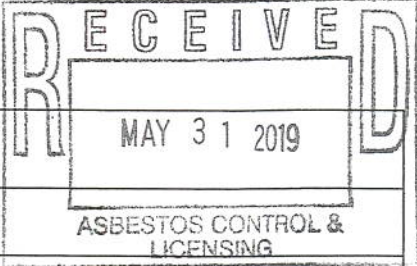


CK11076

PAID

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



Date of Notification (1) 05 / 29 / 19		Name of Building Owner/Operator (2) UMDASCH REAL ESTATE USA LTD	
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 214 Gates Road	
		City, State, Zip Code Little Ferry, NJ 07643	
		Name of Contact Louis Goldberg	Telephone Number 201-853-0594

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 521 Main Avenue, Building #13		Square Feet	# of Floors
City (5) Wallington		Bldg. Age	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane		
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Mark Jovic	Telephone No. 973-650-0392	Telephone No. 973-928-4888	License No. 1188	

Start Date (10) 06 / 10 / 19	Scheduled Completion Date (11) 08 / 30 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC		
---------------------------------	--	--	--	--

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 27 Outwater Lane
	City, State, Zip Code Garfield, NJ 07026

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input 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 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 Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing Material	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Edge Tar	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill	
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature Allen Monchik		Date 5/29/19	

* 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 5:16)

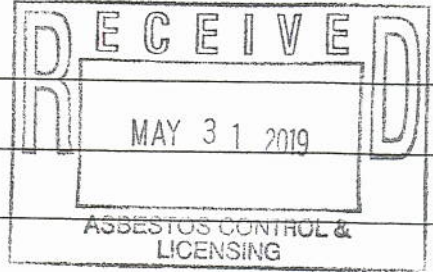
Check # 12158

Date of Notification (1) <u>5</u> / <u>29</u> / <u>19</u>		Name of Building Owner/Operator (2) Holmdel Township Schools		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> R E C E I V E D MAY 31 2019 ASBESTOS CONTROL & LICENSING 732-946-1843 EXT 3424 </div>								
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 65 McCampbell Road		City, State, Zip Code Holmdel, NJ 07733		
		Name of Contact Ken Stromsland- Director of Plant						Telephone Number 732-946-1843				
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Satz MS/Holmdel HS				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 24/36 Crawfords Corner Rd				Square Feet		# of Floors	Bldg. Age 50+					
City (5) Holmdel		County (6) Monmouth		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) Controlled Environmental Systems									
Street Address PO Box 385			Street Address 1121 N. Bethlehem Pike - Suite 60									
City, State, Zip Code Oceanville, NJ 08231-0385			City, State, Zip Code Spring House, PA 19477									
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609 652 1833	Telephone No. 215 542 7000		License No. 00847							
Start Date (10) <u>6</u> / <u>14</u> / <u>19</u>		Scheduled Completion Date (11) <u>10</u> / <u>30</u> / <u>19</u>		Name of OSHA Monitor CES								
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 Time of Abatement: 7:00AM-7:00PM/ _____ PM- _____ AM				Street Address 1121 N. Bethlehem Pike - Suite 60								
				City, State, Zip Code Spring House, PA 19477								
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
Various Classrooms		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Glazing		210 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout parts of Bldg		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels/Hoods/Soffit		416 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various Classrooms		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10Sinks-TableTop/BackSplash Stan		585 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Room-Girl Locker Rd		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings		5 Ea		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Geppert Recycling			NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Western Berks Community Landfill							
City, State Hatfield, PA			Disposal Date		City, State Birdsboro, PA 19508							
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>			Date 5-29-19					

OK 002803

PAID

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



Date of Notification (1) 5/28/19		Name of Building Owner/Operator (2) Rutgers University	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Knightsbridge Rd	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Joan Sittler	Telephone Number 848-445-2404

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building E Corwin Buildings, Cook Douglas Campus		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 8346 Nichol Ave.		Square Feet	# of Floors 2
City (5) New Brunswick, NJ		Bldg. Age 50+	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former Dormitory	
Name of Monitoring Firm Hired by Building Owner (8) N/A (Demolition)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.
Street Address		Street Address 135 Kinnelon Rd. Suite 102	
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-218-0880	License No. 01228
Start Date (10) 6/12/19	Scheduled Completion Date (11) 6/21/19	Name of OSHA Monitor Yannuzzi 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 <input type="checkbox"/> Other - Describe: _____	Street Address 135 Kinnelon Rd. Suite 102
	City, State, Zip Code Kinnelon, NJ 07405

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input 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) 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
Throughout			x	RACM	Entire Structure	x			

Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 500	Name of Registered Landfill GROWS/Fairless	
City, State Kinnelon, NJ		Disposal Date 6/13 to 6/21/19		City, State Morrisville, PA	
Completed by John Mucha	Title Sr. Project Manager	Signature 		Date 5-28-19	

