

05/21/2018 18:23

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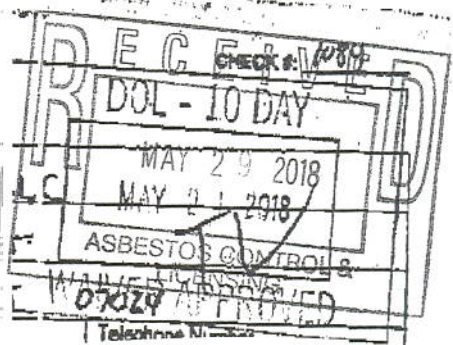
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PAGE 02/03

OK 1084

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



Date of Notification (1) 5/21/18		Name of Building Owner/Operator (2) 504 JANE ST	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 504 JANE ST		City, State, Zip Code FORT LEE, NJ	
Name of Contact JAMES ANDEMMA		Telephone No.	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) WARE HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 504 JANE ST		Squares 600	
City (5) FORT LEE		# of Floors 1	
County (6) BERGEN		Bldg. Age +50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A.MAC CONTROLLING INC.	
City, State, Zip Code		Street Address 185 Midland Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432	
Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 5/21/18		License No. 00156	
Scheduled Completion Date (11) 5/25/18		Name of OSHA Monitor Omega Environmental Services Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> 2160 sf or 2280 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloved Procedure <input type="checkbox"/> Non-Enclosed (?) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13) STORAGE		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A /	
Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 25LF	
PIPE INSULATION		Abatement Type Removal Repair Encapsulate Enclose /	
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ 07105		Cubic Yards of Waste 1	
Completed by Joseph Vaccaro		Title Vice President	
Signature J. Vaccaro		Date 5/21/18	

ASB-41 (R-06-08)

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

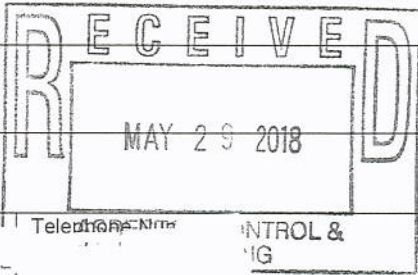
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State of New Jersey

PAID

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

Ch # 8967

Date of Notification (1) 5/24/18		Name of Building Owner/Operator (2) Susan Demarco		
Agencies Notified	Type of 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	City, State, Zip Code Oradell, NJ 07649		
		Name of Contact Brian Starkey		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address			Square Feet 2000		
City (5) Oradell			# of Floors 2		
County (6) Bergen			Bldg. Age ~65		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) residence		
Name of Monitoring Firm Hired by Building Owner N/A		ASCM No. 000		Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.	
Street Address		Street Address 323 Changebridge Rd., Suite 100			
City, State, Zip Code		City, State, Zip Code Pine Brook, NJ 07058			
Project Manager for Monitoring Firm		Telephone Number		Telephone Number 973-575-8700	
Scheduled Start Date (10) 6/2/18		Sched. Completion Date (11) 6/9/18		License Number 00852	
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: <u>partially vacant</u>		Name of OSHA Monitor Iris Environmental Laboratories, LLC			
		Street Address 2333 Route 22W			
		City, State, Zip Code Union, NJ 07083			


Scope of Work (Check all that apply)

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

☐ Renovation

- ☐ Full Containment with Negative Pressure
☒ Mini – Enclosure
☒ Glovebag Procedure
☒ Non – Friable Procedure

Location of Asbestos – Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R	R	E	E
basement		x		TSI	25 LF	x			
basement		x		VAT	350 SF	x			

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782		Cubic Yards Of Waste 3	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 6/7/18		City, State Taylor, PA		
Completed By (Print or Type) Pane Repic		Title General Manager		Signature 		Date 5/24/18

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

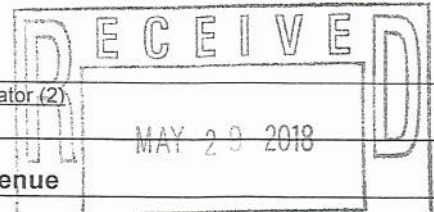
Date of Notification (1) 5/22/18		Name of Building Owner/Operator (2) Delilah Hodges		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> R E C E I V E MAY 23 2018 08016 </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Burlington, NJ 08016			
						Name of Contact Delilah			
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) Burlington				Square Feet 1400	# of Floors 2				
County (6) Burlington				County Code (7) (STATE USE ONLY)	Bldg. Age N/A				
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Insp.				Name of Abatement Contractor (9) Frymar Construction					
Street Address P.O. Box 11645				Street Address P.O. Box 11587					
City, State, Zip Code Phila. PA 19116				City, State, Zip Code Phila. PA 19116					
Project Manager for Monitoring Firm Jason				Telephone No. 267-784-4694	License No. 01276				
Start Date (10) 5/23/18		Scheduled Completion Date (11) 5/23/18		Name of OSHA Monitor Efrain Dua					
Occupancy Status During Abatement (Check Only One)				Street Address 279 Hendrix Pl.					
<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 Phila. PA 19116					
Scope of Work (Check All That Apply)									
<input 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 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
Outside - Siding		<input checked="" type="checkbox"/>		Siding Shingles	800 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Frymar Construction		NJDEP Waste Hauler ID No. 0036759		Cubic Yards of Waste 2	Name of Registered Landfill Western Berks				
City, State Phila, PA		Disposal Date 5/23/18		City, State Birdsboro, PA					
Completed by Efrain Dua		Title J. Pres		Signature <i>Efrain Dua</i>			Date 5/23/18		

OK 13142

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State of New Jersey - Notification of Asbestos Abatement

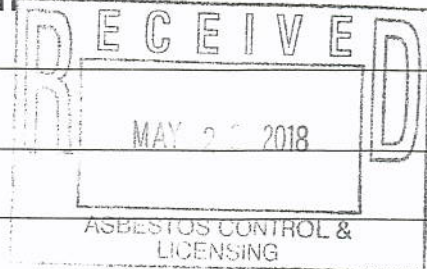
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) May 23, 2018		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA x DOL <input checked="" type="checkbox"/> DEP x DOH	Notification Type x Initial Notification	Street Address 223 North Van Dien Avenue	
	Emergency (including justification)	City, State, Zip Code Ridgewood, NJ 07450-2736	
		Name of Contact William Stasiak	Telephone Number 201-447-8141
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Bergen Lower Level Rm# BB121		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 223 North Van Dien Avenue		Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 28 Washington Street		Street Address 511 MAIN STREET	
City, State, Zip Code Ballston Spa, NY 12020		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Jim Miades	Telephone Number 347.435.3561	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) June 1, 2018	Scheduled Completion Date (11) June 30, 2018	Name of OSHA Monitor EMSL inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		<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	
Renovation		Demolition	
Location of Asbestos-Containing Material (ACM) in Facility (13) Bergen Lower Level Rm#BB121	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT & 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	Name of Registered Landfill Meadowfill Landfill/GROWS
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date June 30, 2018	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date May 23, 2018

