

PAID

CK 2929

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

RECEIVED	
CHECK #	
NOV - 3 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 10-17-17		Name of Building Owner / Operator (2) Environmental Liability Transfer	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 1650 Des Peres Road, Suite 306		City, State & Zip Code St. Louis, Missouri 63131	
Name of Contact Adam Peetz		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building #8, Perth Amboy 1160, LLC.			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 1160 State Street			Square Feet NA	# of Floors NA	Bldg. Age NA
City (5) Perth Amboy	County (6) Middlesex	County Code (7) NA	Current Use (Prior if being demolished) Vacant/None		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) Enterprise Network Resolutions Contracting, LLC		
City, State & Zip Code			Street Address 874 Piney Hollow Road, PO Box 70		
Project Manager for Monitoring Firm			City, State & Zip Code Winslow, NJ 08095		
Telephone Number			Telephone Number 609-567-0600		
License Number 01263			Name of OSHA Monitor EMSL Analytical, Inc.		
Scheduled Start Date (10) 10-27-17			Scheduled Completion Date (11) 2-28-18		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 200 Route 130 North		
			City, State & Zip Code Cinnaminson NJ 08077		

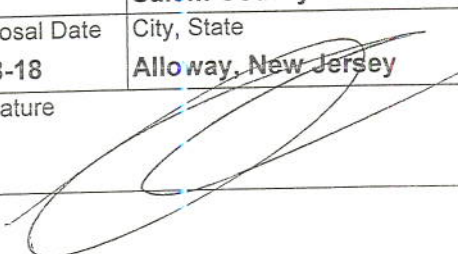
Scope of Work (Check all that apply)

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

- ☐ Renovation
☒ Demolition

- ☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
Glove Bag Procedures
☒ Non-Exempted and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Roof (Upper & Lower Levels)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar Material	35,000 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding Panels	15,000 s. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6 in. Pipe Insulation & Elbows	500 l. f.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bull Waste & Recycling, Inc.	NJDEP Waste Hauler ID No. 21435	Cubic Yards of Waste 60	Name of Registered Landfill Salem County Landfill
City, State Berlin, NJ	Disposal Date 2-28-18	City, State Alloway, New Jersey	
Completed By (Print or Type) Theodore S. Budzynski	Title President	Signature 	Date 10-27-17

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

Check No. 4536



Date of Notification (1) October 30, 2017		Name of Building Owner/Operator (2) PA of NY & NJ, Newark Liberty International Airport						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 241 Erie Street City, State, Zip Code Jersey City, NJ 07310 Name of Contact Ralph Campione, Facility Supervisor, Asbestos OPS						
		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport		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 Bidges N57, N58, N59 & Utilities - FSA Demolition & Earhart Rd., Fuel Line Removal		Square Feet N/A						
City (5) Newark		# of Floors Underground Fuel Lines	Bldg. Age 50+/-					
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Fuel Lines						
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ	ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.						
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue						
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011						
Project Manager for Monitoring Firm Ralph Campione	Telephone No. 973-624-6898	Telephone No. 973-478-4681	License No. 00120					
Start Date (10) November 13, 2017	Scheduled Completion Date (11) March 20, 2018	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 <input type="checkbox"/> Other - Describe:		Street Address 200 Route 130 N City, State, Zip Code Cinnaminson, NJ 08077-2892						
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
Along Earhart Road			<input checked="" type="checkbox"/>	14" OD Tar & Tar Paper Pipe Insulation	960 In ft	<input checked="" type="checkbox"/>		
Along Earhart Road			<input checked="" type="checkbox"/>	12" OD Tar & Tar Paper Pipe Insulation	2,080 In ft	<input checked="" type="checkbox"/>		
Along Earhart Road			<input checked="" type="checkbox"/>	18" OD Tar & Tar Paper Pipe Insulation	22,500 In ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Jimmy Byrne		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste 1571	Name of Registered Landfill Minerva Enterprises, Inc.				
City, State 1199 Randall Avenue, Bronx, NY 10474			Disposal Date 11/13/2017 - 03/31/2018	City, State Waynesburg, OH				
Completed by G. Roger Woodman	Title Project Manager		Signature 			Date 10/30/2017		

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Print Form

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

RECEIVED	NOV - 3 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/30/17		Name of Building Owner/Operator (2) Royal Realty LLC.							
Agencies Notified	Type Notification	Street Address 635 Lafayette Ave.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hawthorne, NJ 07506							
		Name of Contact Joseph Dello Buono	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
City (5) Hawthorne		Square Feet	# of Floors						
County (6) Passaic		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No. _____	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 11/11/17	Scheduled Completion Date (11) 11/18/17	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	250 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>			Date 10/30/17		

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

RECEIVED	Print Form
	NOV - 3 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/31/17		Name of Building Owner/Operator (2) Robert Dole Private Home	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Barnegat Light NJ 08006	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Robert	
		Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Robert Dole Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1
City (5) Barnegat Light NJ 08006		Bldg. Age 35+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	
Name of Abatement Contractor (9) Pernaco Inc		Street Address PO Box 329	
Street Address [REDACTED]		City, State, Zip Code West Berlin NJ 08091	
City, State, Zip Code [REDACTED]		Telephone No. 856-753-9800	License No. 00727
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]	
Start Date (10) 11/13/17	Scheduled Completion Date (11) 11/17/17	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address [REDACTED]	
		City, State, Zip Code [REDACTED]	

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
Exterior Siding			x	Exterior Siding	1100 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/17/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature [Signature]				Date 11/31/17	

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CK 31484

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

OK # 31484

Date of Notification (1)

10 / 30 /17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

ASBESTOS CONTROL & LICENSING

NOV - 3 2017

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 75

Square Feet

16,287

of Floors

3

Bldg. Age

74

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

11 / 13 /17
Month Day Year

Sched. Completion Date (11)

1 / 15 /18
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF-PERIMETER PARAPET			X	PARAPET CAP CAULK	5 SF	X			
ROOF-PARAPET WALL			X	PARAPET WALL TAR	600 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939			Cubic Yards of Waste 20	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Signature [Signature]	Date 10/30/17				

