 Westfield NJ 07090						
		Name of Contact Milenka Zaninovic	Telephone Number [REDACTED]						
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) Westfield NJ 07090		Bldg. Age 65+-							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
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 30, 2017	Scheduled Completion Date (11) June 1 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Paper wrap Tape	80 LF	X			
Garage	X			Paper wrap Tape	60 LF	X			
1st Floor		X		Paper wrap Tape	15 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management of PA					
City, State New Egypt NJ		Disposal Date 6-1-17	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 5:16)



Date of Notification (1) 05 / 17 / 17		Name of Building Owner/Operator (2) Jersey Shore Medical Center	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1945 Route 33	
		City, State, Zip Code Neptune, NJ 07753	
		Name of Contact Lisa Fritz	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jersey Shore Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1945 Route 33		Square Feet 750,000 sf	
City (5) Neptune		# of Floors 7	Bldg. Age 65
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hospital	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No.	
Name of Abatement Contractor (9) Guardian Contracting, Inc.		ASCM No.	
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. 732-290-2217	Telephone No. 732-349-9932
Start Date (10) 05 / 17 / 17		Scheduled Completion Date (11) 05 / 26 / 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 Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor E.M.S.L. Analytical	
Street Address 1056 Stelton		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

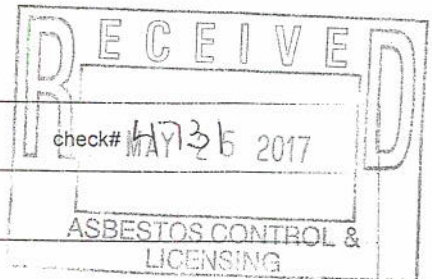
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure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

Location of Asbestos-Containing Material (ACM) <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
Old Endo Unit Ackerman 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	duct insulation	250 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Old Endo Unit Ackerman 3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	pipe insulation	40 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 5	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 5/26/17		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 5/17/17	

CK 4731

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



Date of Notification (1) 05/19/2017		Name of Building Owner/Operator (2) Dunellen Board of Education	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	High and Leigh Street	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dunellen, NJ 08812	
		Name of Contact Frank Patullo	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) High school		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 400 1st Street		Square Feet	# of Floors
City (5) Dunellen		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 120 North Warren Street		Street Address 606 McBride Ave	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm TBD	Telephone No 609-392-4200	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 05/30/2017	Scheduled Completion Date (11) 05-31-2017	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input 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 area				Pipe insulation(wrap/cut)	20 SF	x			

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey		Disposal Date	City, State Morrisville, PA		
Completed by Adriana Olejarova	Title president	Signature	Date 05/19/2017		

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

B & G proj. #: 2017-63

*** EMERGENCY ***

Check # 8388

Date of Notification (1) <u>05/19/17</u>		Name of Building Owner/Operator (2) Atlantic Health System		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> RECEIVED MAY 25 2017 ASBESTOS CONTROL & REMEDIATION </div>
Agencies Notified	Type Notification	Street Address 100 Madison Avenue		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960		
		Name of Contact Michelle DiGangi		
				Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Chilton Medical Center			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 97 West Parkway			Square Feet # of Floors Bldg. Age		
City (5) Pompton Plains, NJ 07444	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/24/2017		Sched. Completion Date (11) 05/27/2017	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 105 Ryerson Road		
<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: work shift 3:30pm - 12:00am			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

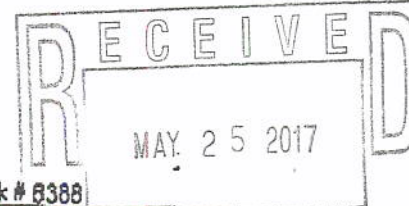
- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/>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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Main Bldg 1st floor cons area			<input checked="" type="checkbox"/>	fittings associated with fiberglass	16 fittings	<input checked="" type="checkbox"/>			
Respiratory Storage			<input checked="" type="checkbox"/>	VAT & mastic & ceiling tiles	110 sf & 110 sf	<input checked="" type="checkbox"/>			
Respiratory Storage			<input checked="" type="checkbox"/>	fittings & joint compound	5 fittings & 50 sf	<input checked="" type="checkbox"/>			
bathroom			<input checked="" type="checkbox"/>	white caulk & fittings	48 lf & 6 fittings	<input checked="" type="checkbox"/>			
jet bathroom			<input checked="" type="checkbox"/>	VAT & mastic, white caulk	48 sf & 8 lf	<input checked="" type="checkbox"/>			
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center				
City, State Lincoln Park, NJ		Disposal Date 05/30/2017		City, State Tullytown, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>			Date 05/19/2017		