GAC # 2018-633-003

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

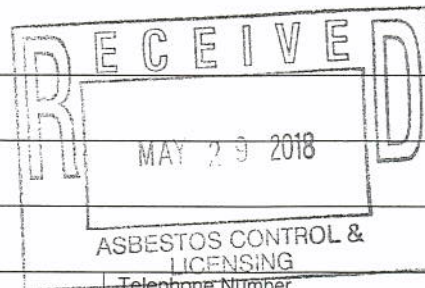


Date of Notification (1) 5 / 23 / 18		Name of Building Owner/Operator (2) Sterling High School District							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 801 Preston Avenue, Suite B City, State, Zip Code Somedale, NJ 08083 Name of Contact Tom Arcinese							
		Telephone Number 856-566-4193							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sterling 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 and commercial buildings, homes, etc.)							
Street Address 501 South Warwick Road									
City (5) Somerdale		Square Feet 50,000	# of Floors 2						
		Bldg. Age 80							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) ATC Group Services, LLC		ASCM No. 00098	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 3 Terri Lane, Suite 4		Street Address 623 Cutler Avenue							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm John R. Lutz		Telephone No. 609-386-8800	Telephone No. 856-755-0099						
		License No. 00842							
Start Date (10) 06 / 25 / 18	Scheduled Completion Date (11) 07 / 06 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Room 2	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Acoustical Plaster	112 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 07/06/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/23/18			

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Print Form

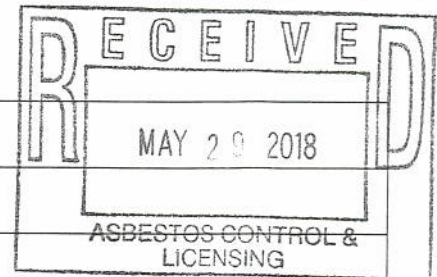
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/21/2018 Check # 3182		Name of Building Owner/Operator (2) Paramus Catholic High School							
Agencies Notified	Type Notification	Street Address 425 Paramus Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Michael							
		Telephone Number 201-445-4466 x 175							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Paramus Catholic 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 425 Paramus Road		Square Feet 25,000	# of Floors 2						
City (5) Paramus, NJ 07652		Bldg. Age 50+							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) EA Service Corporation						
Street Address		Street Address 426-69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 5/22/18	Scheduled Completion Date (11) 5/24/18	Name of OSHA Monitor Same as Above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 2 PM		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 checked="" type="checkbox"/> Glovebag Procedure <i>wrap & cut</i> <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
Boiler Room		X		Pipe Insulation	32 LF	X			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc					
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature <i>[Signature]</i>		Date 5/21/2018			

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

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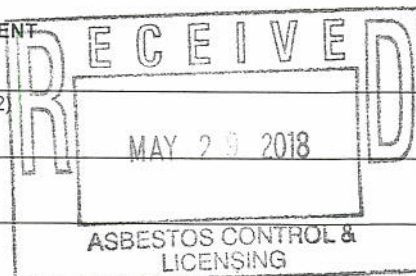
Date of Notification (1) 5/21/2018 Check # 3185		Name of Building Owner/Operator (2) Church of the Little Flowers							
Agencies Notified	Type Notification	Street Address 110 Roosevelt Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Berkely Heights, NJ 07922							
		Name of Contact Nicholas Sblendorio	Telephone Number 908-464-7444						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church of the Little Flowers		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 110 Roosevelt Avenue		Square Feet 15,000	# of Floors 2						
City (5) Berkeley Heights		Bldg. Age 50+							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) EA Service Corporation						
Street Address		Street Address 426-69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 5/22/18	Scheduled Completion Date (11) 5/23/18	Name of OSHA Monitor Same as Above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9 AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Upper Church		x		Celan-up debris	6 SF	x			
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc					
City, State Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature 		Date 5/21/2018			

CK 1083

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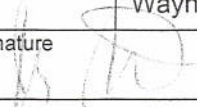
Print Form

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



Date of Notification (1) 05/23/2018		Name of Building Owner/Operator (2) College of Saint Elizabeth							
Agencies Notified	Type Notification	Street Address 2 Convent Road							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Steve Iacovo	Telephone Number 973-290-4000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Founders Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 Convent Road		Square Feet	# of Floors 4						
City (5) Morristown		Bldg. Age 92							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address		Street Address 22 Troy Lane							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 973-276-0099	License No. 01317						
Start Date (10) 05/24/2018	Scheduled Completion Date (11) 05/30/2018	Name of OSHA Monitor United Safety LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Restrooms - Throughout		X		Elbows	53 Total	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 Lincoln Park, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 			Date 05/23/2018		

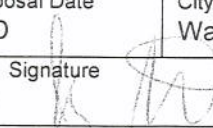
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05-21-18		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified	Type Notification	Street Address	<div style="border: 2px solid black; padding: 5px; margin: 0 auto; width: 150px;"> <div style="border: 1px solid black; padding: 2px; margin: 0 auto; width: 100px;"> <div style="text-align: center;">CHECK #25274</div> <div style="text-align: center; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; font-weight: bold; font-size: 1.1em;">MAY 29 2018</div> </div> <div style="text-align: center; font-weight: bold; font-size: 0.8em;">ASBESTOS CONTROL & RESTORATION</div> </div>						
<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	700 Hidden Ridge							
		City, State, Zip Code Irving, TX							
		Name of Contact Rafael Leonardo	Telephone Number (917) 747-9898						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Central Office		Type of Facility (4)							
Street Address 282 Washington Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Belleville	Square Feet 30,000	# of Floors 3	Bldg. Age 65						
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) ESIS Health, Safety & Environmental		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address P.O. Box 430		Street Address 200 Broad Street							
City, State, Zip Code North Versailles, PA 15137		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Chris Pierce		Telephone No. (201) 492-3165	Telephone No. 201-939-6565 License No. 00756						
Start Date (10) 05-30-18	Scheduled Completion Date (11) 08-30-18	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<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"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
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
2nd Floor - Fan Room			x	VAT & Mastic	400SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Joseph Patrick		Title Project Manager	Signature 	Date 05-21-18					

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

CHECK #25274

Date of Notification (1) 05-21-18		Name of Building Owner/Operator (2) Verizon Communication		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED MAY 29 2018 ASBESTOS CONTROL & REMEDIATION (917) 747-9898 </div>					
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge							
<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 Irving, TX Name of Contact Rafael Leonardo							
Telephone Number (917) 747-9898									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Central Office			Type of Facility (4)						
Street Address 282 Washington Avenue			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Belleville			Square Feet 30,000	# of Floors 3	Bldg. Age 65				
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial						
Name of Monitoring Firm Hired by Building Owner (8) ESIS Health, Safety & Environmental		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address P.O. Box 430		Street Address 200 Broad Street							
City, State, Zip Code North Versailles, PA 15137		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Chris Pierce		Telephone No. (201) 492-3165	Telephone No. 201-939-6565	License No. 00756					
Start Date (10) 05-30-18	Scheduled Completion Date (11) 08-30-18		Name of OSHA Monitor Even-Air Inc.						
Occupancy Status During Abatement (Check Only One)			Street Address 10-59 Jackson Avenue						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Long Island City, NY 11101						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor - Fan Room			x	VAT & Mastic	400SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Joseph Patrick		Title Project Manager	Signature 		Date 05-21-18				

 *** TX REPORT ***

TRANSMISSION OK

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 RECIPIENT ADDRESS 16096330664
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 ST. TIME 05/21 16:32
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State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