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Oct 30 2017 15:31 NJ Asbestos Control 609.633.0664

RECEIVED 10/30/2017 03:54PM 2013297440

page 1

BEST REMOVAL INC

10/30/2017 01:58PM 2013297440

BEST REMOVAL INC

CK4332

RECEIVED	PAGE 04/04
	NOV - 3 2017
	ASBESTOS CONTROL & LICENSING

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

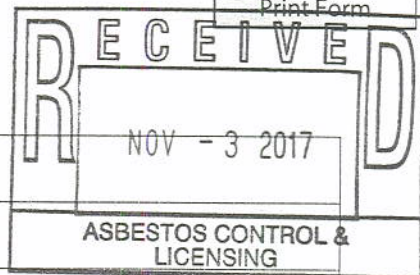
Date of Notification (1) 10-30-17		Name of Building Owner/Operator (2) K. DONNER							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<input type="checkbox"/> [Redacted] City, State, Zip Code SUMMIT, NJ 07901							
		Name of Contact K. DONNER	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) K. DeGWOOD		Type of Facility (4)							
Street Address [Redacted]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
City (5) SUMMIT		Square Feet 3900	# of Floors 3						
County (6) UNION		Bldg. Age 100 YES							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Best Removal Inc							
City, State, Zip Code		Street Address 450 South River Street							
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, NJ 07601							
Telephone No.		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 11-1-17	Scheduled Completion Date (11) 11-2-17	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street							
<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: 8AM 5PM		City, State, Zip Code South Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Pricable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
2nd FLOOR BATH RENOVATION			X	THERMAL INSULATION	15 LF	X			
Name of Registered Waste Hauler Best Removal Inc									
City, State Hackensack, NJ 07601		NIDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1/2 YD.	Name of Registered Landfill Minerva Enterprises, LLC					
		Disposal Date 11-2-17	City, State Waynesburg, OH 44688						
Completed by Robert Veldran		Title Estimator	Signature R Veldran		Date 10-30-17				

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CK 2336

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

Print Form



Date of Notification (1) 10/30/17		Name of Building Owner/Operator (2) Victor Magallanes							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Totowa, NJ 07512							
		Name of Contact Victor Magallanes	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
City (5) Totowa		Square Feet	# of Floors						
County (6) Passaic		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.							
Street Address		Name of Abatement Contractor (9) Academy Construction Inc.							
City, State, Zip Code		Street Address 205 Rt. 46 West Suite 14							
Project Manager for Monitoring Firm		Telephone No. 973-832-4244	License No. 01155						
Start Date (10) 11/09/17	Scheduled Completion Date (11) 11/16/17	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe insulation	60 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 2	Name of Registered Landfill GROWS Landfill				
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>		Date 10/30/17			

10/30/2017 15:08 FAX

PAID

CK 5037

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

R	RECEIVED	D
	NOV - 3 2017	
ASBESTOS CONTROL & LICENSING 037		

Date of Notification 10/30/2017

Name of Building Owner/Operator(2)
Keyport Public Board of Education

Agencies Notified

- ☐ EPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Street Address
570 Broad StreetCity, State, Zip Code
Keyport, New Jersey 07735Name of Contact
Anthony Rapolla

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Keyport High School

Type of Facility (4)

Street Address
351 Broad Street

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

City (5)
Keyport, New Jersey 07735Square Feet
20,000# of Floors
2Bldg. Age
45County (6)
MonmouthCounty Code (7)
(STATE USE ONLY)Current Use (Prior if being demolished)
High SchoolName of Monitoring Firm Hired by Building Owner (8)
Environmental Design, Inc

ASCM No.

Name of Abatement Contractor (9)
Lilich CorporationStreet Address
5434 King AveStreet Address
606 McBride AveCity, State, Zip Code
Pennsauken, NJ 08109City, State, Zip Code
Woodland Park, New JerseyProject Manager for Monitoring Firm
Jay MurrayTelephone No
856-515-9516Telephone No
973-225-8400License No.
01104Start Date (10)
10/31/2017Scheduled Completion Date (11)
11/01/2017Name of OSHA Monitor
Iris Environmental Laboratories, LLC

Occupancy Status During Abatement (Check Only One)

- ☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: 3pm start

Street Address
2333 Route 22 WestCity, State, Zip Code
Union, NJ 07083

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-Frliable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Pipe Insulation	< 10 LF	x			

Name of Registered Waste Hauler

Lilich Corporation

NJDEP Waste Hauler ID No.
18724Cubic Yards of Waste
2

Name of Registered Landfill

G.R.O.W.S Landfill

City, State
Woodland Park, New JerseyDisposal Date
11/02/2017City, State
Morrisville, PACompleted by
Adriana OlejarovaTitle
President

Signature

Date
10/30/2017

PAID

CK 4104

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 17:27)

 VIA FAX
 2017 1104

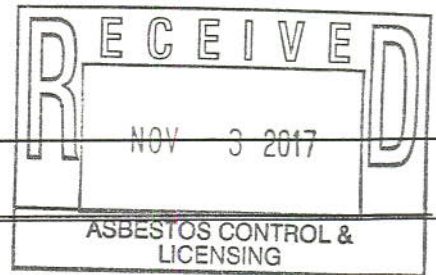
Date of Notification (1) 10/25/17		Name of Building Owner/Operator (2) MR JOSE LOGRECO		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 3 2017 07 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
City, State, Zip Code PASSAIC N.J.		Name of Contact MR J. LOGRECO		FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) [REDACTED]				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)	
Street Address [REDACTED]				Square Feet 2,800	
City (5) PASSAIC N.J. 07055				# of Floors 2	
County (6) [REDACTED]				Bldg. Age 80	
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) HOUSE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) NOVATECH INC	
Street Address		[REDACTED]		Street Address P.O. Box 814	
City, State, Zip Code		[REDACTED]		City, State, Zip Code Old Bridge N.J. 08857	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 733 238x7500	
Start Date (10) 10/26/17		Scheduled Completion Date (11) 11/26/17		License No. 00806	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Name of OSHA Monitor NOVATECH INC	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				Street Address P.O. Box 814	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				City, State, Zip Code Old Bridge N.J. 08857	
Location of Asbestos-Containing Material (ACM) (13) <u>TO BE ABATED</u> In Facility		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAC, or other miscellaneous)	
BASEMENT		X		PIPE INSULATION	
				2 150 YEX	
Name of Registered Waste Hauler NOVATECH INC		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 3	
City, State Old Bridge N.J. 08857		Disposal Date 11/27/17		Name of Registered Landfill G.R.O.W.S.	
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature [Signature]	
				Date 10/25/17	

