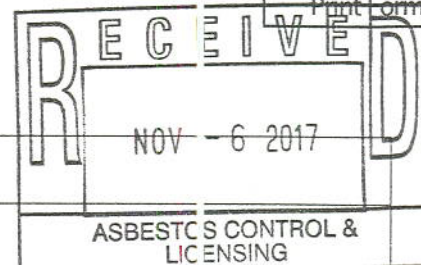


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/23/2017		Name of Building Owner/Operator (2) Jonathan Lamstein							
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 Pamona, NY 10970							
		Name of Contact Jonathan Lamstein							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Above & Beyond Catering		Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 56-74 Courtland Avenue		Square Feet 10,300	# of Floors 1						
City (5) Dumont		Bldg. Age 1950's							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use Prior if being demolished Catering Facility							
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Solutions		ASCM No.	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 1130 West Chestnut Street		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 01036						
Start Date (10) 11/6/2017	Scheduled Completion Date (11) 11/6/2017	Name of OSHA Monitor Incinia Contracting, 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 checked="" type="checkbox"/> Other - Describe: <u>Monday to Friday, 7AM - 5PM.</u>		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Freezer Commissary Room		X	X	Pipe Insulation	30 LF				
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641/JA464	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill Corp.					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Milena Zoric		Title Director	Signature 			Date 10/23/2017			

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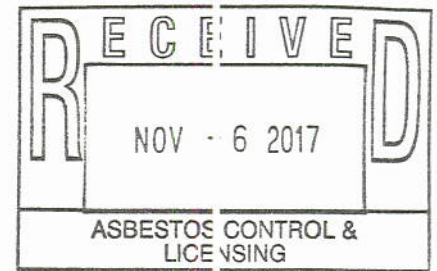
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Print Form	
<b>RECEIVED</b>	
NOV 3 2017	
<b>ASBESTOS CONTROL &amp; LICENSING</b>	

Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<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 Doylestown, PA 18902							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Glen Stock	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 1, 1A & Gas Meter Shed		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 2195 Route 27		Square Feet 4,800	# of Floors 1						
City (5) Edison		Bldg. Age 68							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant/Machine Shop							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 4/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
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 133 Beach 98th Street							
		City, State, Zip Code Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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			Remove	Repair	Encapsulate	Enclosure
Entire				Please see attached quantity list					
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 80 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 11/17-04/18	City, State Waynesburg, OH 44688					
Completed by Aric Domozick		Title VP	Signature 	Date 11/02/17					



Building 1/1A/Gas Meter Shed				
			Quantities	
Floor	Location	ACM	SF	LF
G	Throughout	Pipe Insulation/Fittings		3
G	Throughout	Joint Sealant	40	
G	Throughout	Fire Doors	100	
G	Throughout	Gaskets	40	
R	Roofing	2320		
		<b>Totals</b>	<b>180</b>	<b>3</b>

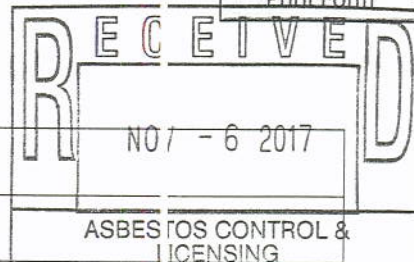


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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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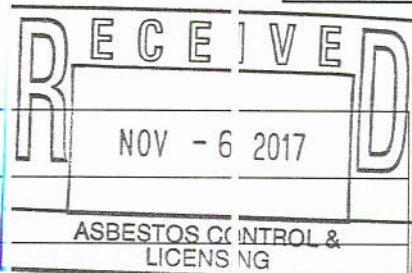
Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group						
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902						
		Name of Contact Glen Stock	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Pipe Rack Area		Type of Facility (4)						
Street Address 2195 Route 27		<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) Edison		Square Feet 3,500	# of Floors N/A					
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 68					
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services					
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South						
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101						
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675					
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk						
Occupancy Status During Abatement (Check Only One)		Street Address 133 Beach 98th Street						
<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 Rockaway Park, NY 11694						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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			Repair	Encapsulate	Enclosure
Entire			X	Pipe Insulation/Fittings	510 LF	X		
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 80 Yards	Name of Registered Landfill Mineva Enterprises				
City, State Shirley, NY 11967		Disposal Date 11/17-04/18		City, State Waynesburg, OH 44688				
Completed by Aric Domozick		Title VP	Signature 			Date 11/02/17		