CHECK #25274

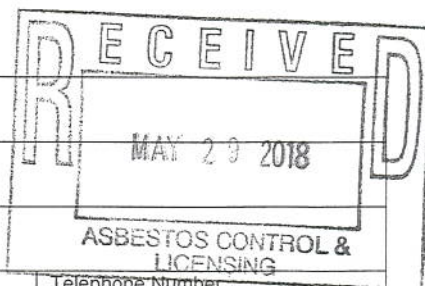
Date of Notification (1) 05-21-18		Name of Building Owner/Operator (2) Verizon Communication	
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <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 Irving, TX	
		Name of Contact Rafael Leonardo	Telephone Number (917) 747-9898
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Central Office		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 282 Washington Avenue		Square Feet 30,000	# of Floors 3
City (5) Belleville		Bldg. Age 65	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) ESIS Health, Safety & Environmental		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address P.O. Box 430		Street Address 200 Broad Street	
City, State, Zip Code North Versailles, PA 15137		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm Chris Pierce		Telephone No. (201) 492-3165	Telephone No. 201-939-6565
License No. 00756			
Start Date (10) 05-30-18	Scheduled Completion Date (11) 08-30-18	Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue	
		City, State, Zip Code Long Island City, NY 11101	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos Containing Material (ACM)	Is Location Normally Used Solely by	Description of	Abatement Type

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



Date of Notification (1) 5/24/18		Name of Building Owner/Operator (2) SEMINOLE CONSTRUCTION							
Agencies Notified	Type Notification	Street Address 128 Bartlett Ave							
<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 west Creek NJ 08092							
		Name of Contact Joycelynn	Telephone Number 609-296-0700						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors 1						
City (5) Beach Haven		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 6/3/18	Scheduled Completion Date (11) 6/6/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				Siding	2500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 6/6/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

OK 6/6/18

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



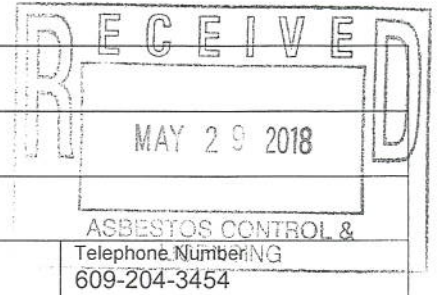
Date of Notification (1) 5/23/18		Name of Building Owner/Operator (2) Signature Communities							
Agencies Notified	Type Notification	Street Address 1750 Oak St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Jackson		Square Feet	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) home							
ASCN No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 6/3/18	Scheduled Completion Date (11) 6/8/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
INTERIOR				Floor tiles	100SF	x			
EXTERIOR				Roofing and Flashing	1500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 6/8/18	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

OK 6/6/18

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



Date of Notification (1) 5/24/18		Name of Building Owner/Operator (2) Pleasantville Housing Authority							
Agencies Notified	Type Notification	Street Address 156 N Main St							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pleasantville, NJ 08232							
		Name of Contact	Telephone Number 609-204-3454						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Units A308 and A102		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 156 N Main St		Square Feet	# of Floors						
City (5) Pleasantville		Bldg. Age							
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 6/4/18	Scheduled Completion Date (11) 6/11/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR Unit A308, A102				Floor Tiles and mastic	1100SF	x			
Name of Registered Waste Hauler AAA LEAD PROFESSIONALS		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill ACUA					
City, State LAKEWOOD, NJ		Disposal Date 6/11/18		City, State EGG HARBOR TWP NJ					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

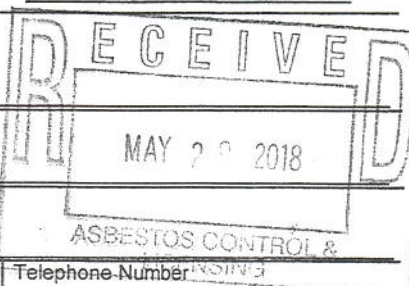
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B & G proj. #: 2018-109

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

*** NEW START DATE ***

Check # 8992

Date of Notification (1) 05/12/18		Name of Building Owner/Operator (2) PSE&G		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		
Street Address 4000 Hadley Road		City, State, Zip Code South Plainfield, NJ 07080		
Name of Contact Chris Nemeth		Telephone Number 908-412-2419		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PSE&G Wave One - Metro Clifton			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 150 Circle Avenue			Square Feet # of Floors Bldg. Age		
City (5) Clifton, NJ 07011	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) Offices		
Name of Monitoring Firm Hired by Bldg. Owner (8) Bureau Veritas North America		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 109 North Center Drive			Street Address 105 Ryerson Road		
City, State, Zip Code North Brunswick, NJ 08902			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm J.B. Chadwick		Phone Number 732-623-4555	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/23/2018 ***		Sched. Completion Date (11) 06/30/2018	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: Occupied 7:00 am - 3:30 pm			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	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						
Lower roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roof flashing & tar	1,380 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loading Dock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite roof & siding	17,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 150	Name of Registered Landfill Fairless Landfill
City, State Lincoln Park, NJ	Disposal Date 05/23/18 - 06/30/18		City, State Morrisville, PA
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/22/2018

rock

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

B & G proj. #: 2018-109

*** ON HOLD ***

Check # N/A

Date of Notification (1) 10/15/11/11/18		Name of Building Owner/Operator (2) PSE&G	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 4000 Hadley Road		City, State, Zip Code South Plainfield, NJ 07080	
Name of Contact Chris Nemeth		Telephone Number 908-412-2419	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) PSE&G Wave One - Metro Clifton			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 150 Circle Avenue			Square Feet # of Floors Bldg. Age		
City (5) Clifton, NJ 07011	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) Offices		
Name of Monitoring Firm Hired by Bldg. Owner (8) Bureau Veritas North America		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 109 North Center Drive		Street Address 105 Ryerson Road			
City, State, Zip Code North Brunswick, NJ 08902		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm J.B. Chadwick		Phone Number 732-623-4555	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/14/2018		Sched. Completion Date (11) 06/30/2018 ***			
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: Occupied 7:00 am - 3:30 pm					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code LincolnPark, NJ 07035					

Scope of Work (check all that apply)

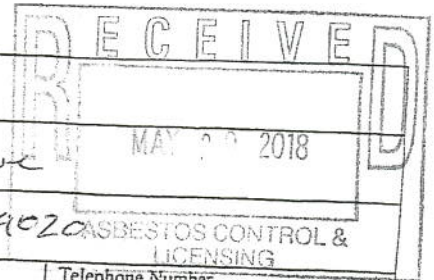
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Mini-enclosure	<input checked="" 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						
Lower roof	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	roof flashing & tar	1,380 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Loading Dock	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	transite roof & siding	17,000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 150	Name of Registered Landfill Fairless Landfill
City, State Lincoln Park, NJ	Disposal Date 05/14/18 - 06/30/18		City, State Morrisville, PA
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/11/2018