PAID

Paragon Job#

CK1175

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



Date of Notification (1) <u>1</u> / <u>10</u> / <u>13</u> <u>10</u> / <u>1</u> <u>17</u>		Name of Building Owner/Operator (2) Monica Berdnik	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Clifton, NJ 07102	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Monica Berdnik	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (include justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,300 SF		
City (5) Wayne			County (6) Passaic		# of Floors 02
			County Code (7) (State use only)		Bldg. Age 60
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) Paragon Contracting, Inc.		
Street Address			Street Address 590 River Rd.		
City, State, Zip Code			City, State, Zip Code Clifton, NJ 07014		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973) 614-1600		License Number 00748
Scheduled Start Date (10) 10/31/2017		Sched. Completion Date (11) 11/07/2017			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Interior			<input checked="" type="checkbox"/>	Drywall	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement			<input checked="" type="checkbox"/>	VAT & Mastic	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior			<input checked="" type="checkbox"/>	Door/Window Caulking	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Attached Garage			<input checked="" type="checkbox"/>	Roofing/Flashing	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler Paragon Contracting, Inc.	NJDEP Hauler ID# 22161	Cubic Yards of Waste 40 cyds	Name of Registered Landfill GROWS/Tullytown
City, State Clifton, NJ 07014	Disposal Date TBD	City, State Tullytown, PA	
Completed by (Print or Type) Goran Lazevski	Title President	Signature 	Date 10/30/2017

PAID

10/30/2017 11:42 9736149955

PARAGON

Paragon Job#

C4175

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26-7 and 12:120-7)

RECEIVED
PAGE 82784
NOV - 3 2017
DOL - 10 DAY
ASBESTOS CONTROL & LICENSING

WAIVER APPROVED

Date of Notification (1)
10/13/10/17

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

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

Name of Building Owner/Operator (2)
Monica Berndik

Street Address
[REDACTED]

City, State, Zip Code
Clifton, NJ 07102

Name of Contact
Monica Berndik

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Residential

Street Address
[REDACTED]

City (5)
Wayne

County (6)
Passaic

County Code (7)
(State use only)

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

Square Feet
1,300 SF

of Floors
02

Bldg. Age
60

Current Use (Prior if being demolished)
Vacant Building

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)
10/31/2017

Sched. Completion Date (11)
11/07/2017

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

ASCM No.

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

Street Address
590 River Rd.

City, State, Zip Code
Clifton, NJ 07014

Telephone Number
(973) 614-1600

License Number
00748

Name of OSHA Monitor
Paragon Contracting, Inc.

Street Address
590 River Rd.

City, State, Zip Code
Clifton, NJ 07014

Scope of Work (check all that apply)
☒ Demolition
☐ Renovation
☐ >2 sf or >2 lf
☒ ≥150 sf or ≥260 lf
☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Non-Exempted (") Non-friable procedure
☐ Glovebag procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Interior			X	Drywall	3,000 SF	X			
Basement				VAT & Mastic	650 SF	X			
Exterior				Door/Window Caulking	400 LF	X			
Exterior Attached Garage				Roofing/Flashing	450 SF	X			

Registered Waste Hauler
Paragon Contracting, Inc.

NJ DEP Hauler ID#
22161

Cubic Yards of Waste
40 cyds

Name of Registered Landfill
GROWS/Tullytown

City, State
Clifton, NJ 07014

Disposal Date
TBD

City, State
Tullytown, PA

Completed by (Print or Type)
Goran Lazewski

Title
President

Signature

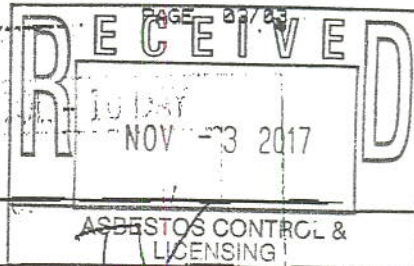
Date
10/30/2017

10/24/2017 02:57PM 9733458060

D&S RESTORATIO

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26 and 12:120)

D&S Proj. #: 17005-005



Date of Notification (1) <u>11/10/12</u> / <u>14</u> / <u>17</u>		Name of Building Owner/Operator (2) <u>Port Authority of NY & NJ</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <u>4 World Trade Center, 150 Greenwich Street, 19th Floor</u>		City, State, Zip Code <u>New York, NY 10007</u>	
Name of Contact <u>Uday Mehta</u>		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Port Authority of NY & NJ</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address <u>220 Bruce Reynolds Boulevard</u>			Square Feet	# of Floors
City (5) <u>Fort Lee</u>	County (6) <u>Bergen</u>	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Port Authority of NY & NJ</u>			Name of Abatement Contractor (9) <u>D&S Restoration, Inc.</u>	
Street Address <u>241 Erie Street</u>			Street Address <u>20 California Ave.</u>	
City, State, Zip Code <u>Jersey City, NJ 07310</u>			City, State, Zip Code <u>Paterson, NJ 07503</u>	
Project Manager for Monitoring Firm <u>Uday Mehta</u>			Telephone Number <u>973-345-8020</u>	License Number <u>00159</u>
Phone Number <u>201-595-4881</u>			Name of OSHA Monitor <u>D & S Restoration, Inc.</u>	
Start Date (10) <u>10/25/17</u>			Street Address <u>20 California Avenue</u>	
Sched. Completion Date (11) <u>1/31/18</u>			City, State, Zip Code <u>Paterson, NJ 07503</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>				
Scope of Work (check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >150 sf or >250 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				
<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-triable procedure				

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
George Washington Bridge		X		transite conduit duct bank	300 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Grade Roadway						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77/79 Existing Helix to						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Palisade Parkway						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

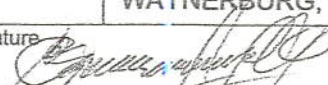
Registered Waste Hauler <u>Two Brothers Contracting</u>	NJDEP Hauler ID# <u>28191</u>	Cubic Yards of Waste <u>TBD</u>	Name of Registered Landfill <u>Grand Central Landfill</u>
City, State <u>Totowa, NJ</u>	Disposal Date <u>various date</u>	City, State <u>Pen Argyl, PA</u>	
Completed by (Print or Type) <u>Bogdan Joldzic</u>	Title <u>President</u>	Signature	Date <u>10/24/17</u>

ASB-41

Do not use this form for asbestos abatement exempted activities.