CK002803 PAID

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

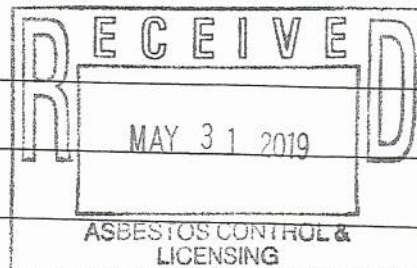
RECEIVED
MAY 31 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 5/30/19		Name of Building Owner/Operator (2) Rutgers University								
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 Knightsbridge Rd							
			City, State, Zip Code Piscataway, NJ 08854							
		Name of Contact Joan Sitrler	Telephone Number 848-445-2404							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Building F Corwin Buildings, Cook Douglas Campus		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 8346 Nichol Ave.		Square Feet	# of Floors 2							
City (5) New Brunswick, NJ		Bldg. Age 50+								
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Former Dormitory								
Name of Monitoring Firm Hired by Building Owner (8) N/A (Demolition)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.							
Street Address		Street Address 135 Kinnelon Rd. Suite 102								
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405								
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228							
Start Date (10) 6/17/19	Scheduled Completion Date (11) 6/25/19	Name of OSHA Monitor Yannuzzi 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 <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd. Suite 102								
		City, State, Zip Code Kinnelon, NJ 07405								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Throughout			X	RACM	Entire Structure	X				
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 500	Name of Registered Landfill GROWS/Fairless						
City, State Kinnelon, NJ		Disposal Date 6/17 to 6/25/19		City, State Morrisville, PA						
Completed by John Mucha		Title Sr. Project Manager	Signature 				Date 5-30-19			

CK00803

PAID

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



Date of Notification (1) 5/30/19		Name of Building Owner/Operator (2) Rutgers University	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Knightsbridge Rd	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Joan Sittler	Telephone Number 848-445-2404

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building G Corwin Buildings, Cook Douglas Campus		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 8346 Nichol Ave.		Square Feet	# of Floors 2
City (5) New Brunswick, NJ		Bldg. Age 50+	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Dormitory	
Name of Monitoring Firm Hired by Building Owner (8) N/A (Demolition)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.
Street Address		Street Address 135 Kinnelon Rd. Suite 102	
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228
Start Date (10) 6/21/19	Scheduled Completion Date (11) 6/30/19	Name of OSHA Monitor Yannuzzi 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 <input type="checkbox"/> Other - Describe: _____	Street Address 135 Kinnelon Rd. Suite 102
	City, State, Zip Code Kinnelon, NJ 07405

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input 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 type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

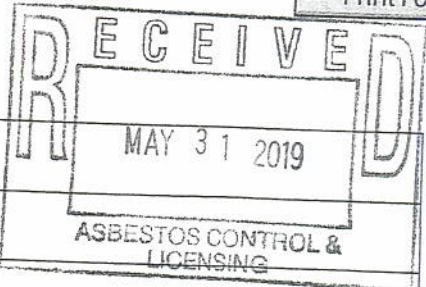
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or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

Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 500	Name of Registered Landfill GROWS/Fairless	
City, State Kinnelon, NJ		Disposal Date 6/21 to 6/30/19		City, State Morrisville, PA	
Completed by John Mucha		Title Sr. Project Manager	Signature 	Date 5/28/19	

* Do not use this form for asbestos licensure exempted activities

CK002803 PAID

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



Date of Notification (1)
5/30/19

Name of Building Owner/Operator (2)
Rutgers University

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
33 Knightsbridge Rd

City, State, Zip Code
Piscataway, NJ 08854

Name of Contact
Joan Sitrler

Telephone Number
848-445-2404

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building H Corwin Buildings, Cook Douglas Campus

Street Address
8346 Nichol Ave.

City (5)
New Brunswick, NJ

County (6)
Middlesex

Name of Monitoring Firm Hired by Building Owner (8)
N/A (Demolition)

ASCM No. _____

Name of Abatement Contractor (9)
Yannuzzi Environmental Services, Inc.

Street Address
135 Kinnelon Rd. Suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm _____

Telephone No. _____

Start Date (10)
6/21/19

Scheduled Completion Date (11)
7/03/19

Name of OSHA Monitor
Yannuzzi Environmental Services, Inc.

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

Square Feet _____ # of Floors 2 Bldg. Age 50+

Current Use (Prior if being demolished)
Former Dormitory

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

Street Address
135 Kinnelon Rd. Suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Scope of Work (Check All That Apply)
 ≥3 sf or ≥3 lf
 ≥160 sf or ≥260 lf

Renovation
 Demolition

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

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

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
500

Name of Registered Landfill
GROWS/Fairless

City, State
Kinnelon, NJ

Disposal Date
6/21 to 7/03/19

City, State
Morrisville, PA

Completed by
John Mucha

Title
Sr. Project Manager

Signature
[Handwritten Signature]

Date
5-30-19

* Do not use this form for...