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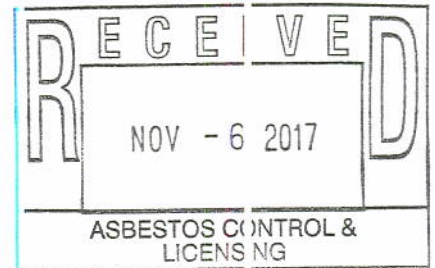
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 5		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 2195 Route 27		Square Feet 15,000	# of Floors 3						
City (5) Edison		Bldg. Age 68							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant/Lab Facility							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
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 133 Beach 98th Street							
		City, State, Zip Code Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire				See attached quantity list					
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 200 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/17-04/18		City, State Waynesburg, OH 44688					
Completed by Aric Domozyck		Title VP	Signature 			Date 11/02/17			

<b>Bldg 5</b>				
			<b>Quantities</b>	
<b>Floor</b>	<b>Location</b>	<b>ACM</b>	<b>SF</b>	<b>LF</b>
B	Entire	Brake Pads	5	
B-3	Entire	Gaskets	5	
B-3	Entire	Fire Doors	900	
2	Entire	Pipe Insulation/Fittings		37
3	Research Lab	Transite	1,850	
Exterior	Entire	Caulking	115	
Exterior	Entire	Sealant	464	
Exterior	Entire	Waterproofing/Mastic	7500	
Roofs	Entire	Roofing/Flashing/Tar	3000	
		<b>Totals</b>	<b>13834</b>	<b>37</b>



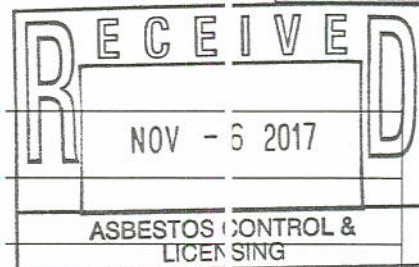


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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



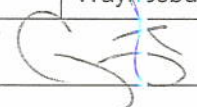
Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 3/3A		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 2195 Route 27		Square Feet 1,000	# of Floors 1						
City (5) Edison		Bldg. Age 68							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant/Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
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 133 Beach 98th Street							
		City, State, Zip Code Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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/Flashing	900SF	X			
Entire			X	Fire Doors	80 SF	X			
Roof			X	Pipe Insulation/Fittings	6 LF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 40 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/17-04/18		City, State Waynesburg, OH 44688					
Completed by Aric Domozick		Title VP	Signature 		Date 11/02/17				

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

<b>RECEIVED</b>	
NOV 6 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 6		Type of Facility (4)							
Street Address 2195 Route 27		<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) Edison		Square Feet 10,000	# of Floors N/A						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 68						
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
Occupancy Status During Abatement (Check Only One)		Street Address 133 Beach 98th Street							
<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 Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Caulking	50 SF	X			
Exterior			X	Tarpaper/Sealant	807 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/17-04/18		City, State Waynesburg, OH 44688					
Completed by Aric Domozick		Title VP	Signature 			Date 11/02/17			




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

Print Form

<b>RECEIVED</b>	
NOV - 5 2017	
<b>ASBESTOS CONTROL &amp; LICENSING</b>	

Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 26		Type of Facility (4)							
Street Address 2195 Route 27		<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) Edison		Square Feet 500	# of Floors 1						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 68						
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
Occupancy Status During Abatement (Check Only One)		Street Address 133 Beach 98th Street							
<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 Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire			X	Breeching	50 SF	X			
Entire			X	Furnace Components	100 SF	X			
Entire			X	Gaskets	40 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 11/17-04/18	City, State Waynesburg, OH 44688					
Completed by Aric Domozyck		Title VP	Signature 	Date 11/02/17					