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

RECEIVED	NOV - 3 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/26/2017		Name of Building Owner/Operator (2) EDWARD WOJTAL							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NORTH ARLINGTON NJ.							
		Name of Contact JOHN WOJTAL	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,500 SF.	# of Floors 2						
City (5) NORTH ARLINGTON NJ.		Bldg. Age 76							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 1126 51 ST,							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-776- 0642	License No. 01300						
Start Date (10) 11/04/2017	Scheduled Completion Date (11) 11/04/2017	Name of OSHA Monitor ENVIRO PROBE 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 108 LIBERTY ST.							
		City, State, Zip Code METUCHEN N.J.							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	92 LF	X			
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX NY		Disposal Date TBD		City, State WAYNERBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 10/26/2017					

PAID

CK1121

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

RECEIVED	
NOV - 3 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 10/26/2017		Name of Building Owner/Operator (2) EDWARD WOJTAL							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code NORTH ARLINGTON NJ.							
		Name of Contact JOHN WOJTAL	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,500 SF.	# of Floors 2						
City (5) NORTH ARLINGTON NJ.		Bldg. Age 76							
County (6)	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 1126 51 ST,							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm	Telephone No. _____	Telephone No. 201-776- 0642	License No. 01300						
Start Date (10) 11/04/2017	Scheduled Completion Date (11) 11/04/2017	Name of OSHA Monitor ENVIRO PROBE 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 108 LIBERTY ST.							
		City, State, Zip Code METUCHEN N.J.							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	92 LF	X			
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX NY		Disposal Date TBD		City, State WAYNERBURG, OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 10/26/2017					

PAID

CK 1040

Print Form

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

RECEIVED	NOV - 3 2017
	ASBESTOS CONTROL & LICENSING

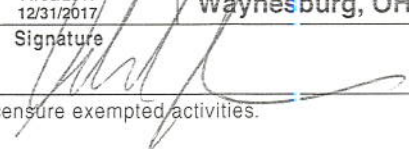
Date of Notification (1) 10/30/2017		Name of Building Owner/Operator (2) Lois A. Broggs							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Garfield NJ 07026							
		Name of Contact Lois	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lois's Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Garfield		Square Feet	# of Floors						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address		Street Address 105 Van Riper Ave							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 11/11/2017		Scheduled Completion Date (11) 11/30/2017	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	176 lf	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 1 YD	Name of Registered Landfill 110 Sand Company					
City, State			Disposal Date	City, State Melville, NY 11747					
Completed by Darko Raloski		Title Project Manager		Signature 			Date 10/30/2017		

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

Check No.

4534

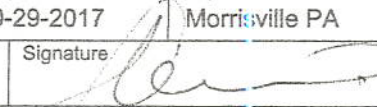
Date of Notification (1) October 27, 2017		Name of Building Owner/Operator (2) PA of NY & NJ, Newark Liberty International Airport							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10-2004</small> <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Building 125 City, State, Zip Code Newark, NJ 07114 Name of Contact Ralph Campione							
<div style="float: right; border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 3 2017 ASBESTOS CONTROL & LICENSING </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport - WO No. 03		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 South Bridge N39		Square Feet 4,158	# of Floors 1						
City (5) Newark		Bldg. Age 50+/-							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Bridge							
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ	ASCM No. N/A	Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.							
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue							
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Ralph Campione	Telephone No. 973-624-6898	Telephone No. 973-478-4681	License No. 00120						
Start Date (10) November 08, 2017	Scheduled Completion Date (11) December 31, 2017	Name of OSHA Monitor McCabe Environmental Services, L.L.C.							
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 464 Valley Brook Avenue City, State, Zip Code Lyndhurst, NJ 07071-1998							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Bridge Parapet Wall			<input checked="" type="checkbox"/>	Caulking	66 In ft	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Jimmy Byrne		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste < 5	Name of Registered Landfill Minerva Enterprises, Inc.					
City, State 1199 Randall Avenue, Bronx, NY 10474		Disposal Date 11/08/2017 - 12/31/2017		City, State Waynesburg, OH					
Completed by Aleksandar Kuridza	Title Project Manager		Signature 			Date 10/27/2017			

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

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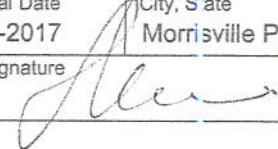
Date of Notification (1) 10-19-2017		Name of Building Owner/Operator (2) Josh Babbel							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Brunswick NJ 08816							
		Name of Contact Josh Babbel	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) East Brunswick NJ 08816		Bldg. Age N/A							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton Ave, Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. _____	License No. 01266						
Start Date (10) 10-20-2017	Scheduled Completion Date (11) 20-25-2017	Name of OSHA Monitor Amax Contracting LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park nj 07424							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	PIPE INSULATION	15 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 2 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 10-29-2017		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 			Date 10-19-2017		

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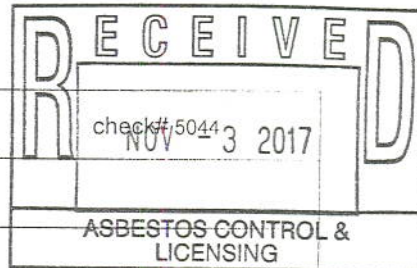
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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C/L 635