PAID

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

RECEIVED
MAY 31 2019
ASBESTOS CONTROL & LICENSING

CK 002803

Date of Notification (1)
6/3/19

Name of Building Owner/Operator (2)
Rutgers University

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

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

Street Address
33 Knightsbridge Rd

City, State, Zip Code
Piscataway, NJ 08854

Name of Contact
Joan Sittler

Telephone Number
848-445-2404

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Building I Corwin Buildings, Cook Douglas Campus

Street Address
8346 Nichol Ave.

City (5)
New Brunswick, NJ

County (6)
Middlesex

County Code (7) (STATE USE ONLY) _____

Name of Monitoring Firm Hired by Building Owner (8)
N/A (Demolition)

ASCM No. _____

Name of Abatement Contractor (9)
Yannuzzi Environmental Services, Inc.

Street Address
135 Kinnelon Rd. Suite 102

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm _____

Telephone No. _____

Telephone No.
908-218-0880

License No.
01228

Start Date (10)
6/24/19

Scheduled Completion Date (11)
7/13/19

Name of OSHA Monitor
Yannuzzi Environmental Services, Inc.

Street Address
135 Kinnelon Rd. Suite 102

City, State, Zip Code
Kinnelon, NJ 07405

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

Square Feet
1700

of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Former Dormitory

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

Scope of Work (Check All That Apply)
 ≥ 3 sf or ≥ 3 lf
 ≥ 160 sf or ≥ 260 lf
 Renovation
 Demolition
 Full Containment with Negative Pressure
 Mini-Enclosure
 Glovebag Procedure
 Non-Exempted (*) and Non-Friable Procedure

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

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

City, State
Kinnelon, NJ

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
500

Disposal Date
6/24 to 7/13/19

Name of Registered Landfill
GROWS/Fairless

City, State
Morrisville, PA

Completed by
John Mucha

Title
Sr. Project Manager

Signature
[Signature]

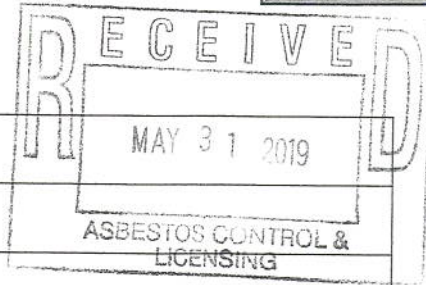
Date
5/28/19

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

CK002803

PAID

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



Date of Notification (1) 5/28/19		Name of Building Owner/Operator (2) Rutgers University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Knightsbridge Rd.	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Joan Sitler	Telephone Number 848-445-2404

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building J Corwin Bldgs, Cook Douglas Campus		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 8346 Nichols Ave.		Square Feet 1700	# of Floors 2	Bldg. Age 50+
City (5) New Brunswick		Current Use (Prior if being demolished) Abandoned		
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Name of Monitoring Firm Hired by Building Owner (8) N/A		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.	
Street Address		Street Address 135 Kinnelon Rd.		
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-448-5709	License No. 01228
Start Date (10) 6/20/19	Scheduled Completion Date (11) 7/13/19	Name of OSHA Monitor Yannuzzi 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>Abandoned Property</u>		Street Address 135 Kinnelon Rd. Suite 102		
		City, State, Zip Code Kinnelon, NJ 07405		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input 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 type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

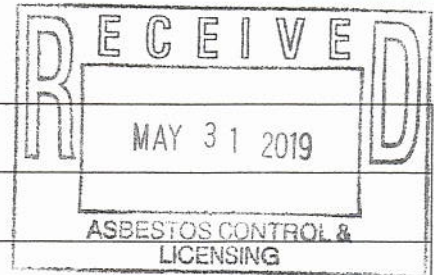
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Structure			X	RACM	1700 SF	X			

Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 500	Name of Registered Landfill GROWS Fairless	
City, State Kinnelon, NJ		Disposal Date 7/13/19		City, State Morrisville, PA	
Completed by John Mucha		Title Project Manager	Signature 		Date 5-28-19

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

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

PAID



CK002803

Date of Notification (1) 5/28/19		Name of Building Owner/Operator (2) Rutgers University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 Knightsbridge Rd.	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Joan Sittler	Telephone Number 848-445-2404

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building K Corwin Bldgs, Cook Douglas Campus		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 8346 Nichols Ave.		Square Feet 1700	# of Floors 2
City (5) New Brunswick		Bldg. Age 50+	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.
Street Address		Street Address 135 Kinnelon Rd.	
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm		Telephone No. 908-448-5709	License No. 01228
Start Date (10) 6/20/19	Scheduled Completion Date (11) 7/13/19	Name of OSHA Monitor Yannuzzi 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>Abandoned Property</u>		Street Address 135 Kinnelon Rd. Suite 102	
		City, State, Zip Code Kinnelon, NJ 07405	