PAID

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

CK # 31487

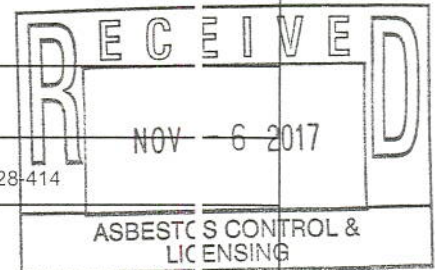
Date of Notification (1) 11 / 1 / 17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION						
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 200, RY28-114			City, State, Zip Code RAHWAY, NEW JERSEY 07065						
Name of Contact PATRICIA JOHNSON			Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & comml. bldgs., homes, etc.)						
Street Address 126 EAST LINCOLN AVENUE - BUILDING- 60 PERIMETER RADIATORS			Square Feet 89,717	# of Floors 5	Bldg. Age 12				
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION					
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD						
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901						
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101					
Expected State Date (10) 11 / 6 / 17 Month Day Year		Sched. Completion Date (11) 2 / 22 / 18 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC # 1480					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM			Street Address 117 EAST 30TH STREET						
			City, State, Zip Code NEW YORK, NEW YORK 10016						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure						
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR - PERIMETER			X	VAT/MASTIC	448 SF	X			
2ND FLOOR - PERIMETER			X	VAT/MASTIC	448 SF	X			
3RD FLOOR - PERIMETER			X	VAT/MASTIC	448 SF	X			
4TH FLOOR - PERIMETER			X	VAT/MASTIC	4 SF	X			
ADDITION TO SCOPE:									
1ST FLOOR - PERIMETER			X	PIPE FITTINGS	88 LF	X			
2ND FLOOR - PERIMETER			X	PIPE FITTINGS	88 LF	X			
3RD FLOOR - PERIMETER			X	PIPE FITTINGS	132 LF	X			
ELEVATOR MACHINE ROOM			X	PIPE INSULATION	6 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15					
City, State FREEHOLD, NEW JERSEY			Disposal Date 11/6-02/22/18	City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) Benjamin Sanchez		Title Director of Operations	Signature [Signature]		Date 11/6/17				





PAID CK31487

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



Date of Notification (1)

10 / 20 /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

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP &amp; DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING- 60 PERIMETER RADIATORS

Square Feet

89,717

# of Floors

5

Bldg. Age

82

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

11 / 2 /17  
Month Day Year

Sched. Completion Date (11)

2 / 22 /18  
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11430

Occupancy Status During Abatement (Check only one)

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

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	ENCAPSULATION	ENCLOSURE
1ST FLOOR - PERIMETER			X	VAT/MASTIC	448 SF	X			
2ND FLOOR - PERIMETER			X	VAT/MASTIC	448 SF	X			
3RD FLOOR - PERIMETER			X	VAT/MASTIC	448 SF	X			
4TH FLOOR - PERIMETER			X	VAT/MASTIC	4 SF	X			

Name of Registered Waste Hauler  
FREEHOLD CARTAGE, INC.  
825 HIGHWAY 33

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
40

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

City, State  
FREEHOLD, NEW JERSEY

Disposal Date  
11/5-2/22/18

City, State  
MONTGOMERY, PA 1752

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

10/20/17



PAID

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

OK  
-1633

Date of Notification (1) 10/22/17 Type Notification		Name of Building Owner / Operator (2) <b>Bristol Myers Squibb Co.</b>		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="margin-top: 10px; font-size: 1.2em;">NOV - 6 2017</div> <div style="margin-top: 10px; font-size: 0.8em;">ASBE</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		X Emergency Notification Initial Notification Amended Notification Cancellation				Street Address <b>1 Squibb Drive</b>	
						City, State & Zip Code <b>New Brunswick, NJ</b>	
						Name of Contact <b>Will Maiullo</b>	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>Bldg. 92</b>				Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address <b>1 Squibb Drive</b>				Square Feet <b>40,000</b>			
City (5) <b>New Brunswick</b>		County (6) <b>Middlesex</b>		# of Floors <b>2</b>			
		County Code (7)		Bldg. Age <b>50 +/-</b>			
Current Use (Prior if being demolished) <b>Research</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc.</b>			ASCM No.				
Street Address <b>64 Broad Street</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>				
City, State & Zip Code <b>Matawan, NJ</b>			Street Address <b>443 Schoolhouse Road</b>				
Project Manager for Monitoring Firm <b>Tom Geiger</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>				
Telephone Number <b>732-290-2217</b>			Telephone Number <b>732-605-9062</b>				
Scheduled Start Date (10) <b>10/23/17</b>			License Number <b>00714</b>				
Scheduled Completion Date (11) <b>10/27/17</b>			Name of OSHA Monitor <b>Global Abatement Services, LLC</b>				
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Describe: <b>After 5pm</b> Other - Describe:				Street Address <b>443 Schoolhouse Road</b>			
				City, State & Zip Code <b>Monroe Township, NJ 08831</b>			
Scope of Work (Check all that apply)							
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>							
Large Project <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/>							
Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/>							
<input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input checked="" type="checkbox"/> Glove-bag Procedure <input type="checkbox"/>							
<input checked="" type="checkbox"/> Other: Non-friable <input type="checkbox"/>							
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)			
<b>Basement</b>		<b>N/A</b>		<b>Vapor barrier (slab)</b>			
				<b>750 SF</b>			
				<b>Removal</b>			
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>		Cu. Yds. of Waste <b>40</b>			
City, State <b>Trenton, NJ</b>		Disposal Date <b>10/31/17</b>		Name of Registered Landfill <b>GROWS</b>			
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>President</b>		Signature <i>Dominick Tringali</i>			
				Date <b>10/22/17</b>			