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

B & G proj. #: 2017-63

Check # 6388



Date of Notification (1) 05/11/19/11/17		Name of Building Owner/Operator (2) Atlantic Health System		DOL - 10 DAY		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> BCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Street Address 100 Madison Avenue		City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Michelle DiGangi		MAY 19 2017		WAIVER APPROVED	
FACILITY INFORMATION							
Name of facility where abatement is taking place (3) Chilton Medical Center				Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)			
Street Address 97 West Parkway				Square Feet # of Floors Bldg. Age			
City (5) Pompton Plains, NJ 07444		County (6) Morris		County Code (7) (State use only)		Current Use (Prior if being demolished) Hospital (non sub 8)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.			
Street Address				Street Address 105 Ryerson Road			
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm		Phone Number		Telephone Number (973)696-6889		License Number 00378	
Scheduled Start Date (10) 05/24/2017		Sched. Completion Date (11) 05/27/2017		Name of OSHA Monitor B & G Restoration, Inc.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: work shift 3:30pm - 12:00am				Street Address 105 Ryerson Road			
				City, State, Zip Code Lincoln Park, NJ 07035			
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Glovebag procedure <input checked="" type="checkbox"/> >3 sf or >2 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Non-fabric procedure							
Location of asbestos-containing material to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)	
		Yes No N/A				R R E E e m o p e n m o v a i c s e d	
Main Bldg 1st floor cons area				fittings associated with fiberglass		18 fittings	
Respiratory Storage				VAT & mastic & ceiling tiles		110 sf & 110 sf	
Respiratory Storage				fittings & joint compound		5 fittings & 50 sf	
bathroom				white caulk & fittings		48 lf & 8 fittings	
jet bathroom				VAT & mastic, white caulk		48 sf & 8 lf	
Registered Waste Hauler B & G Restoration, Inc.		NJOSHP Hauler ID# 19563		Cubic Yards of Waste 5		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 05/30/2017		City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna		Date 05/19/2017	

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

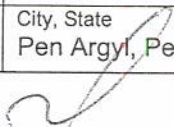
CR #026594

Date of Notification (1) 05/17/17		Name of Building Owner/Operator (2) Lawrence Township Board of Education	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2565 Princeton Pike	
		City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact Mr. Dave Nelson	Telephone Number _____

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CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Lawrence Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 2455 Princeton Pike		Square Feet 10,000 +	# of Floors 2
City (5) Lawrenceville		Bldg. Age 50 +	
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		ASCM No. _____	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.
Street Address 120 North Warren Street		Street Address 1141 Route 23	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm Mr. Roland Jones		Telephone No. 609-392-4200	Telephone No. 973-628-9200
License No. 00408			
Start Date (10) 05/26/17	Scheduled Completion Date (11) 06/30/17	Name of OSHA Monitor Enviro Vision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg. #35E	
		City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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-Mechanical Rooms			X	Transite Panels	600 SF	X			
1st Floor - Room C10			X	Plaster	8 SF				

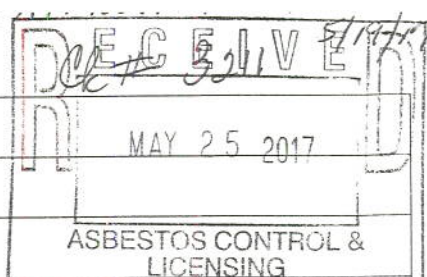
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill	
City, State Wayne, New Jersey			Disposal Date	City, State Pen Argyl, Pennsylvania	
Completed by Jerry Bijelonic		Title Project Manager	Signature 	Date 05/17/17	

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:120)