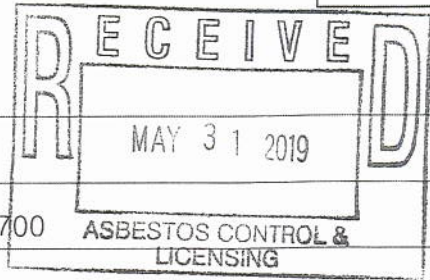
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input 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 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
Entire Structure			x	RACM	1700 SF	x			

Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 500	Name of Registered Landfill GROWS Fairless	
City, State Kinnelon, NJ		Disposal Date 7/13/19		City, State Morrisville, PA	
Completed by John Mucha	Title Project Manager	Signature 		Date 5/28/19	

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



NOCK

Date of Notification (1) 5/22/19		Name of Building Owner/Operator (2) Macerich	
Agencies Notified	Type Notification	Street Address 401 Santa Monica Blvd. Suite 700	
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Santa Monica CA 90401	
		Name of Contact Aladdin Ghafari	Telephone Number 424-229-3387

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Sears Store		Type of Facility (4)		
Street Address 1750 Deptford Center 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) Deptford Township		Square Feet 150000	# of Floors 2	Bldg. Age 30+
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant		
Name of Monitoring Firm Hired by Building Owner (8) IPR Associates & Environmental Inc.		ASCM No. 78012	Name of Abatement Contractor (9) Associated Speciality Contracting Inc	
Street Address 191-20 115 Road		Street Address 98 LaCruce Ave		
City, State, Zip Code Saint Albans NY 11412		City, State, Zip Code Glen Mills Pa. 19342		
Project Manager for Monitoring Firm Paul Olisah		Telephone No.	Telephone No. 610-364-9622	License No. 01103
Start Date (10) 5/7/19	Scheduled Completion Date (11) 6/28/19	Name of OSHA Monitor Synertech		

Occupancy Status During Abatement (Check Only One)		Street Address 2206 S Broad St	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours	City, State, Zip Code Philadelphia Pa 19145	
<input type="checkbox"/> Other - Describe: _____			

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 checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fixable 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
Auto Center Roof	x			roofing	8400 sf	x			
Auto center sales area	x			vat	400sf	x			
Main Building	x			Flue pipe Insulation	30lf	x			
Main Building 1st and 2nd	x			floor mastic	23500sf	x			

Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 200	Name of Registered Landfill Tulleytown Resources Recovery Landfill	
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637		Disposal Date as needed		City, State Tulleytown, PA	
Completed by Jack Tomasura	Title SR Estimator	Signature <i>Jack Tomasura</i>		Date 5/30/19	

PAID

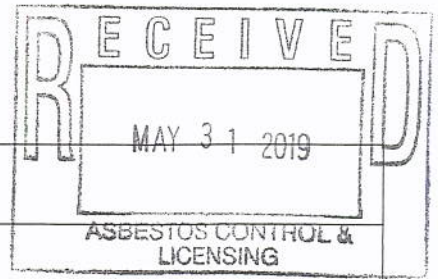
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

OK #1043

Form with sections: Date of Notification, Agencies Notified, Type Notification, Street Address, City, State, Zip Code, Name of Contact, Telephone Number, FACILITY INFORMATION, Name of Facility, Street Address, City, State, Zip Code, Square Feet, # of Floors, Bldg. Age, County, County Code, Current Use, Name of Monitoring Firm, ASCM No., Name of Abatement Contractor, Street Address, City, State, Zip Code, Project Manager, Telephone No., License No., Start Date, Scheduled Completion Date, Name of OSHA Monitor, Occupancy Status, Street Address, City, State, Zip Code, Scope of Work, Location of Asbestos-Containing Material (ACM), Description of Asbestos Containing Material (ACM), Amount, Abatement Type, Name of Registered Waste Hauler, NJDEP Waste Hauler ID No., Cubic Yards of Waste, Name of Registered Landfill, City, State, Disposal Date, City, State, Completed By, Title, Signature, Date.



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



Date of Notification (1) <u>05</u> / <u>17</u> / <u>19</u>		Name of Building Owner/Operator (2) Santander Bank, N.A.	
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 75 State Street	
		City, State, Zip Code Boston, MA	
		Name of Contact Susan Peck	Telephone Number 617-757-5632

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Santander Bank		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 463 Washington Avenue		Square Feet 2,500	# of Floors 1
City (5) Belleville, NJ 07109		Bldg. Age 45	
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address 1600 Route 22 East		Street Address 47 Foster Road		
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island NY 10309		
Project Manager for Monitoring Firm Tammy Lomax		Telephone No. 908-577-6171	Telephone No. 718-605-6256	License No. 00774
Start Date (10) <u>06</u> / <u>03</u> / <u>19</u>	Scheduled Completion Date (11) <u>07</u> / <u>31</u> / <u>19</u>	Name of OSHA Monitor Testor Tech		