Date of Notification (1) 10-25-2017		Name of Building Owner/Operator (2) Elissa Winkelstein							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rockaway NJ 07866							
		Name of Contact Elissa Winkelstein	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Rockaway NJ 07866		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 2108 Fulton Ave, Suite 2A		Street Address PO BOX 734							
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673	Telephone No. 973-692-6298						
Start Date (10) 11-09-2017		Scheduled Completion Date (11) 11-19-2017	License No. 01266						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Amax Contracting LLC							
		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	VAT	800 SF	X			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 8 CY	Name of Registered Landfill Fairless Hills					
City, State Woodland Park NJ 07424		Disposal Date 11-16-2017		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 10-25-2017			

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



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Date of Notification (1) 10/31/2017		Name of Building Owner/Operator (2) Montclair State University	
Agencies Notified	Type Notification	Street Address 1 Normal Ave	ASBESTOS CONTROL & LICENSING
EPA DEP DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07043	
DOH DCA		Name of Contact Erick Fernandez	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Montclair State University, College Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Normal Ave	City (5) Montclair	Square Feet 30,000	# of Floors 50+
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) University	
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 100 Grand Ave		Street Address 606 McBride Ave	
City, State, Zip Code Englewood, NJ 07631		City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Ardine Bello		Telephone No. 201-569-6078	Telephone No. 973-225-8400
Start Date (10) 10/10/17		Scheduled Completion Date (11) 01/10/2018	License No. 01104
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>start 7 am</u>		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 If
☒ ≥160 sf or ≥260 If

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure / Limited Containment & Tent
☐ 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
terior-Manhole			xx	Pipe Insulation	250 LF	x			

Name of Registered Waste Hauler Ch Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S Landfill
State Woodland Park, New Jersey	Disposal Date 01/10/2018	City, State Morrisville, PA	
Completed by Ariana Olejarova	Title President	Signature 	Date 10/31/2017

10/30/2017 09:15 2012520321

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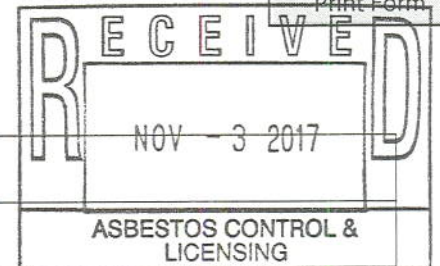
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DOL - 10 DAY		State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Prepared to NJAC 8:26 and 8:27)		APPROVED	
Date of Notification (10)		Name of Building Owner/Operator (2)		Date of Notification (10)	
10/27/17		RGV DEVELOPMENT		10/27/17	
Agency Referral (11)		Street Address		City, State, Zip Code	
EPA DEP DOL		78 BARBOUR ST		HALEDON, N.J. 07508	
EPA DEP DOL		Name of Contact		Telephone Number	
EPA DEP DOL		ROBERT VANAS			
Name of Facility/Abatement in Taking Place (3)		Type of Facility (4)			
RESTAURANT		1. School K-12 2. School K-12 (Other than K-12) 3. Other (i.e. private & commercial buildings, houses, etc.)			
Street Address		City, State, Zip Code		County (5)	
78 BARBOUR ST		HALEDON, N.J. 07508		PASSAIC	
Name of Abatement Firm Hired by Building Owner (6)		ABCM No.		Name of Abatement Contractor (8)	
AMAC Control Inc.				AMAC Control Inc.	
Street Address		City, State, Zip Code		Telephone No.	
185 VANDER AVE		Midland Park, NJ 07432		(201) 282-5841	
City, State, Zip Code		Telephone No.		License No.	
		(201) 282-5841		00158	
Start Date (10)		Scheduled Completion Date (11)		Name of OSHA Monitor	
10/27/17		10/31/17		Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address		City, State, Zip Code	
1. Facility Closed/Modified During Entire Period of Abatement 2. Abatement Performed Outside of Normal Facility Hours 3. Other - Describe:		280 HAYLER STREET		HALEDON, N.J. 07508	
Scope of Work (Check All That Apply)		Full Corded (except with Migration Potential)		Full Corded (except with Migration Potential)	
1. 20 or more sq ft 2. 2000 or more sq ft		Removal Demolition		Full Corded (except with Migration Potential)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		Is Location Material Used Daily by Restaurant/Catering Staff? (13)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Roof		Yes No NA		Roof	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	
Newark Coring Inc.		04500		3	
City, State		Disposal Date		Name of Registered Landfill	
Newark, NJ 07105		10/27/17		Grand Central Sanitary Landfill	
Completed by		Title		City, State	
Joseph Vaccaro		Vice President		Pon Argyl, PA 08702	
		Signature		Date	
		J. Vaccaro		10/27/17	

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



Date of Notification (1) 10/28/2017		Name of Building Owner/Operator (2) Stevens Institute of Technology							
Agencies Notified	Type Notification	Street Address 1 Castle Point On Hudson							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030							
		Name of Contact Kevin Klich	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 Castle Point On Hudson		Square Feet N/A	# of Floors N/A						
City (5) Hoboken		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 0003	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 1253 North Church Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 609-314-1683	License No. 01311						
Start Date (10) 11/11/2017	Scheduled Completion Date (11) 11/12/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
4th Floor		X		spray on fireproofing	10 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager	Signature 	Date 10/28/2017					

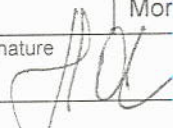
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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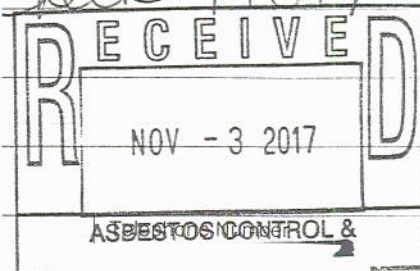
Date of Notification (1) 10/28/2017		Name of Building Owner/Operator (2) Maria Sanagustin	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083	
		Name of Contact Maria Sanagustin	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A
City (5) Union		Bldg. Age N/A	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. 973-345-8685
Start Date (10) 11/09/2017		Scheduled Completion Date (11) 11/10/2017	License No. 01311
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement		X	pipe insulation
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD
City, State Totowa, NJ		Disposal Date TBD	Name of Registered Landfill Waste Management of PA
Completed by Oliver Hegedis		Title Project Manager	Signature  Date 10/28/2017