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MAY 25 2017

Date of Notification (1) 5/17/17		Name of Building Owner/Operator (2) Kiely Development Co.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 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 Development 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 1 Lippincott Rd		Square Feet 2500	
City (5) Little Silver		# of Floors 2	
County (6) Monmouth		Bldg. Age 60+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc	
City, State, Zip Code		Street Address 95 Montrose Rd	
Project Manager for Monitoring Firm		City, State, Zip Code Colts Neck, New Jersey	
Telephone No.		Telephone No. 732 294 1757	
Start Date (10) 5/24/17		License No. 00029	
Scheduled Completion Date (11) 6/7/17		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7am-7pm		Street Address	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ll <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) interior		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) plaster		Amount (Specify SF or LF) 2500 LF	
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ		Cubic Yards of Waste 30	
Name of Registered Landfill PA-150		Disposal Date 6/7/17	
City, State Easton, PA		Signature Bree McGuire	
Completed by Bree McGuire		Date 5/17/17	

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



Date of Notification (1) 5/19/17		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified	Type Notification	Street Address 1830 us Route 130 North	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Burlington NJ 08016	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mike Woods	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #6			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 651 Route 17 Suite 2			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Paramus	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) WCD Group LLC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 1350 Broadway, Suite 1904		Street Address 1123 BEAVER STREET			
City, State & Zip Code New York, NY		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Eric Telemaque		Telephone Number 212-631-9000	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) May 22, 2017		Scheduled Completion Date (11) June 5, 2017		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> 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
Phase 1 (see attached phasing plan)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	17000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceramic tile	4900	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 55	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro/jl</i>	Date 5/19/17

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MAY 25 2017

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Burlington
STORE PLANNING & DESIGN
1300 Route 17 South • Burlington, NJ 08610
TEL: 908.239.1100 FAX: 908.239.1101
WWW.BURLINGTONSTOREPLANNING.COM