PAID

CX 7633

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

<b>RECEIVED</b>	
NOV - 6 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 10/28/17 Type Notification		Name of Building Owner / Operator (2) <b>Bristol Myers Squibb Co.</b>		ASBESTOS CONTROL & LICENSING	
Agencies Notified	Emergency Notification	Street Address			
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/>	<b>1 Squibb Drive</b>			
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Initial Notification	City, State & Zip Code			
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Amended Notification	<b>New Brunswick, NJ</b>			
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact		Telephone Number	
<input type="checkbox"/> DCA		<b>Will Maiullo</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Bldg. 92</b>			Type of Facility (4)		
Street Address			School (K-12)		
<b>1 Squibb Drive</b>			Subchapter 8 (Other than K-12)		
			<input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
City (5)		County (6)	County Code (7)	Square Feet	# of Floors
<b>New Brunswick</b>	<b>Middlesex</b>			<b>40,000</b>	<b>2</b>
			Bldg. Age		
			<b>50 +/-</b>		
			Current Use (Prior if being demolished)		
			<b>Research</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc.</b>			ASCM No.	Name of Abatement Contractor (9)	
				<b>Global Abatement Services, LLC</b>	
Street Address			Street Address		
<b>64 Broad Street</b>			<b>443 Schoolhouse Road</b>		
City, State & Zip Code			City, State & Zip Code		
<b>Matawan, NJ</b>			<b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number	License Number	
<b>Tom Geiger</b>		<b>732-290-2217</b>	<b>732-605-9062</b>	<b>00714</b>	
Scheduled Start Date (10)	Scheduled Completion Date (11)		Name of OSHA Monitor		
<b>10/23/17</b>	<b>11/10/17</b>		<b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one)			Street Address		
Facility Closed/Vacated During Entire Period of Abatement			<b>443 Schoolhouse Road</b>		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -			City, State & Zip Code		
<input checked="" type="checkbox"/> Describe: <b>After 5pm</b>			<b>Monroe Township, NJ 08831</b>		
Other - Describe:					
Scope of Work (Check all that apply)					
Demolition		<input checked="" type="checkbox"/> Renovation		Full Containment with Negative Pressure	
Large Project				Mini-Enclosure	
Quantity is $\geq 3$ SF or $\geq 3$ LF ACM				Glove-bag Procedure	
<input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM				<input checked="" type="checkbox"/> Other: Non-friable	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
<b>Basement</b>	<b>N/A</b>	<b>Vapor barrier (slab)</b>	<b>750 SF</b>	<b>Removal</b>	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID #	Cu. Yds. of Waste	Name of Registered Landfill	
<b>Freehold Carting</b>		<b>18693</b>	<b>40</b>	<b>GROWS</b>	
City, State		Disposal Date	City, State		
<b>Trenton, NJ</b>		<b>11/13/17</b>	<b>Morrisville, Pa</b>		
Completed By (Print or Type)	Title	Signature		Date	
<b>Dominick Tringali</b>	<b>President</b>	<i>Dominick Tringali</i>		<b>10/28/17</b>	



PAID

State of New Jersey

Check # 16133

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

Date of Notification (1) <b>11/2/2017</b>		Name of Building Owner/Operator (2) <b>Gregory Culloo</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code <b>Jersey City, NJ, 07307</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact <b>Gregory Culloo</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