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

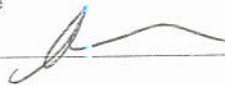
Check 17049



Date of Notification (1) 10/28/17		Name of Building Owner/Operator (2) Alice Evans							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083							
		Name of Contact Alice							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Union	Square Feet 2100	# of Floors 2	Bldg. Age 70						
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) single family home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
ASCM No. _____		ABS Environmental Services, LLC							
Street Address		Street Address							
[REDACTED]		PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code							
[REDACTED]		Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	License No.						
[REDACTED]		973-764-2273	703						
Start Date (10) 10/30/17	Scheduled Completion Date (11) 11/5/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other — Describe: basement		[REDACTED]							
City, State, Zip Code		[REDACTED]							
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 checked="" type="checkbox"/> Glove bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	60 LF	x			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Freehold Cartage		15939	TBD	CROWS/FAIRLESS LANDFILL					
City, State			Disposal Date	City, State					
Freehold, NJ			TBD	Morrisville, PA					
Completed by		Title	Signature	Date					
A. Scott Higgins		President	[Signature]	10/28/17					

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

Check 17006

Date of Notification (1) 10/30/17		Name of Building Owner/Operator (2) EI Marlboro 79, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2465 Kuser Road							
		City, State, Zip Code Hamilton, NJ 08869							
		Name of Contact Dan Chelchowski							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) EI at Marlboro 79		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 103 South Main Street		Square Feet 2100	# of Floors 1 1/2						
City (5) Marlboro		Bldg. Age 77							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) fast food restaurant							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2273	License No. 703						
Start Date (10) 10/31/17	Scheduled Completion Date (11) 11/20/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			x	wall panels	120 LF	x			
			x	wall tiles	2,182 SF	x			
			x	duct covering	22 SF	x			
			x	pipe insulation	5 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 10/30/17			

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

Date of Notification (1)
 10/19/17

Agencies Notified

☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)
 Dagit Group/Action Construction Management, Inc.

Street Address
 15 E Uwchlan Avenue, Suite 404

City, State, Zip Code
 Exton, PA 19341

Name of Contact
 Kevin

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 NOV - 3 2017
 Telephone Number
 LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 McDonald's

Street Address
 6048 Harding Highway

City (5)
 Mays Landing

County (6)
 Atlantic

County Code (7)
 (STATE USE ONLY)

Type of Facility (4)

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

Square Feet
 4,200

of Floors
 1

Bldg. Age
 65

Current Use (Prior if being demolished)
 fast food restaurant

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)
 ABS Environmental Services, LLC

Street Address

Street Address
 PO Box 483, 4 E Gate Drive

City, State, Zip Code

City, State, Zip Code
 Glenwood, NJ 07418

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
 973-764-2276

License No.
 703

Start Date (10)
 11/2/17

Scheduled Completion Date (11)
 12/2/17

Name of OSHA Monitor

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

City, State, Zip Code

Scope of Work (Check All That Apply)

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

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-enclosure
☐ Glove bag 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
Roof			x	roof flashing	780 SF	x			
Roof			x	tar	200 SF	x			

Name of Registered Waste Hauler
 Freehold Cartage

NJDEP Waste Hauler ID No.
 15959

Cubic Yards of Waste
 TBD

Name of Registered Landfill
 Western Berks Landfill

City, State
 Freehold NJ

Disposal Date
 TBD

City, State
 Birdsboro, PA

Completed by
 A. Scott Higgins

Title
 President

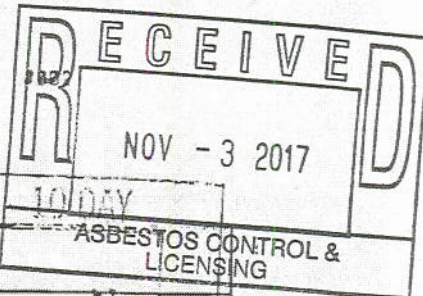
Signature

Date
 10/19/17

10/30/2017 11:23

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NO. 632



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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:18)

Date of Notification (1) 10 / 30 / 17		Name of Building Owner/Operator (2) Hopewell Valley Regional School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> NOI/WHO <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 425 South Main Street City, State, Zip Code Pennington, NJ 08534 Name of Contact Thomas Quinn Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Hopewell Central High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 259 Pennington-Titusville Road		Square Feet 60,000	# of Floors 2
City (5) Pennington		Bldg. Age 70	
County (6) Mercer	County Code (NJ STATE USE ONLY)	Current Use (Prior to being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) PARC Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Avenue	
City, State, Zip Code Robbinsville, NJ 08631		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Firoz Jan	Telephone No. 609-880-7277	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 10 / 31 / 17	Scheduled Completion Date (11) 11 / 03 / 17	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM _____ PM _____ PM _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >100 sf or >200 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Garbage	NJDEP Waste Hauler ID No. 18939	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill
City, State Freehold, NJ	Disposal Date 11/03/2017	City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 10/30/17

ASB-11
JAN 13

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

Pravda

CK # 1312

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ASBESTOS CONTROL & LICENSING

Telephone Number

ASB-41 (R-06-08)

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

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

CK # 1308

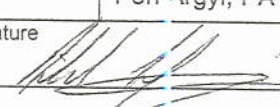
Date of Notification (1) 10/30/17		Name of Building Owner/Operator (2) BCSI Inc		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 3 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address 146 Poplar St			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Ridgefield Park, NJ			
						Name of Contact _____ Telephone Number _____			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Building				Type of Facility (4)					
Street Address 105 Brunswick Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Jersey City				Square Feet 2500	# of Floors 3				
County (6) Hudson				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) n/a				ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc				
Street Address n/a				Street Address 360 Palisade Ave					
City, State, Zip Code n/a				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm n/a				Telephone No. n/a	License No. 01255				
Start Date (10) 11/8/17		Scheduled Completion Date (11) 11/28/17		Name of OSHA Monitor Harmony Contracting Inc					
Occupancy Status During Abatement (Check Only One)				Street Address 360 Palisade Ave					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Demolition				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Roofing Material	2500 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033058		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Garfield, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Tina Caporino			Title Secretary	Signature <i>Tina Caporino</i>			Date 10/30/17		