PAID

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



Date of Notification (1) 5/23/18		Name of Building Owner/Operator (2) PORO - Tec	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 725 Wicker Ave		City, State, Zip Code Bensalem Pa 19020	
Name of Contact Pat		Telephone Number	
Name of Facility Where Abatement is Taking Place (3) Resident			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Merchantville NJ		Square Feet	
County (6) Camden		# of Floors	
County Code (7) (STATE USE ONLY)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) Fingog Environmental		Current Use (Prior if being demolished)	
Street Address		ASCM No.	
City, State, Zip Code		Name of Abatement Contractor (9) Ami Ice Abatement Demolition LLC	
Project Manager for Monitoring Firm Mark Robaitz		Street Address 1212 Burlington Ave	
Start Date (10) 5/2/18		City, State, Zip Code Delanco NJ 08015	
Scheduled Completion Date (11) 6/2/18		Telephone No. 609-346-0916	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		License No. 01070	
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 checked="" type="checkbox"/> Demolition		Name of OSHA Monitor	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Amount (Specify SF or LF)	
Abatement Type Removal Repair Encapsulate Enclosure		<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	
Thru Out Bldg Yes No N/A		160 sq ft Removal Repair Encapsulate Enclosure	
Name of Registered Waste Hauler Ami Ice LLC		NJDEP Waste Hauler ID No. 20547	
City, State Delanco NJ		Cubic Yards of Waste	
Name of Registered Landfill 11M of PA		Disposal Date 1.5.18	
City, State 10000 Pa		Signature [Signature]	
Completed by Joseph T Hall		Date 5/23/18	

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

Check
10372

Date of Notification (1) 5/24/18		Name of Building Owner/Operator (2) Carl Belles						
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 Lawrence NJ 08648 Name of Contact Telephone Number NJE 08648E						
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) Lawrence NJ 08648		Bldg. Age 80+						
County (6) Mercer	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) June 4, 2018	Scheduled Completion Date (11) June 8, 2018	Name of OSHA Monitor EPC Technologies Inc						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337 City, State, Zip Code New Egypt NJ 08533						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Basement	X		Pipe Insulation	140 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date by 6/8/18		City, State Morrisville PA				
Completed by Steve Schenker		Title President	Signature Steve Schenker		Date 5-24-18			

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

RECEIVED
MAY 29 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/24/2018		Name of Building Owner/Operator (2) VINCENT BELGIOVINE							
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RAMSEY NJ. 07446							
		Name of Contact MAURO							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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) RAMSEY NJ. 07446		Square Feet 1,820	# of Floors 2						
County (6) BERGEN		Bldg. Age 82							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) yes							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 1126 51- ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201- 776 0642	License No. 1300						
Start Date (10) 05/25/2018		Scheduled Completion Date (11) 05/26/2018							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor ENVIRO PROBE INC.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 108 LIBERTY ST.							
		City, State, Zip Code METUCHEN 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		FLOOR TILE 12X12	930 SF.	X			
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 		Date 05/18/2018				

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

RECEIVED Print Form
MAY 29 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/24/18		Name of Building Owner/Operator (2) Seminole Construction							
Agencies Notified	Type Notification	Street Address 128 Bartlett Ave							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code West Creek, NJ 08092							
		Name of Contact Joyce Lynn	Telephone Number 609-296-0700						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 700 Newman Springs Rd		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 700 Newman Springs Rd		Square Feet	# of Floors						
City (5) Lincroft		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) hotel							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078						
			License No. 1200						
Start Date (10) 5/24/18	Scheduled Completion Date (11) 6/4/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input 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
INTERIOR-wet demo				pipe insulation	750LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 30	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 6/4/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

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

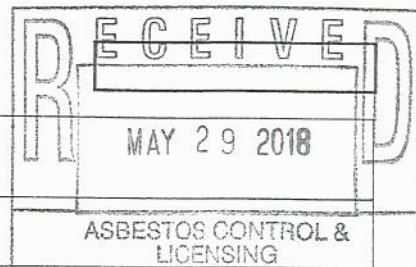
Check# 1013

RECEIVED
MAY 29 2018

Date of Notification (1) 05/22/2018		Name of Building Owner/Operator (2) Michelle Rossetti							
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 Old Bridge, NJ 08857							
		Name of Contact Michelle Rossetti	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Old Bridge		Square Feet 1,402	# of Floors 1						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 1960						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 S. 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ, 07206							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-906-4123						
Start Date (10) 06/02/2018		Scheduled Completion Date (11) 06/09/2018	License No. 01355						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Iris Environmental Laboratories							
<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 2333 Route 22 West							
		City, State, Zip Code Union, NJ, 07083							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Transite Siding	1,200 SF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 4 Cu Yd	Name of Registered Landfill Fairless Hills Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature			Date 05/22/2018			

Check#3065

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



Date of Notification (1)
05 / 24 / 18

Name of Building Owner/Operator (2)
John Paine

Agencies Notified

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

Type Notification

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

Street Address
[REDACTED]

City, State, Zip Code
Montclair, NJ 07043

Name of Contact
John Paine

Telephone Number

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Private house

Street Address
[REDACTED]

City (5)
Montclair, NJ 07043

County (6)
Essex

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
Gr Tech LLC

Street Address

Street Address

576 Valley Rd #283

City, State, Zip Code

City, State, Zip Code

Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973-638-1777

01127

Start Date (10)
06 / 01 / 18

Scheduled Completion Date (11)
06 / 02 / 18

Name of OSHA Monitor

Envirovision Consultants, Inc

Occupancy Status During Abatement (Check only one)

- ☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM

Street Address

20-21 Wagaraw Road, Bldg. # 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Gr Tech LLC

0033785

TBD

T.R.R.F. Inc

City, State

Disposal Date

City, State

Wayne, NJ 07470

TBD

Tullytown, PA

Completed By (Print or Type)

Title

Signature

Date

N.Jevtic

Owner

N.Jevtic

05/24/18

ASB-41

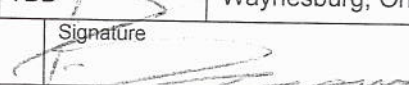
MAY 11

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

PAID

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

CHECK # 2750

Date of Notification (1) 5/18/2018		Name of Building Owner/Operator (2) Dana Topper							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07514							
		Name of Contact Dana Topper							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential / Two Family		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paterson		Square Feet 4,800	# of Floors 3						
County (6) Passaic		Bldg. Age 98							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 5/28/2018	Scheduled Completion Date (11) 5/31/2018	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<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 Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	100 LF	X			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 		Date 5/18/2018			

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

check 4621

Date of Notification (1) 5-23-2018		Name of Building Owner/Operator (2) M. PATTERSON							
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 RIDGEWOOD, NJ 07450 Name of Contact M. CRONK							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) M. PATTERSON		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 1600							
City (5) RIDGEWOOD		# of Floors 2							
County (6) BERGEN		Bldg. Age 89 yrs.							
County Code (7) STATE USE ONLY		Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Best Removal Inc							
City, State, Zip Code		Street Address 450 South River Street							
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, NJ 07601							
Telephone No.		Telephone No. 201-329-7444							
Start Date (10) 6-6-2018		License No. 00388							
Scheduled Completion Date (11) 6-7-2018		Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM - 5 PM		Street Address 280 Huyler 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code South Hackensack, NJ 07606							
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 & CRAWL SPACE			X	THERMAL INSULATION	197 LF	X			
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2 yds	Name of Registered Landfill Minverva Enterprises, LLC						
City, State Hackensack, NJ 07601	Disposal Date 6-7-18	City, State Waynesburg, OH 44688							
Completed by Robert Veldran	Title Estimator	Signature R. Veldran					Date 5-23-2018		