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> 6:00 PM-2:30 AM		Street Address 10 59 Jackson Avenue	
		City, State, Zip Code LIC NY 11101	

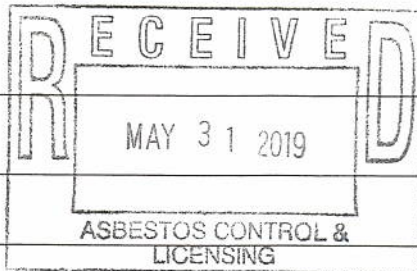
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/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 HVAC Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	125 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement HVAC Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement HVAC Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration Cloth	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 25	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ		Disposal Date 06/20 /19		City, State Pen Argyl, Pa	
Completed By (Print or Type) Ignatius Marraccino	Title Project Manager	Signature <i>Ignatius Marraccino</i>		Date 5/17/19	

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



Date of Notification (1) 05 / 30 / 19		Name of Building Owner/Operator (2) Bank of America	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 84 Park Avenue	
		City, State, Zip Code Hillside, NJ 07642	
		Name of Contact Dino Nappi	Telephone Number 516-972-8809

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 84 Park Avenue		Square Feet 5,000	# of Floors 1
City (5) Hillside, NJ 07642		Bldg. Age 45	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.	ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address 44 South Broadway		Street Address 47 Foster Road	
City, State, Zip Code White Plains, NY 10601		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Dino Nappi	Telephone No. 516-972-8809	Telephone No. 718-605-6256	License No. 00774

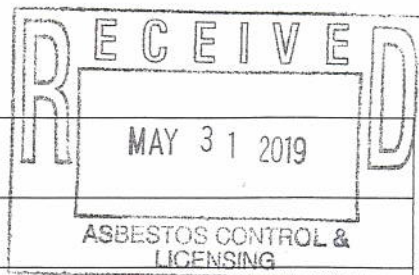
Start Date (10) 06 / 08 / 19	Scheduled Completion Date (11) 06 / 23 / 19	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-2:00PM/11:30 PM-Saturday, Sunday 9:00 am to 3:00 pm. AM		Street Address 10- 59 Jackson Avenue	
Scope of Work (Check all that apply)		City, State, Zip Code LIC NY 11101	

<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"/> 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
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ		Disposal Date 06/23/2018	City, State Pen Argyl, PA
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 	Date 05-30-19

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



Date of Notification (1) 05 / 21 / 19		Name of Building Owner/Operator (2) Bank of America	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 84 Park Avenue	
		City, State, Zip Code Hillside, NJ 07642	
		Name of Contact Dino Nappi	Telephone Number 516-972-8809

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 84 Park Avenue		Square Feet 5,000	# of Floors 1
City (5) Hillside, NJ 07642		Bldg. Age 45	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.	ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc	
Street Address 44 South Broadway		Street Address 47 Foster Road	
City, State, Zip Code White Plains, NY 10601		City, State, Zip Code Staten Island NY 10309	
Project Manager for Monitoring Firm Dino Nappi	Telephone No. 516-972-8809	Telephone No. 718-605-6256	License No. 00774

Start Date (10) 06 / 01 / 19	Scheduled Completion Date (11) 06 / 16 / 19	Name of OSHA Monitor Testor Tech	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-2:00PM/11:30 PM-Saturday, Sunday 9:00 am to 3:00 pm. AM		Street Address 10- 59 Jackson Avenue	
		City, State, Zip Code LIC NY 11101	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/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	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

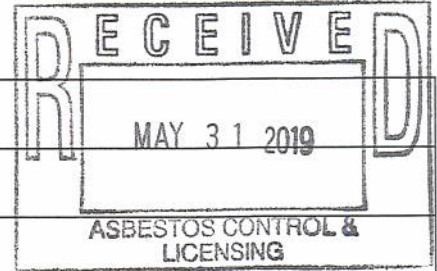
Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ	Disposal Date 06/08/2018	City, State Pen Argyl, PA	
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager	Signature 	Date 05-21-19

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

CK# 1210

PAID

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



Date of Notification (1) 05/29/2019		Name of Building Owner/Operator (2) Mike Golan	
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 531 South Livingston Ave	
		City, State, Zip Code Livingston, NJ 07039	
		Name of Contact Mike	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 531 S Livingston Ave		Square Feet	# of Floors
City (5) Livingston		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC
Street Address		Street Address 8 Crosby Ave	
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-400-8711	License No. 01332
Start Date (10) 06/08/2019	Scheduled Completion Date (11) 06/12/2019	Name of OSHA Monitor Same as (9)	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 4:30pm		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

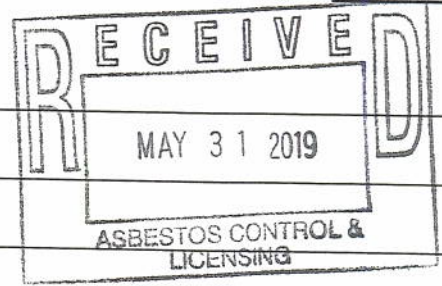
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor tiles	800 SF	x		x	

Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill Fairless	
City, State Paterson, NJ		Disposal Date TBD	City, State Morrisville, PA		
Completed by Lasko Veskov	Title President	Signature 	Date 05/29/2019		

CK# 1209 PAID

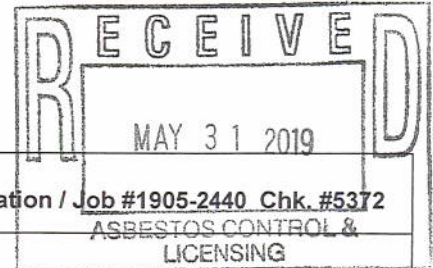
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/29/2019		Name of Building Owner/Operator (2) Mike Golan								
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 531 South Livingston Ave								
		City, State, Zip Code Livingston, NJ 07039								
		Name of Contact Mike	Telephone Number _____							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Commercial property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 17 E. Northfield Rd		Square Feet	# of Floors							
City (5) Livingston		Bldg. Age								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC							
Street Address		Street Address 8 Crosby Ave								
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502								
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-400-8711	License No. 01332							
Start Date (10) 06/08/2019	Scheduled Completion Date (11) 06/12/2019	Name of OSHA Monitor Same as (9)								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8:00am - 4:30pm</u>		Street Address								
		City, State, Zip Code								
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	
Basement			x	Floor tiles	2400 SF	x		x		
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 7	Name of Registered Landfill Fairless						
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>				Date 05/29/2019			

OK 5372 PAID

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



Date of Notification (1) 5 / 17 / 19		Name of Building Owner/Operator (2) State of New Jersey Dept. of Transportation / Job #1905-2440 Chk. #5372	
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 PO Box 600	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Sheryl Quatermas	Telephone Number 609-963-2181

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) DOT Jersey City Maintenance Yard		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 401 Lincoln Highway			
City (5) Jersey City	Square Feet 22000	# of Floors 1	Bldg. Age 1958
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Maintenance Facility	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections, Inc.	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 120 North Warren Street		Street Address 3859 Sylon Boulevard	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Roland Jones	Telephone No. 609-392-4200	Telephone No. 609-702-0400	License No. 00862

Start Date (10) 6 / 4 / 19	Scheduled Completion Date (11) 6 / 11 / 19	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

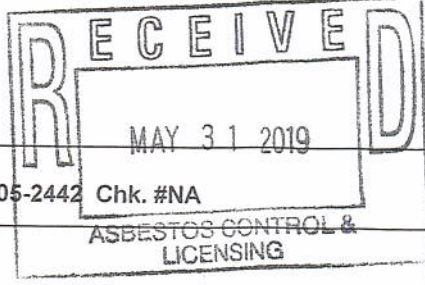
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Window Panels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	192 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Expansion Joint Compound	300 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 Waste Management	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central
City, State Lafayette, NJ		Disposal Date 6/12/19	City, State Penn Argyle, PA
Completed By (Print or Type) Kimberly Trumbetti	Title Operations Coordinator	Signature 	Date 5-17-19

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



NOCK

Date of Notification (1) <u>5</u> / <u>13</u> / <u>19</u>		Name of Building Owner/Operator (2) Nancy Richardson / Job #1905-2442							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Bordentown, NJ 08505							
		Name of Contact Nancy Richardson	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet +/- 2,000	# of Floors 3						
City (5) Bordentown		Bldg. Age 110							
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Briggs and Associates	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 3 Crosswicks Street		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Doug Ferry	Telephone No. 609-847-2957	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 5 / 20 / 19	Scheduled Completion Date (11) 5 / 22 / 19	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/___PM-___AM		Street Address 200 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ductwork with Asbestos Pipe Wrap	30 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"/>	Ductwork	30 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 Waste Management	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central						
City, State Lafayette, NJ	Disposal Date 5/22/19	City, State Penn Argyle, PA							
Completed By (Print or Type) Kaysi Gruner	Title Office Assistant	Signature <i>Kaysi Gruner</i>	Date 5/13/19						

* 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 5:16)

Ch# 3575

Date of Notification (1) 5 / 28 / 19		Name of Building Owner/Operator (2) Montclair Police Headquarters		RECEIVED MAY 31 2019 ASBESTOS CONTROL & LICENSING	
Agencies Notified <input 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 637 Bloomfield Ave		
			City, State, Zip Code Montclair, NJ 07042		
		Name of Contact N/A			Telephone Number N/A