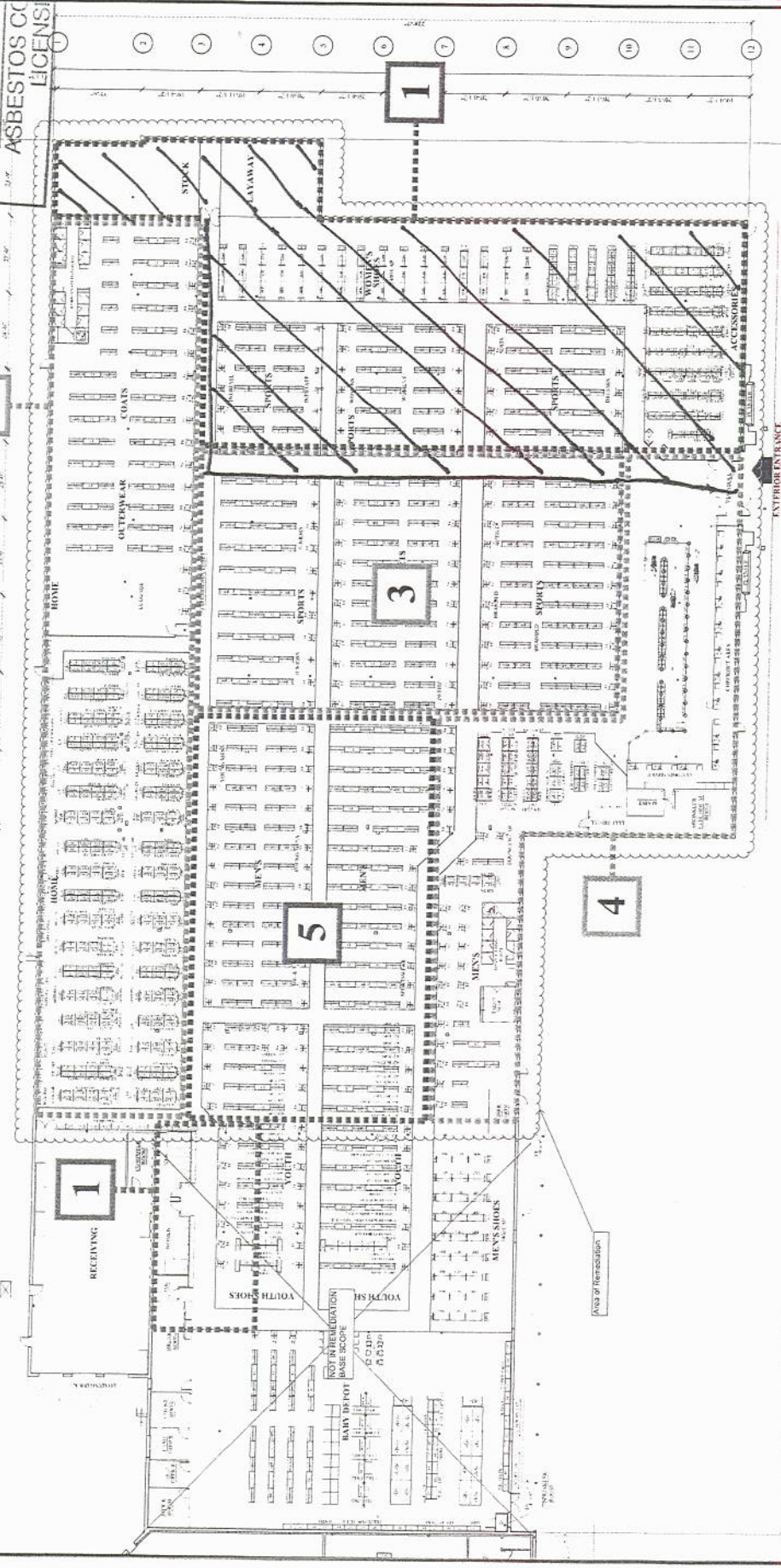
PHASE
DATE
BY

PARAMUS, NJ
TEMPLE RIDGE SHOPPING CENTER
651 ROUTE 17 SOUTH
PARAMUS, NJ 07652-3105

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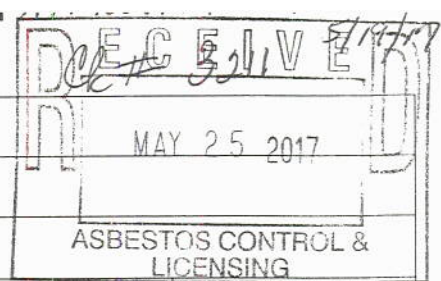


EXISTING
PHASING PLAN
SCALE 1/16"=1'-0"

PHASE #	CONST. START	CONST. FINISH	MERCH COMPLETED PHASE DE-MERCH NEXT PHASE	SQ. FT.
1	12/18	X	X	17,381
2	12/12			13,920
3	12/12			11,592
4				
5				
PUNCH LIST				
MERCH COMPLETED PHASE DE-MERCH NEXT PHASE				
10/15				9,394
12				10,250

HOLIDAYS:
EASTER 4/16/2017
MOTHER'S DAY 5/14/2017
MEMORIAL DAY 5/29/2017
FATHER'S DAY 6/18/2017
LABOR DAY 9/14/2017

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



Date of Notification (1) 5/19/17		Name of Building Owner / Operator (2) Burlington Coat Factory	
Agencies Notified	Type Notification	Street Address 1830 us Route 130 North	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State & Zip Code Burlington NJ 08016	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mike Woods	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Burlington Coat Factory Store #6			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 651 Route 17 Suite 2			Square Feet 72500	# of Floors 1	Bldg. Age 50
City (5) Paramus	County (6) Bergen	County Code (7)	Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) WCD Group LLC		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 1350 Broadway, Suite 1904		Street Address 1123 BEAVER STREET			
City, State & Zip Code New York, NY		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Eric Telemaque		Telephone Number 212-631-9000	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) May 22, 2017		Scheduled Completion Date (11) June 5, 2017		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: (10:00 PM – 6:00 AM) <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Phase 1 (see attached phasing plan)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	17000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ceramic tile	4900	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 55	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro</i>	Date 5/19/17