## FACILITY INFORMATION

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

Name of Monitoring Firm hired by Building Owner (8) <b>N/A</b>		ASCM No.		Name of Abatement Contractor (9) <b>AZTECH MANAGEMENT, Inc.</b>	
Street Address				Street Address <b>86 Christopher St.</b>	
City, State, Zip Code				City, State, Zip Code <b>Montclair, NJ 07042</b>	
Project Manager for Monitoring Firm		Telephone Number <b>N/A</b>		Telephone Number <b>(973) 744-8800</b>	
Scheduled Start Date (10) <b>11- 18- 17</b>		Sched. Completion Date (11) <b>11- 20- 17</b>		License Number <b>00371</b>	
Month Day Year		Month Day Year		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement				Street Address	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»				City, State, Zip Code	
<input type="checkbox"/> Other - Describe: «Other Occupancy Descript»					

## 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-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	ENCLOSURE	ENCLOSURE
Basement			X	Pipe Insulation	95 LF	X			

Name of Registered Waste Hauler <b>AZTECH MANAGEMENT, INC.</b>		NJDEP Waste Hauler ID No. <b>17040</b>		Cubic Yards of Waste <b>1.5</b>	Name of Registered Landfill <b>Minerva Enterprise INC</b>	
City, State <b>Montclair, NJ 07042</b>		Disposal Date <b>11-21-17</b>		City, State <b>Waynesburg, Ohio 44688</b>		
Completed By (Print or Type) <b>Constantine Vivian</b>		Title <b>President</b>		Signature		Date <b>11/2/2017</b>



**PAID**

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

<b>RECEIVED</b>	
NOV - 6 2017	
<b>ASBESTOS CONTROL &amp; LICENSING</b>	

Date of Notification 10/24/17 Type Notification		Name of Building Owner / Operator (2) <b>Saxum Real Estate</b>			
Agencies Notified	Emergency Notification	Street Address			
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>339 Jefferson Road</b>			
<input checked="" type="checkbox"/> DEP	Amended Notification	City, State & Zip Code			
<input checked="" type="checkbox"/> DOL	Cancellation	<b>Parsippany, NJ 07054</b>			
<input checked="" type="checkbox"/> DOH		Name of Contact			
<input checked="" type="checkbox"/> DCA		<b>Keiran Flanagan</b>			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Vacant Building</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>40 Beechwood Road</b>			Square Feet <b>5,000</b>	# of Floors <b>2</b>	Bl lg. Age <b>70</b>
City (5) <b>Summit</b>	County (6) <b>Union</b>	County Code (7)	Current Use (Prior if being demolished) <b>Former Office</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Langan Engineering</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>300 Kimball Drive</b>			Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Parsippany, NJ 07054</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Vijay Patel</b>		Telephone Number <b>973-560-4900</b>	Telephone Number <b>732-605-9062</b>	License Number <b>00714</b>	
Scheduled Start Date (10) <b>11/9/17</b>	Scheduled Completion Date (11) <b>11/30/17</b>		Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe: <b>Work in mechanical area only</b>			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/>		Full Containment with Negative Pressure			
<input checked="" type="checkbox"/> Large Project		<input checked="" type="checkbox"/> Mini-Enclosure			
Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		<input checked="" type="checkbox"/> Glovebag Procedure			
<input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		<input checked="" type="checkbox"/> Other: <b>Non-Friable</b>			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
<b>See attached</b>	<b>N/A</b>				
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>40</b>	Name of Registered Landfill <b>TRRF</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>11/30/17</b>	City, State <b>Tullytown, Pa</b>		
Completed By (Print or Type) <b>Dominick Tringali</b>	Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>			Date <b>10/24/17</b>

**PAID**  
CL 33067

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

<b>RECEIVED</b>	
NOV - 6 2017	
33067	
<b>ASBESTOS CONTROL &amp; LICENSING</b>	

Date of Notification (1) 11 / 2 / 17		Name of Building Owner/Operator (2) V Rose Excavating, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 30 Wood Haven Road City, State, Zip Code Toms River, NJ 08753 Name of Contact Vic Rose Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2500	
City (5) Lakewood		# of Floors 2	Bldg. Age 80
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 11 / 3 / 17	Scheduled Completion Date (11) 11 / 7 / 17	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	2150 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"/>