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Montclair Police Headquarters			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 637 Bloomfield Ave			Square Feet +30,000		
City (5) Montclair			# of Floors 4		Bldg. Age +100
County (6) Essex		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Township Building	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.		
Street Address 120 North Warren Street			Street Address 1123 BEAVER STREET		
City, State, Zip Code Trenton, NJ 08608			City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200	Telephone No. 215-788-6040		License No. 00509
Start Date (10) 6 / 10 / 19		Scheduled Completion Date (11) 7 / 12 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/7:00PM-3:30AM			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 or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Detectives Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic/Linoleum	985 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic/Linoleum	120 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH	
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>		Date 5-28-19

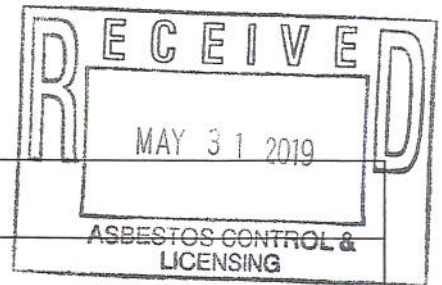
ASB-41
JAN 13 DD19052

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

CK 110716

PAID

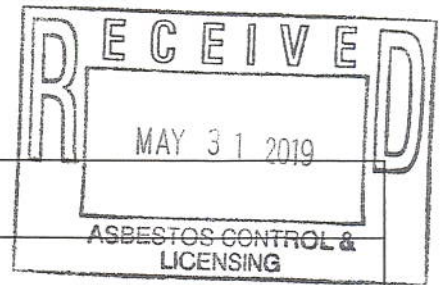
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 05 / 29 / 19		Name of Building Owner/Operator (2) UMDASCH REAL ESTATE USA LTD							
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 214 Gates Road							
		City, State, Zip Code Little Ferry, NJ 07643							
		Name of Contact Louis Goldberg	Telephone Number 201-853-0594						
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 521 Main Avenue, Building #1									
City (5) Wallington	Square Feet	# of Floors	Bldg. Age						
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	Telephone No. 973-928-4888						
			License No. 1188						
Start Date (10) 06 / 10 / 19	Scheduled Completion Date (11) 08 / 30 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
1 st Floor-Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mirror Mastic	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Lobby & Basement Stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- under carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	3,900 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"/>	Corrugated duct insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill					
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>			Date 5/29/19		

CK 110716
PAID

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



Date of Notification (1) 05 / 29 / 19		Name of Building Owner/Operator (2) UMDASCH REAL ESTATE USA LTD	
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 214 Gates Road	
		City, State, Zip Code Little Ferry, NJ 07643	
		Name of Contact Louis Goldberg	Telephone Number 201-853-0594

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 521 Main Avenue, Building #1		Square Feet	# of Floors
City (5) Wallington		Bldg. Age	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane	
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Mark Jovic	Telephone No. 973-650-0392	Telephone No. 973-928-4888	License No. 1188

Start Date (10) 06 / 10 / 19	Scheduled Completion Date (11) 08 / 30 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC
---------------------------------	--	--

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM	Street Address 27 Outwater Lane
	City, State, Zip Code Garfield, NJ 07026

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input 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) 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
1 st Floor-Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mirror Mastic	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- Lobby & Basement Stairwell	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor- under carpet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	3,900 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"/>	Corrugated duct insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

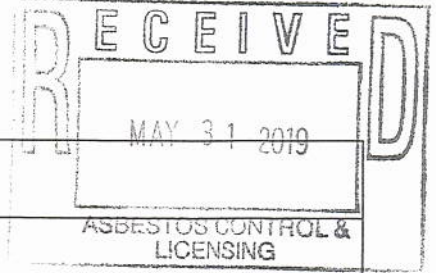
Name of Registered Waste Hauler Century Waste / Newark Carting	NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>	Date 5/29/19

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

PAID

CK 10/10

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



Date of Notification (1) 05 / 29 / 19
Name of Building Owner/Operator (2) UMDASCH REAL ESTATE USA LTD
Agencies Notified: EPA, DOLWD, DOH, DCA
Type Notification: Initial
Street Address: 214 Gates Road
City, State, Zip Code: Little Ferry, NJ 07643
Name of Contact: Louis Goldberg
Telephone Number: 201-853-0594

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial
Type of Facility (4) Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 521 Main Avenue, Building #5
City (5) Wallington
County (6) Bergen
Current Use (Prior if being demolished)

Name of Monitoring Firm (8) Mark Jovic Consulting LLC
ASCM No.
Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC
Street Address: 87 Main Street, Suite A
City, State, Zip Code: Lincoln Park, NJ 07035
Project Manager for Monitoring Firm: Mark Jovic
Telephone No.: 973-650-0392
Telephone No.: 973-928-4888
License No.: 1188

Start Date (10) 06 / 10 / 19
Scheduled Completion Date (11) 08 / 30 / 19
Name of OSHA Monitor: ALL PRO MANAGEMENT LLC

Occupancy Status During Abatement (Check only one)
[X] Facility Closed/Vacated During Entire Period of Abatement
Street Address: 27 Outwater Lane
City, State, Zip Code: Garfield, NJ 07026