PD17058

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MAY 25 2017

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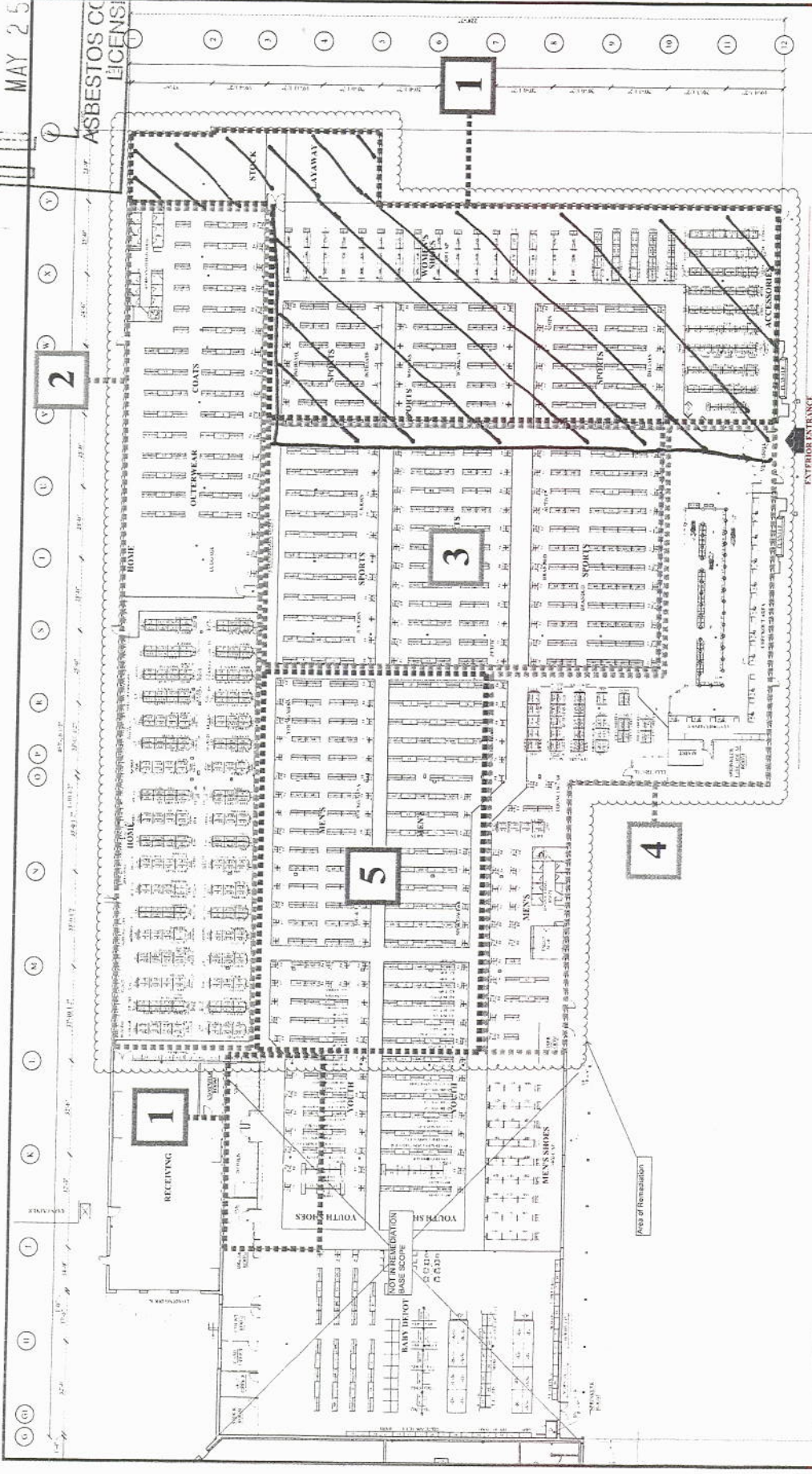
Burlington
STORE PLANNING & DESIGN
130 Route 17 South • Burlington, NJ 08033
Phone: 609.261.1700 Fax: 609.261.1701
www.burlingtonplanning.com

PARAMUS, NJ
TEMPLE RIDGE SHOPPING CENTER
651 ROUTE 17 SOUTH
PARAMUS, NJ 07652-3105

PH-1E
SHEET NO.

EXISTING PHASING PLAN
DATE: 5/14/2017
BY: [Signature]
CHECKED BY: [Signature]

ASBESTOS CONSULTING & LICENSING



EXISTING
PHASING PLAN
SCALE 1/16"=1'-0"

PHASE #	CONST. START	CONST. FINISH	MERCH COMPLETED PHASE DE-MERCH NEXT PHASE	SQ. FT.
1	12/15	x	x	17,381
2	12/12	12/12	10/15	13,920
3	12/12	12/12	12	11,592
4	12/15	12/15	10/15	9,394
5	12/15	12/15	12	10,250

HOLIDAYS:
EASTER 4/16/2017
MOTHER'S DAY 5/14/2017
MEMORIAL DAY 5/29/2017
FATHER'S DAY 6/18/2017
LABOR DAY 9/14/2017

PUNCH LIST