May 22 2018 12:19 AM A. Mac Contracting

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

RECEIVED	PAGE. 2/3
	MAY 29 2018
	CHECK # 1085
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 5/22/18		Name of Building Owner/Operator (2) SIMON CHOI.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code EDISON, NJ 08817	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Name of Contact SIMON CHOI	
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (6) EDISON		Squares Feet 1300	
County (6) MIDDLESEX		# of Floors 1	
County Code (7) (STATE USE ONLY)		Bldg. Age +50	
Name of Monitoring Firm Hired by Building Owner (8) ASOM No.		Current Use (If not being demolished) RESIDENTIAL	
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
City, State, Zip Code		Street Address 185 Midland Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park NJ 07432	
Telephone No.		Telephone No. 201-262-5841	
Start Date (10) 5/22/18		License No. 00156	
Scheduled Completion Date (11) 5/30/18		Name of OSHA Monitor Omega Environmental Services Inc	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 280 Huyler Street	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 13 sf or 23 lf <input checked="" type="checkbox"/> 260 sf or 280 lf		City, State, Zip Code Hackensack, NJ 07606	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Enclosed and Non-Flexible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BED ROOMS 1ST FLOOR		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A /	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT		Amount (Specify SF or LF) 300SF	
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ 07105		Cubic Yards of Waste 2	
Completed by Joseph Vaccaro		Name of Registered Landfill Grand Central Sanitary Landfill	
Title Vice President		City, State Pennsylv, PA 08702	
Signature J. Vaccaro		Date 5/30/18	

ABB-41 (R-05-08)

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

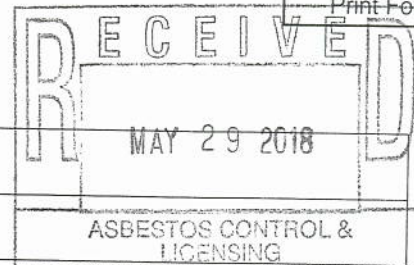
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

RECEIVED
MAY 29 2018
ASBESTOS CONTROL & LICENSING

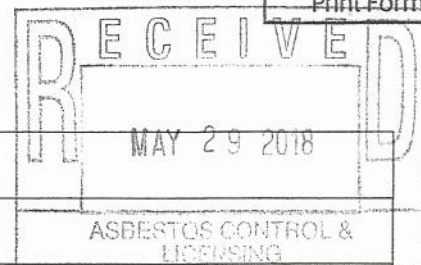
Date of Notification (1) 05-21-2018		Name of Building Owner/Operator (2) Oster Bergenfield Properties LLC		Street Address 429 Sylvan Ave		City, State, Zip Code Englewood Cliffs, NJ 07632		Name of Contact Mr. Eden Kongoli		Telephone Number 201-567-0070	
Agencies Notified <input checked="" type="checkbox"/> 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		FACILITY INFORMATION		Name of Facility Where Abatement is Taking Place (3) Former Hudson United Bank / Sleepy's Mattress Store		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 8,000	
City (5) Bergenfield		County (6) Bergen		County Code (7) (STATE USE ONLY)		Bldg. Age 50+		Current Use (Prior if being demolished) Former Bank / Mattress Store			
Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Laboratories				ASCM No.		Name of Abatement Contractor (9) Hazmat Diagnostic LLC		Street Address 16 Glenwild Ave		City, State, Zip Code Bloomingdale, NJ 07403	
Street Address 2333 US-22				City, State, Zip Code Union, NJ 07083		Telephone No. 973-928-3995		License No. 01181			
Project Manager for Monitoring Firm Rick Eustaquio				Telephone No. 973-494-3762		Name of OSHA Monitor Hazmat Diagnostic LLC		Street Address 16 Glenwild Ave		City, State, Zip Code Bloomingdale, NJ 07403	
Start Date (10) 06-02-2018		Scheduled Completion Date (11) 07-15-2018		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:							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes No N/A						Removal Repair Encapsulate Enclosure			
Three interior walls of bank space				X		Black Wall Mastic		5,200SF		X	
Roof over mattress store&all flashing				X		Roof & Roof Flashing		4,520SF		X	
Window caulk of bank				X		Window Caulking Exterior		32SF		X	
Name of Registered Waste Hauler Hazmat Diagnostic LLC / Bryce Alt. Trucking				NJDEP Waste Hauler ID No. 0035440/35848		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprises / G.R.O.W.S			
City, State Bloomingdale, NJ / Milesburg, PA				Disposal Date TBD		City, State Waynesburg, OH / Morrisville, PA					
Completed by Deni Naumovski				Title President		Signature		Date 05-21-2018			

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



Date of Notification (1) 5/23/18		Name of Building Owner/Operator (2) David Burrows							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Saddle Brook, NJ 07663							
		Name of Contact Aldo Lavorini							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Saddle Brook		Square Feet 1725	# of Floors 2						
County (6) Bergen		Bldg. Age 65+/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 6/5/18	Scheduled Completion Date (11) 6/7/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Wrap	53 LF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 5/23/18		

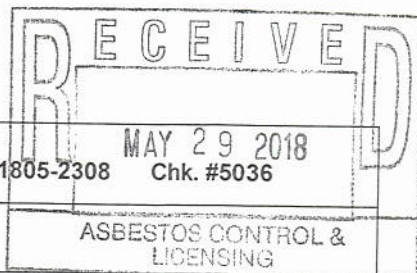
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/21/2018		Name of Building Owner/Operator (2) Bricktown UE / UE Brick LLC							
Agencies Notified	Type Notification	Street Address 210 Route 4 East							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus, NJ 07652							
		Name of Contact Mr. Mark Maday	Telephone Number 201-571-3443						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Smoothie King		Type of Facility (4)							
Street Address 124 Chambersbridge Road		<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) Brick		Square Feet 2,000+	# of Floors 1						
County (6) Ocean		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Former Smoothie King							
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address 35 Tehnology Drive South		Street Address 16 Glenwild Ave							
City, State, Zip Code Warren, NJ 07059		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Mr. Jeremy Hassett		Telephone No. 267-496-7955	License No. 01181						
Start Date (10) 5-25-2018	Scheduled Completion Date (11) 6-20-2018		Name of OSHA Monitor Hazmat Diagnostic LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 16 Glenwild Ave							
<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 Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 if <input checked="" type="checkbox"/> ≥160 sf or ≥260 if		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Crawl Space			X	Pipe Insulation Debris	600 SF	X			
Bathroom, Entry, Rooms			X	Linoleum & Base Board Mastic	130 SF	X			
Roof Penetrations			X	Black Tar	10 SF	X			
Pitched Roof			X	Roof Shingles	1100 SF	X			
Name of Registered Waste Hauler Hazmat Diagnostic LLC/Newark Carting Inc		NJDEP Waste Hauler ID No. 0035440 /4509	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North / Fairless Landfill					
City, State Bloomington, NJ / Newark, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Deni Naumovski		Title President	Signature			Date 5/21/2018			

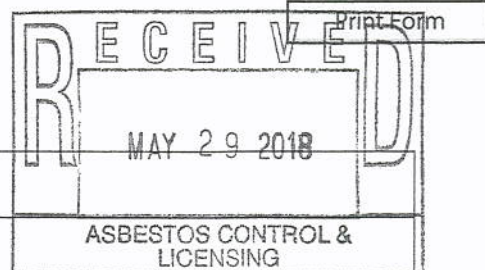
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 5 / 24 / 18		Name of Building Owner/Operator (2) Rutgers University / Job # 1805-2308		Chk. # 5036					
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 33 Knightsbridge Road		ASBESTOS CONTROL & LICENSING					
		City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Joan Stanton, PE		Telephone Number 848-445-2419					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Facilities Maintenance Building #3527			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 590 Taylor Road									
City (5) Piscataway			Square Feet 7000	# of Floors 1	Bldg. Age 50				
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.						
Street Address 400 Street Road		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00862					
Start Date (10) 6 / 8 / 18	Scheduled Completion Date (11) 6 / 19 / 18		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Street Address 200 U.S. Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen 103A	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	3500 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 Champion		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Hainesport, NJ		Disposal Date 6/19/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator		Signature 		Date 5-25-18				