Scope of Work (Check all that apply)
[X] >=160 sf or >=260 lf
[X] Demolition
[X] Non-Exempted (*) and Non-Friable Procedure

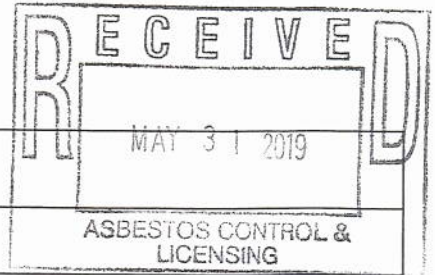
Table with 5 columns: Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13), Is Location Normally Used Solely by Maintenance/Custodial Staff? (12), Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous), Amount (Specify SF or LF), Abatement Type (Removal, Repair, Encapsulate, Enclosure). Rows include 1st Floor Central Office, Basement-Locker Rm, Break Rm, Offices, Storage Areas, All Roof Levels, and Roof R3.

Name of Registered Waste Hauler: Century Waste / Newark Carting
NJDEP Waste Hauler ID No.: 32797 / 0283
Cubic Yards of Waste: As Needed
Name of Registered Landfill: GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill
City, State: Elizabeth, NJ / Newark, NJ
Disposal Date: TBD
City, State: Morrisville, PA / Pen Argyl, PA
Completed By (Print or Type): Allen Monchik
Title: Project Manager
Signature: Allen Monchik
Date: 5/29/19

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

PAID
OK/10/16

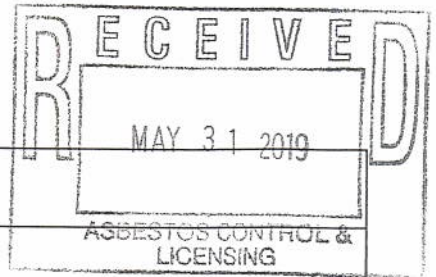
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 05 / 29 / 19		Name of Building Owner/Operator (2) UMDASCH REAL ESTATE USA LTD							
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 214 Gates Road							
		City, State, Zip Code Little Ferry, NJ 07643							
		Name of Contact Louis Goldberg	Telephone Number 201-853-0594						
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 521 Main Avenue, Building #6		Square Feet	# of Floors						
City (5) Wallington		Bldg. Age							
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	Telephone No. 973-928-4888						
		License No. 1188							
Start Date (10) 06 / 10 / 19	Scheduled Completion Date (11) 08 / 30 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 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
1st Floor- Southern Office Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	530 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor- near stairs 2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor- Southern Office Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor- Southern Office Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic beneath carpet	850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill					
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik			Date 5/29/19		

OK 1076 PAID

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



Date of Notification (1) 05 / 29 / 19		Name of Building Owner/Operator (2) UMDASCH REAL ESTATE USA LTD							
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 214 Gates Road							
		City, State, Zip Code Little Ferry, NJ 07643							
		Name of Contact Louis Goldberg	Telephone Number 201-853-0594						
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 521 Main Avenue, Building #8									
City (5) Wallington		Square Feet	# of Floors						
County (6) Bergen		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	License No. 1188						
Start Date (10) 06 / 10 / 19	Scheduled Completion Date (11) 08 / 30 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Throughout 1 st Floor Office Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	2,850 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout 2 nd Floor Office Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT beneath carpet	4,750 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Gasket Material	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Perimeter Roof Levels	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Edge Tar	950 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill / Fairless Landfill / Grand Central Sanitary Landfill					
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD		City, State Morrisville, PA / Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik			Date 5/29/19		

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

CK 11676 PAID

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

RECEIVED
 MAY 31 2019
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05 / 29 / 19		Name of Building Owner/Operator (2) UMDASCH REAL ESTATE USA LTD	
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 214 Gates Road	
		City, State, Zip Code Little Ferry, NJ 07643	
		Name of Contact Louis Goldberg	Telephone Number 201-853-0594

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 521 Main Avenue, Building #12		Square Feet	# of Floors
City (5) Wallington		Bldg. Age	
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane		
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Mark Jovic	Telephone No. 973-650-0392	Telephone No. 973-928-4888	License No. 1188	

Start Date (10) 06 / 10 / 19	Scheduled Completion Date (11) 08 / 30 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC
---------------------------------	--	--

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___ AM- ___ PM/ ___ PM- ___ AM	Street Address 27 Outwater Lane
	City, State, Zip Code Garfield, NJ 07026

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input 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 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 Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Top-Layer Roofing Material	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Bottom-Layer Roofing Material	50 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 Century Waste / Newark Carting		NJDEP Waste Hauler ID No. 32797 / 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill	
City, State Elizabeth, NJ / Newark, NJ		Disposal Date TBD	City, State Morrisville, PA / Pen Argyl, PA		
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>		Date 5/29/19	

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