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

RECEIVED	NOV - 3 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/1/17		Name of Building Owner/Operator (2) John Petrillo							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Emerson, NJ 07630							
		Name of Contact John Petrillo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2750	# of Floors 3						
City (5) Emerson		Bldg. Age 65+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASC No.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No.		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 11/1/17	Scheduled Completion Date (11) 11/5/17	Name of OSHA Monitor							
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 A.M. to 4 P.M.		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl		x		VAT	370 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 2 CU	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 		Date 11/1/17			

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

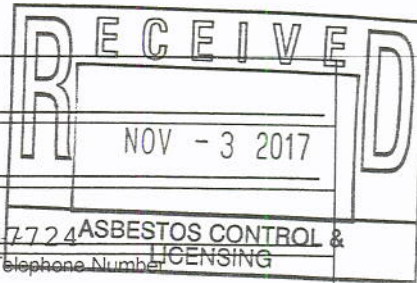
CNK # 3284

Date of Notification (1) 11 / 1 / 17		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 3 2017 ASBESTOS CONTROL & REMEDIATION </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 2 West 29th Street							
		City, State, Zip Code Bayonne, NJ 07002							
		Name of Contact Alex Baylor		Telephone ASBESTOS CONTROL & REMEDIATION					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Bayonne Central Office				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2 West 29th Street									
City (5) Bayonne		Square Feet 26,052	# of Floors 3	Bldg. Age +50					
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA, 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) 11 / 15 / 17	Scheduled Completion Date (11) 11 / 23 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <u>5:00</u> PM - <u>2:00</u> AM			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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement AC Equipment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNEBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / gk		Date 11-1-17			

PAID

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

Check # 25630



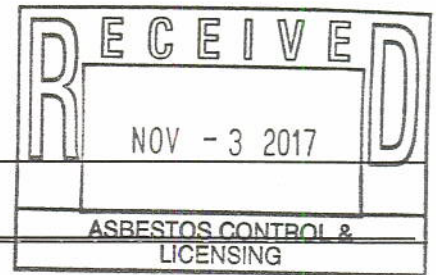
Date of Notification (1) <u>10/31/2017</u>		Name of Building Owner/Operator (2) <u>Philip J Bowers</u>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <u>Tinton Falls, NJ 07724</u> Name of Contact <u>Samantha Bowers</u> Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <u>1800</u>						
City (5) <u>Red Bank, NJ 07724</u>		# of Floors <u>2</u>						
County (6)		Bldg. Age <u>75</u>						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.						
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Street Address <u>PO Box 322</u>						
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>						
Telephone No. <u>(609) 298-4070</u>		Telephone No. <u>(609) 259-9688</u>						
Start Date (10) <u>11/11/2017</u>		License No. <u>00493</u>						
Scheduled Completion Date (11) <u>11/30/2017</u>		Name of OSHA Monitor <u>MECS</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <u>PO Box 341</u>						
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Garage</u>	<u>X</u>		<u>Thermal Pipe Insul.</u>	<u>84 lf</u>	<u>X</u>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>2</u>	Name of Registered Landfill <u>Fairless Landfill</u>				
City, State <u>Allentown, NJ</u>		Disposal Date <u>11/30/17</u>	City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>	Signature 		Date <u>10/31/17</u>			

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D&S Proj. #: 17-302

CK 7180

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



Date of Notification (1) 11/01/13/10/11/17		Name of Building Owner/Operator (2) jose funes	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code roseland, nj 07068	
Name of Contact jose funes		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jose funes			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) roseland			County (6) essex		Bldg. Age
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]			Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm [REDACTED]			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 11/03/17			Sched. Completion Date (11) 11/10/17		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		transite board		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State PATERSON, NJ 07503		Disposal Date 11/04/17		City, State TULLYTOWN, PA.					
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature			Date 10/30/17		

* Do not use this form for asbestos licensing exempted activities

10/30/2017 11:09AM 9733458268

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CK 7180

D&S Proj. #: 17-303

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

R	E	C	E	I	V	E	D
	PAGE 02/04						
NOV - 3 2017							
ASBESTOS CONTROL & LICENSING							

Date of Notification (1) 10/13/17		Name of Building Owner/Operator (2) jose funes		DOL - 10 DAY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]	
		City, State, Zip Code roseland, nj 07068		Telephone Number [REDACTED]	
		Name of Contact jose funes		[REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) jose funes			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Squire Feet # of Floors Bldg. Age		
City (5) roseland	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 11/03/17		Sched. Completion Date (11) 11/10/17		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Minus-leakage <input checked="" type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)		R a m o v e		R e p a i r		E n c a p s u l e	
basement		X		PIPE INSULATION				X					
basement		X		transite board				X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 11/04/17		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 10/30/17	

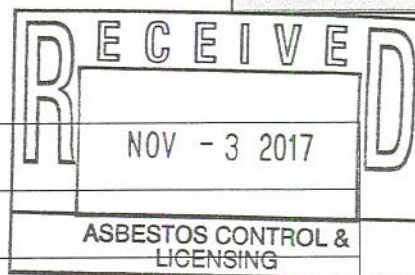
* Do not use this form for asbestos literature exempted activities.