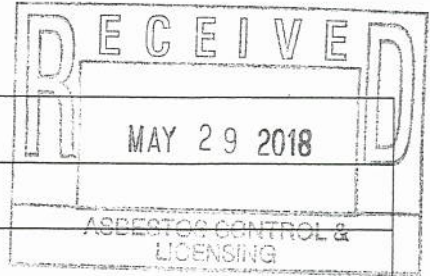
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 04-12-18		Name of Building Owner/Operator (2) PSEG		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Rd. City, State, Zip Code South Plainfield NJ Name of Contact Brandon Preston Telephone Number 908-202-6584					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Linden Switch 138 kv				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 4013 Tremley Road				Square Feet N/A	# of Floors N/A				
City (5) Linden				Bldg. Age N/A					
County (6) Union		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Control House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) WRS Environmental Services, Inc.					
Street Address N/A		Street Address 17 Old Dock Road							
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 631-924-8111	License No. 01136				
Start Date (10) 04-23-18		Scheduled Completion Date (11) 09-24-18		Name of OSHA Monitor WRS Environmental Services 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>Electrical circuit cabinet</u>				Street Address 17 Old Dock Road City, State, Zip Code Yaphank NY 11980					
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
Control House			x	Roof	5000 SF	x			
Control House			x	Transite panels	416 SF	x			
Control House			x	Wrapping tape	360 SF	x			
Control House			x	Caulk	170 LF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill				
City, State Elizabeth, NJ 07201		Disposal Date TBD		City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor		Signature <i>Raymond Tutiven</i>		Date 04-12-18			

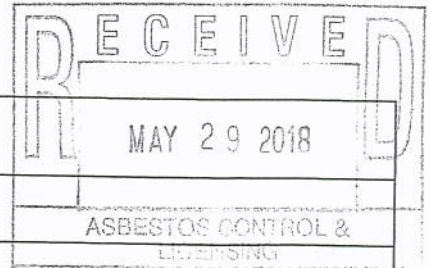
PAGE 2 OF 2

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



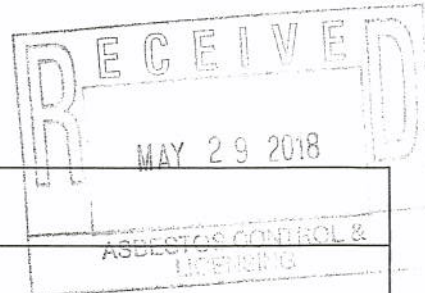
Date of Notification (1) 04-12-18		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ							
		Name of Contact Brandon Preston	Telephone Number 908-202-6584						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Linden Switch 138 kv		Type of Facility (4)							
Street Address 4013 Tremley Road		<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) Linden		Square Feet N/A	# of Floors N/A						
County (6) Union		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Control House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Road							
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136						
Start Date (10) 04-23-18	Scheduled Completion Date (11) 09-24-18	Name of OSHA Monitor WRS Environmental Services Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Road							
<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: Electrical circuit cabinet		City, State, Zip Code Yaphank NY 11980							
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
Switching yard			x	Duct bank	330 LF	x			
Control House			x	Transite pipe	240 LF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill				
City, State Elizabeth, NJ 07201				Disposal Date TBD	City, State Morrisville PA 19067				
Completed by Raymond Tutiven		Title Supervisor		Signature <i>Raymond Tutiven</i>	Date 04-12-18				

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



Date of Notification (1) <u>05</u> / <u>25</u> / <u>18</u>		Name of Building Owner/Operator (2) Metro Real Estate Companies							
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street, Suite 400							
		City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Warren Sprake	Telephone Number 973-429-7900 ext. 205						
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 and commercial buildings, homes, etc.)							
Street Address 169 Minnisink Road- Power House Building		Square Feet	# of Floors						
City (5) Totowa		Bldg. Age							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) <u>03</u> / <u>15</u> / <u>18</u>	Scheduled Completion Date (11) <u>06</u> / <u>25</u> / <u>18</u>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Wrap and Cut <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Built-Up Roofing	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	250 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 ATC/Century Waste LLC/ All Pro Management LLC		NJDEP Waste Hauler ID No. SW-24310/32797/989		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/G.R.O.W.S. North Landfill/ Fairless Landfill/ IESI Bethlehem Landfill				
City, State Shirley, NY/Elizabeth, NJ /Garfield, NJ		Disposal Date TBD		City, State Waynesburg, OH/Morrisville, PA/Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 5/25/18			

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



Date of Notification (1) <u>03</u> / <u>06</u> / <u>18</u>			Name of Building Owner/Operator (2) Metro Real Estate Companies						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 Broad Street, Suite 400 City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Warren Sprake Telephone Number 973-429-7900 ext. 205					
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 and commercial buildings, homes, etc.)						
Street Address 169 Minnisink Road- Power House Building			City (5) Totowa						
County (6) Passaic		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762		Telephone No. 973-928-4888 License No. 1188					
Start Date (10) <u>03</u> / <u>15</u> / <u>18</u>		Scheduled Completion Date (11) <u>05</u> / <u>25</u> / <u>18</u>		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Built-Up Roofing	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC/Century Waste, LLC/All Pro Management, LLC		NJDEP Waste Hauler ID No. SW-24310/32797/989		Cubic Yards of Waste As Needed		Name of Registered Landfill Minerva Enterprises/G.R.O.W.S North Landfill/Fairless Landfill/IESI Bethlehem Landfill			
City, State Shirley, NY/Elizabeth, NJ/Garfield, NJ		Disposal Date TBD		City, State Waynesburg, OH/Morrisville, PA/Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 3/6/18			

RECEIVED
MAY 29 2018
ASBESTOS CONTROL & LICENSING

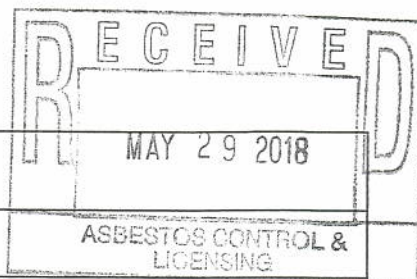
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* Do not use this form for asbestos licensure exempted activities.