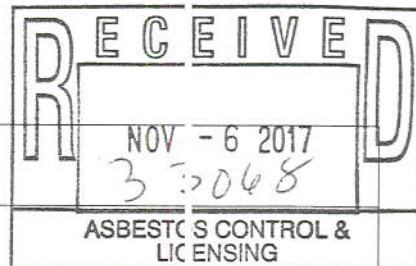
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 4	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 11/8/17	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 11/2/17		



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Ch 33068

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



Date of Notification (1) <b>11 / 2 / 17</b>		Name of Building Owner/Operator (2) <b>Mark Munro</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code <b>Spring Lake, NJ 07762</b> Name of Contact <b>Mark Munro</b>	
<div style="text-align: right;">Telephone Number</div>			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet <b>5000 sf</b>	
City (5) <b>Spring Lake</b>		# of Floors <b>2</b>	Bldg. Age <b>100</b>
County (6) <b>Monmouth</b>		County Code (7)(STATE USE ONLY) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>11 / 3 / 17</b>	Scheduled Completion Date (11) <b>11 / 6 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>	
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 <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> 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) <b>TO BE ABATED IN Facility (13)</b>	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	
<b>crawlspace</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>asbestos pipe insulation</b>
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>
City, State <b>Toms River, New Jersey</b>		Name of Registered Landfill <b>T.R.R.F.</b>	
		Disposal Date <b>11/7/17</b>	City, State <b>Tullytown, Pennsylvania</b>
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>11/2/17</b>

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

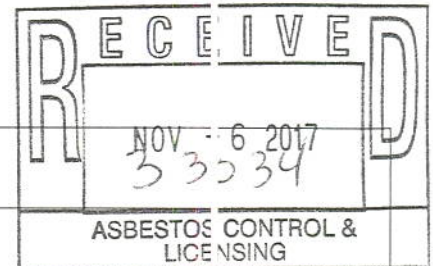
CK#1322

Date of Notification (1) 11/2/17		Name of Building Owner/Operator (2) K&M Construction Corp		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>    NOV - 6 2017    ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified	Type Notification	Street Address 14 Cordier 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 Irvington, NJ			
		Name of Contact Joe Spinello			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]					
City (5) Wayne				Square Feet 2,500	# of Floors 2
County (6) Passaic				Bldg. Age 50+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential House			
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	Telephone No. 973460.6026	License No. 01255	
Start Date (10) 11/11/17		Scheduled Completion Date (11) 11/28/17		Name of OSHA Monitor Harmony Contracting Inc	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Demolition				Street Address 360 Palisade Ave	
				City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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)
	Yes	No	N/A		
Interior			x	Drywall Joint Compound	5,750 SF
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033058	Cubic Yards of Waste TBD	Name of Registered Landfill GRC WS Landfill	
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisonville, PA	
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>	Date 11/2/17	



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



Date of Notification (1) <b>11 / 01 / 17</b>		Name of Building Owner/Operator (2) <b>New Jersey Turnpike Authority</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P O Box 335</b> City, State, Zip Code <b>Hightstown, NJ 08520</b> Name of Contact <b>Rich Treglown</b> Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>New Jersey Turnpike Authority-Maintenance Garage</b>		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 <b>Maintenance District 1, Mile Post 13.0</b>		Square Feet <b>1200 sf</b>	# of Floors <b>1</b>						
City (5) <b>Swedesboro</b>		Bldg. Age <b>60</b>							
County (6) <b>Gloucester</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Maintenance Garage</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Guardian Contracting, Inc.</b>		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
Street Address <b>1889 Rte. 9, Unit 61</b>		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code <b>Toms River, New Jersey 08755</b>		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm <b>Nicholas Fernicola</b>	Telephone No. <b>732-349-9932</b>	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>11 / 2 / 17</b>	Scheduled Completion Date (11) <b>11 / 6 / 17</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</b>							
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 <b>1056 Stelton</b> City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	window caulk	580 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	sink undercoating	1 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
generator room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	black caulk-generator	38 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"/>
Name of Registered Waste Hauler <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>					
City, State <b>Toms River, New Jersey</b>			Disposal Date <b>11/7/17</b>	City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 				Date <b>11/17</b>			