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CK1039

Print Form

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



Date of Notification (1) 10/30/2017		Name of Building Owner/Operator (2) John Sprague	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Allendale, NJ 07401	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact John	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) John's Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Allendale		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)		Name of Abatement Contractor (9) MKD Property Maintenance LLC	
Street Address		Street Address 105 Van Riper Ave	
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07011	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-899-9008	License No. 01336
Start Date (10) 11/02/2017	Scheduled Completion Date (11) 11/15/2017	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

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

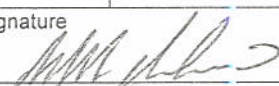
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Boiler Insulation	14 sq ft	x			

Name of Registered Waste Hauler TBD	NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 1 YD	Name of Registered Landfill 110 Sand Company
City, State		Disposal Date	City, State Melville, NY 11747
Completed by Darko Raloski	Title Project Manager	Signature 	Date 10/30/2017

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

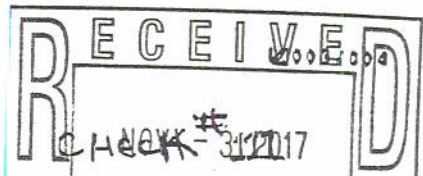
CHECK # 111

Date of Notification (1) 11 / 02 / 17		Name of Building Owner/Operator (2) Santander Bank, N.A.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 3 2017 ASBESTOS CONTROL & LICENSING Telephone Number _____ </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" 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							
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 1 Union Square									
City (5) Elizabeth, NJ 07201				Square Feet 2,000	# of Floors 2				
				Bldg. Age 45					
County (6) Union		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) 11 / 03 / 17	Scheduled Completion Date (11) 11 / 17 / 17		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: 9:00 AM-6:00 PM / _____ PM-_____ AM			Street Address 10 59 Jackson Avenue						
			City, State, Zip Code LIC NY 11101						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings.	96 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 11/07/17		City, State Bethlehem, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 11-02-2017			

11/02/2017 THU 9:42 FAX

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)



Date of Notification (1) <u>11</u> / <u>02</u> / <u>17</u>		Name of Building Owner/Operator (2) Santander Bank, N.A.		DOL - 10 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-d)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 75 State Street	City, State, Zip Code Boston, MA	NOV - 3 2017					
		Name of Contact Susan Pack	Telephone Number						
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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1 Union Square			Square Feet 2,000	# of Floors 2	Bldg. Age 45				
City (5) Elizabeth, NJ 07201			Current Use (Prior to being demolished)						
County (6) Union			County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting		ASCM No. 82252	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. 718-805-8288	License No. 00774					
Start Date (10) <u>11</u> / <u>03</u> / <u>17</u>		Scheduled Completion Date (11) <u>11</u> / <u>17</u> / <u>17</u>		Name of OSHA Monitor Testor Tsch					
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: 8:00 AM-8:00 PM / _____ PM-_____ AM			Street Address 10 59 Jackson Avenue						
			City, State, Zip Code LIC NY 11101						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 150 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings.	95 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 10	Name of Registered Landfill IE91					
City, State Newark, NJ		Disposal Date 11/07/17		City, State Bethlehem, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 11-02-2017			

ASB-41
MAY 11

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

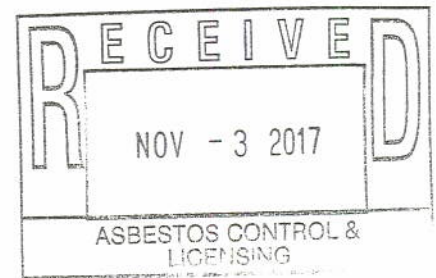
PAID

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

Check # 2979

Date of Notification (1) 06 / 20 / 17		Name of Building Owner / Operator (2) RUSSO DEVELOPMENT INC.		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV - 3 2017 OS CONTROL & LICENSING </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
		Name of Contact			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL <input type="checkbox"/>	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation	570 COMMERCE BLVD CARLSTADT, NJ 07072 DOMINICK TUCCI		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) FORMER MERCK UNION			Type of Facility (4)		
Street Address 1011 MORRIS AVE			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) UNION	County (6) UNION	County Code (7)	Square Feet 6,500	# Of Floors 1	Building Age 40 +
			Current Use (Prior if being demolished) OFFICE / PRODUCTION		
Name of Monitoring Firm Hired by Bldg. Owner (8) EHI		ASCM NORTHSTAR CONTRACTING GROUP, INC.			
Street Address 655 WEST SHORE TRAIL		Street Address 32 Williams Parkway			
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code East Hanover, NJ 07936			
Project Mngr. For Monitoring Firm WILLIAM KIERBIL		Telephone Number 973-729-5649		License Number 00860	
Sched. Start Date (10) 07 / 05 / 17		Sched. Completion Date (11) 12 / 30 / 17		Telephone Number 973-884-8682	
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: 7:00 AM-3:30 PM			Street Address 32 Williams Parkway		
			City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	YES NO N/A			R E M O V A L	E N C A P S U L
U7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT MASTIC	90 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"/>
U7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	LAB TOP	12 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"/>
U7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROOFING	1,400 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
U7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TANK INSULATION	435 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"/>
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill I.E.S.I.	
City, State NEWARK, NJ		Disposal Date	City, State BETHLEHEM, PA 18105		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 11/02/17

Location of Asbestos Containing TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Main- tenance/ Custodial Staff (12)			Amount (Specify SF or LF)	Abatement Type			
	YES	NO	N/A		R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
U7	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING INSULATION	302 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

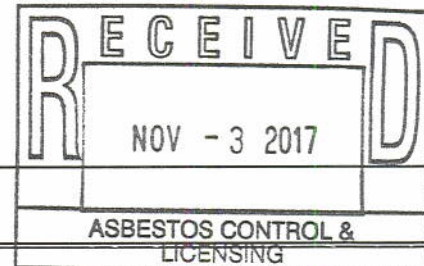


PAID

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

D&S Proj. #: 17-305

CK 7181



Date of Notification (1) 11/01/17		Name of Building Owner/Operator (2) the stated of wieder	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code millford, nj 08848	
		Name of Contact barbara groogan	Telephone Number _____

FACILITY INFORMATION

Name of facility where abatement is taking place (3) the stated of wieder			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) millford	County (6) hunterdon	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC. Street Address 20 California Ave City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm Phone Number		Telephone Number 973-345-8020	License Number 01169		
Start Date (10) 11/08/17		Sched. Completion Date (11) 11/30/17			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Name of OSHA Monitor D & S Restoration, Inc. Street Address 20 California Avenue City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

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

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	130 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement		<input checked="" type="checkbox"/>		chimney thimble packing	6 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/09/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/25/17

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