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MAY 29 2018
ASBESTOS CONTROL
LICENSES

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 5/25/18
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

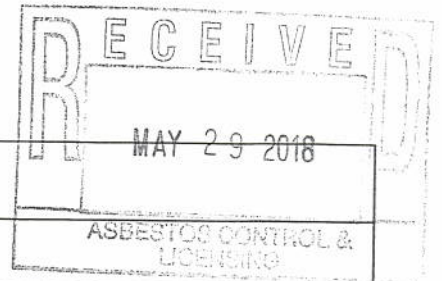


Date of Notification (1) <u>03</u> / <u>15</u> / <u>18</u>		Name of Building Owner/Operator (2) Metro Real Estate Companies							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street, Suite 400							
		City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Warren Sprake	Telephone Number 973-429-7900 ext. 205						
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 and commercial buildings, homes, etc.)							
Street Address 169 Minnisink Road- Meese Building									
City (5) Totowa	Square Feet	# of Floors	Bldg. Age						
County (6) Passaic	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) <u>03</u> / <u>26</u> / <u>18</u>	Scheduled Completion Date (11) <u>05</u> / <u>25</u> / <u>18</u>		Name of OSHA Monitor ALL PRO MANAGEMENT LLC						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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/Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	7,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	475 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement/Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	375 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC/Century Waste, LLC/All Pro Management, LLC		NJDEP Waste Hauler ID No. SW-24310/32797/989		Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/G.R.O.W.S North Landfill/Fairless Landfill/IESI Bethlehem Landfill				
City, State Shirley, NY / Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH/Morrisville, PA/Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 3/15/18			

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MAY 29 2018
ASST. DIR. OF CORRECTIONS
1 B

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 3/15/18
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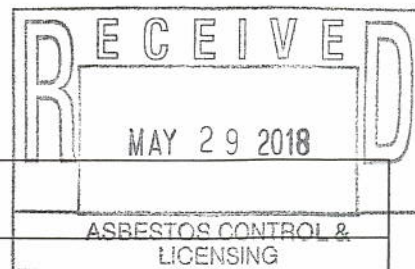
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 05 / 25 / 18		Name of Building Owner/Operator (2) County of Burlington							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Rancocas Valley Road City, State, Zip Code Mount Holly, NJ 08060 Name of Contact Mark Hansen Telephone Number 856-722-6700							
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 and commercial buildings, homes, etc.)							
Street Address 630 Pemberton Browns Mills Road		Square Feet							
City (5) Pemberton, NJ		# of Floors							
County (6) Burlington		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No. 00145							
Street Address 200 Century Parkway, Suite B		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Mount Laurel, NJ 08054		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Kevin Burns		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 908-347-4396		Telephone No. 973-928-4888							
Start Date (10) 06 / 04 / 18		License No. 1188							
Scheduled Completion Date (11) 07 / 06 / 18		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 27 Outwater Lane							
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		City, State, Zip Code Garfield, NJ 07026							
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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Asphaltic Roofing Flashing/ Sealant Compound	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler ATC/ Century Waste, LLC		NJDEP Waste Hauler ID No. SW-24310/32797		Cubic Yards of Waste As Needed		Name of Registered Landfill Minerva Enterprises/ G.R.O.W.S. North Landfill/ Fairless Landfill			
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH / Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 5/25/18			

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



Date of Notification (1) 05 / 25 / 18		Name of Building Owner/Operator (2) County of Burlington	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Rancocas Valley Road City, State, Zip Code Mount Holly, NJ 08060 Name of Contact Mark Hansen Telephone Number 856-722-6700	

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 and commercial buildings, homes, etc.)	
Street Address 600 Pemberton Browns Mills Road		Square Feet	
City (5) Pemberton, NJ		# of Floors	
County (6) Burlington		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No. 00145	
Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC		Street Address 27 Outwater Lane	
Street Address 200 Century Parkway, Suite B		City, State, Zip Code Garfield, NJ 07026	
City, State, Zip Code Mount Laurel, NJ 08054		Telephone No. 973-928-4888	
Project Manager for Monitoring Firm Kevin Burns		License No. 1188	
Telephone No. 908-347-4396		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Start Date (10) 06 / 04 / 18		Scheduled Completion Date (11) 07 / 06 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026	

Scope of Work (Check all that apply)

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

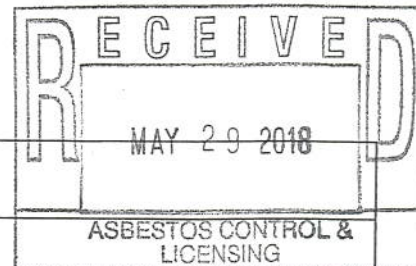
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation & Fitting Insulation	720 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor, Left Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ATC/ Century Waste, LLC		NJDEP Waste Hauler ID No. SW-24310/32797		Cubic Yards of Waste As Needed		Name of Registered Landfill Minerva Enterprises/ G.R.O.W.S. North Landfill/ Fairless Landfill	
City, State Shirley, NY/ Elizabeth, NJ		Disposal Date TBD		City, State Waynesburg, OH / Morrisville, PA			
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 5/25/18	

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MAY 29 2018
ASBESTOS CONTROL & LICENSING


Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature:	Date:
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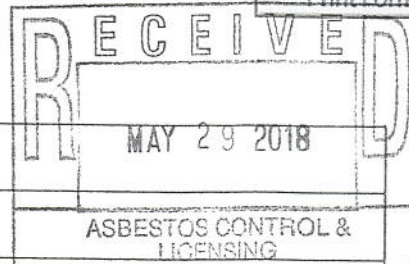
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)



Date of Notification (1) <div style="text-align: center;">05 / 25 / 18</div>		Name of Building Owner/Operator (2) Walters Group							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 500 Barnegat Boulevard N, Building 100 City, State, Zip Code Barnegat, NJ 08005 Name of Contact Joe Steinheiser Telephone Number 609-607-9500							
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 and commercial buildings, homes, etc.)							
Street Address 6303 Browning Road		Square Feet							
City (5) Pennsauken		# of Floors							
County (6) Camden		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-928-4888							
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) <div style="text-align: center;">06 / 04 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">07 / 06 / 18</div>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Room 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Elbows/Fittings	15 Fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 2- Chapel	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Elbows/Fittings	18 Fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Elbows/Fittings	20 Fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 02383		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill				
City, State Newark, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 5/25/18			

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MAY 29 2018
ASBESTOS CONTROL & LICENSING

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: 	Date: 5/25/18
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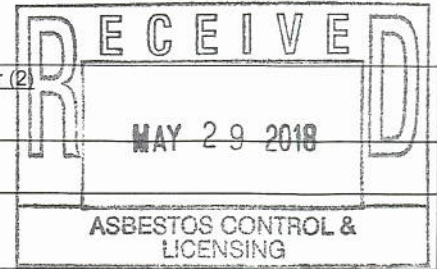
PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 05/25/18		Name of Building Owner/Operator (2) Buckeye Partners LLP							
Agencies Notified	Type Notification	Street Address 380 Maurer Rd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Perth Amboy							
		Name of Contact Travis Bains	Telephone Number 361-446-9601						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buckeye Partners LLP		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 380 Maurer Rd		Square Feet 800	# of Floors 0						
City (5) Perth Amboy		Bldg. Age 0							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Transfer Pipes							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors						
Street Address		Street Address 2400 Main Street Extension Suite 10							
City, State, Zip Code		City, State, Zip Code Sayreville, NJ 08872							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-525-0100						
		License No. 00750							
Start Date (10) 06/11/18	Scheduled Completion Date (11) 06/19/18	Name of OSHA Monitor Tiger Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 234 20th Ave							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Abatement in a lay down yard		City, State, Zip Code Brick, NJ 08724							
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
Transfer Pipe	x			Pipe Insulation	800 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 60	Name of Registered Landfill Fairless Landfill					
City, State Freehold NJ		Disposal Date 06/19/18		City, State Morrisville, PA					
Completed by Dan Baptista		Title Safety Agent	Signature 	Date 05/25/18					