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

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NOV 6 2017

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 10-29-2017		Name of Building Owner/Operator (2) Florida Zarzuela							
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 Clifton NJ 07011							
		Name of Contact Allen Stone							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private DWwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Clifton NJ 07011		Bldg. Age N/A							
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (if 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 aA2108 Fulton St, 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. 973-692-6298	License No. 01266						
Start Date (10) 11-10-2017	Scheduled Completion Date (11) 11-30-2017	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) <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	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 12-07-2017		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 			Date 10-23-2017			



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	ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 10/31/17		Name of Building Owner/Operator (2) CHABAD OF THE SHORE						
Agencies Notified	Type Notification	Street Address 620 OCEAN 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LONG BRANCH, NJ 07740						
		Name of Contact	Telephone					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Chabad of the Shore, Long Branch		Type of Facility (4)						
Street Address 618 Ocean 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) Long Branch		Square Feet 3500	# of Floors 1					
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (If or if being demolished) RETAIL						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT						
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701						
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 11/10/17	Scheduled Completion Date (11) 11/10/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT						
<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: _____		City, State, Zip Code LAKEWOOD, NJ 08701						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
BASEMENT				MIS	100 SF	x		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 4	Name of Registered Landfill IESI				
City, State NEWARK, NJ		Disposal Date 11/10/17		City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date	

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Ch 6029

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

<b>RECEIVED</b>	Print Form
	NOV - 6 2017
<b>ASBESTOS CONTROL &amp; LICENSING</b>	

Date of Notification (1) 10/31/17		Name of Building Owner/Operator (2) CHABAD OF THE SHORE							
Agencies Notified	Type Notification	Street Address 620 OCEAN 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LONG BRANCH, NJ 07740							
		Name of Contact							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chabad of the Shore, Long Branch		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 624 Ocean Ave		Square Feet 3500	# of Floors 1						
City (5) Long Branch		Edg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior or if being demolished) RETAIL							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 11/01/17	Scheduled Completion Date (11) 11/10/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				TILES	2000 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 11/10/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		



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Resource Management Group

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ASBESTOS CONTROL & LICENSING	

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

CK 2165

Date of Notification (1) 10-27-2017		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified	Type Notification	Street Address 2201 Chapel Hill Campus	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Cherry Hill, NJ 08002	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Sharon Peters	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

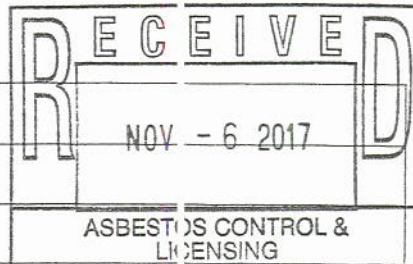
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-IR Procedure Room		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than 1-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2201 Chapel Hill Campus		Square Feet 280,000	# of Floors 2						
City (5) Cherry Hill, NJ	County (6) Camden	County Code (7)	Bldg. Age 32						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		Name of Abatement Contractor (9) Resource Management Group, LLC							
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Suite 202							
City, State & Zip Code Bensalem, PA, 19020		City, State & Zip Code Trenton, NJ 08619							
Project Manager for Monitoring Firm Mr. Mike Paneprese		Telephone Number 215-244-1300	License Number 01185						
Scheduled Start Date (10) 10-27-2017	Scheduled Completion Date (11) 10-27-2017	Name of OSHA Monitor J&S Environmental Laboratories, Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours: 2 <sup>nd</sup> shift 4:30pm to 12:30am Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West							
		City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf ≥ 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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
IR Procedure Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Growe Landfill					
City, State Trenton, NJ		Disposal Date TBD	City, State Morrisville, PA						
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature [Signature]		Date 10/27/ 017				