CH 00617537

PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



Date of Notification (1) 05/25/2018			Name of Building Owner/Operator (2) The Chemours Company		
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA			Notification Type (X) Initial Notification () Amended Certification () Cancelled		
Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility Street Address Canal Rd.			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet 4,500 # of Floors 3		
City (5) Deepwater	County (6) Salem	County Code (7) (State Use Only)	Bldg. Age 87 Current Use (prior if being demolished) Chemical Plant		
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental, Inc.			ASCN No.		Name of Contractor (9) Brandenburg Industrial Service Company
Street Address 760 Pulaski Highway City, State, Zip Code Bear, DE 19701			Street Address 2217 Spillman Dr City, State, Zip Code Bethlehem Pennsylvania 18015		
Project Manager for Monitoring Firm JT Morrison		Telephone Number 302-326-2333	Telephone Number 610-691-1800	License Number 00721	
Scheduled Start Date (10) 06/11/2018		Scheduled Completion Date (11) 07/27/2018		Name of OSHA Monitor Brandenburg Industrial Service Company	
Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Standard Work Week: Mon-Thur, Fri & Sat's as necessary; Excluding Major Holidays Describe Demolition (x) Scheduled Demo Start 06/11/18 Scheduled Demo Completion 08/30/18			Street Address 2217 Spillman Drive City, State, Zip Code Bethlehem, PA 18015		
Source of Work (Check all that apply) (x) Demolition () Renovation (x) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (x) Full Containment with Negative Pressure (x) Mini-Enclosure (x) Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose	
Bldg 656 - 1 st Floor		VAT & Mastic	4,025 SF	x	
Bldg 656 - 1 st Floor		Duct Insulation	240 SF	x	
Bldg 656 - 1 st Floor		Pipe Insulation	178 LF	x	
Bldg 656 - 1 st Floor		Stair Tread Mastic	68 SF	x	
Bldg 656 - 1 st Floor		Transite	104 SF	x	
Bldg 656 - 2 nd Floor		VAT & Mastic	3,600 SF	x	
Bldg 656 - 2 nd Floor		Cove Base Mastic	90 LF	x	
Bldg 656 - 2 nd Floor		Transite	840 SF	x	
Bldg 656 - 3 rd Floor		Fire Door	1 each	x	
Bldg 656 - 3 rd Floor		Transite	204 SF	x	
Bldg 656 - Exterior		Window Caulk	372 LF	x	
Bldg 656 - Exterior		Roof Flashing	104 SF	x	
Name of Reg. Waste Hauler SJ Transportation Co., Inc.		NJDEP Waste Hauler ID # 03217	Cubic Yards of Waste 300 cy	Name of Reg. Landfill Salem County Landfill	
City, State Woodstown, NJ 08098			Disp. Date TBD	City, State Alloway, NJ	
Completed by (Print or Type) Stephen Carne		Title Environmental Manager	Signature 	Date 05/25/18	

Mail to: NJDEP-DSHW-BRTRP
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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9/18/00

B & G proj. #: 2018-116

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

Check # 8993

Date of Notification (1)

10/5/12 14/11/18

Name of Building Owner/Operator (2)

Keri & Jason Vion

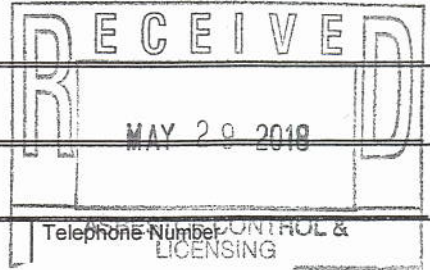
Street Address

City, State, Zip Code

Wayne, NJ 07470

Name of Contact

Keri & Jason Vion



Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Keri & Jason Vion

Street Address

City (5)

Wayne

County (6)

Passaic

County Code (7)

(State use only)

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Residential

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

ASCM No.
n/a

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

06/04/2018

Sched. Completion Date (11)

06/05/2018

Occupancy Status During Abatement (Check only one)

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

Describe: _____

☐ Other-Describe: _____

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)696-6869

License Number

00378

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

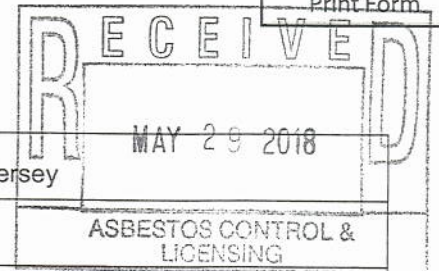
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	pipe insulation	95 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	linoleum	20 sqft	<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
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
2Name of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJDisposal Date
06/05/2018City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

*Gordana Luna*Date
05/24/2018

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



Date of Notification (1) 05/25/2018		Name of Building Owner/Operator (2) The Port Authority of New York & New Jersey							
Agencies Notified	Type Notification	Street Address 2 Gateway Center, 14th Floor							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07102							
		Name of Contact Glenn Milarczyk	Telephone Number 484-239-1902						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Airport - Building 345		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 350 Scargo Earhart Drive		Square Feet 43,200	# of Floors 1						
City (5) Newark		Bldg. Age 35+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Mail Sorting Facility							
Name of Monitoring Firm Hired by Building Owner (8) Matrix New World Engineering		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 26 Columbia Turnpike		Street Address 2217 Spillman Drive							
City, State, Zip Code Florham Park, NJ 07932		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm		Telephone No. 973-240-1800	Telephone No. 610-691-1800						
Start Date (10) 06/04/2018		Scheduled Completion Date (11) 06/22/2018	License No. 00721						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO - 6/18/2018-7/20/2018		Name of OSHA Monitor Brandenburg							
		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem PA 18015							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 Room 1A			X	Floor Tile - 12x12	40 SF	X			
Roof			X	Flashing	1600 SF	X			
Throughout Building			X	Pipe Sealant on Sprinkler Heads	885 Units	X			
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 30	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Bethlehem, PA			Disposal Date 06/11/18-06/22/18	City, State Bethlehem, PA					
Completed by Stephen Carne		Title Environmental Engineer		Signature 			Date 05/25/2018		

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MAY 29 2018
ASBESTOS CONTROL & CENSING
Telephone Number

chk# 3375

GI 18110

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

Ck#3375

Date of Notification (1) 5/23/18		Name of Building Owner / Operator (2) Chester School District		<div style="border: 2px solid blue; padding: 5px; text-align: center;"> RECEIVED MAY 29 2018 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 50 North Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Chester, NJ 07930							
		Name of Contact Drew Vanderzee							
<div style="text-align: center;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Dickerson Elementary School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) (Non Subchapter 8) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 250 State Route 24				Square Feet # of Floors Bldg. Age					
City (5) Chester	County (6) Morris	County Code (7)		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No.		Name of Abatement Contractor (9) Bristol Environmental, Inc.					
Street Address 56 East Bridge Street				Street Address 1123 Beaver Street					
City, State & Zip Code Morrisville, PA 19067				City, State & Zip Code Bristol, PA 19007					
Project Manager for Monitoring Firm Rick Beach		Telephone Number 267-991-9212		Telephone Number (215)788-6040					
License Number 00509									
Scheduled Start Date (10) 7/5/18		Scheduled Completion Date (11) 7/6/18		Name of OSHA Monitor Bristol Environmental 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 Hours – Describe: 7am to 3pm <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 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"/> <input type="checkbox"/> <input type="checkbox"/> Glove Bag Procedures <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 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wrap and Cut of 2 Boilers	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 20 Cu YD	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 7/6/18		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager		Signature <i>Gino Pizzigoni</i>			Date 5/23/18		

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