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

boxed To 1500 on 10/27/17



Date of Notification (1) 10-27-2017		Name of Building Owner / Operator (2) Kennedy University Hospital							
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation							
Street Address 2201 Chapel Hill Campus		City, State & Zip Code Cherry Hill, NJ 08002							
Name of Contact Sharon Peters									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-IR Procedure Room		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 2201 Chapel Hill Campus		Square Feet 250,000							
City (5) Cherry Hill, NJ		County (6) Camden	County Code (7)						
		# of Floors 2							
		Bldg. Age 52							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.							
Street Address 3370 Progress Drive, Suite J		Name of Abatement Contractor (9) Resource Management Group, LLC							
City, State & Zip Code Bensalem, PA, 19020		Street Address 2115 Hamilton Ave, Suite 202							
Project Manager for Monitoring Firm Mr. Mike Panepresso		Telephone Number 215-244-1300	License Number 01185						
Scheduled Start Date (10) 10-27-2017	Scheduled Completion Date (11) 10-27-2017	Name of OSHA Monitor J&S Environmental Laboratories, Inc							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours: 2 <sup>nd</sup> shift 4:30pm to 12:30am Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West							
		City, State & Zip Code Union, NJ 07083							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
IR Procedure Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill				
City, State Trenton, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Mr. Brian J. Haney		Title President		Signature 		Date 10/27/2017			



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NOV - 6 2017	NOV - 6 2017
ASBESTOS CONTROL & LICENSE	

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:27 and 17:28)

Date of Notification (1)		Name of Building Owner/Operator (2)						
10/31/17		JOHN Mc-CORNUCK						
Agency Modified		Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> RCL <input type="checkbox"/> DCH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial Assessment <input type="checkbox"/> Assessment & Emergency Sampling (industrial) <input type="checkbox"/> Consultation						
City, State, Zip Code		Name of Contact						
NORTH HALEDON, N.J. 07508		JOHN Mc-CORNUCK						
Name of Facility where Abatement is Taking Place (3)		Type of Facility (4)						
RESIDENCE		<input type="checkbox"/> School # 425 <input type="checkbox"/> Industrial or Other than 4-12 <input type="checkbox"/> Other (e.g. public & commercial buildings, homes, etc.)						
Street Address		Square Foot						
[REDACTED]		2300						
City (5)		Zip Code						
NORTH HALEDON		07508						
County (6)		County Code (7)						
PASSAIC		STATE CODE ONLY						
Name of Monitoring Firm Hired by Building Owner (8)		ASBESTOS No.						
[REDACTED]		[REDACTED]						
Street Address		Name of Abatement Contractor (9)						
[REDACTED]		AMAC Contracting Inc.						
City, State, Zip Code		Street Address						
[REDACTED]		185 Vreeland Ave						
Project Manager for Monitoring Firm		City, State, Zip Code						
[REDACTED]		Middletown, NJ 07942						
Telephone No.		Telephone No.						
[REDACTED]		(201) 282-6841						
Start Date (10)		Estimated Completion Date (11)						
10/31/17		11/10/17						
Name of OSHA Monitor		Occupancy Status During Abatement (Check Only One)						
Omega Environmental Services Inc.		<input type="checkbox"/> Facility Closed/Minimized During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Planned Facility Hours <input type="checkbox"/> Other - Describe:						
Street Address		City, State, Zip Code						
200 Huyler Street		Hackensack, NJ 07606						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> 25 or more sq ft <input type="checkbox"/> 2500 or more sq ft <input type="checkbox"/> Renovation/Construction <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Limited Enclosure <input type="checkbox"/> Cleaning Procedures <input type="checkbox"/> Non-Enclosure I/O and Non-Fragile Process								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)	Is Location Immediately Used Daily by Maintenance/Control Staff? (13)			Description of Asbestos-Containing Material (ACM) (e.g. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify: LB or LF)	Asbestos Type		
	Yes	No	N/A			Removal	Repair	Enclosure
BASEMENT			✓	PIPE INSULATION	80 LF	✓		
Name of Registered Waste Handler		NJ DEP Waste Handler ID No.		Cubic Yards of Waste		Name of Registered Landfill		
Newark Corrug Inc.		04509		8		Grand Central Sanitary Landfill		
City, State		Disposal Date		City, State		Disposal Date		
Newark, NJ 07105		10/31/17		On		Pen Argil, PA 08702		
Compiled by		Title		Signature		Date		
Joseph Vaccaro		Vice President		J. Vaccaro		10/31/17		



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	ASBESTOS CONTROL & LICENSING

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:27 and 17:28)

Date of Notification (1)		Name of Building Owner/Operator (2)	
10/3/17		FRANK ROSCOE	
Agency Number	Type Abatement	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Remedial <input checked="" type="checkbox"/> Emergency (including Justification) <input checked="" type="checkbox"/> Consultation	[REDACTED]	
City, State, Zip Code		GLLEN ROCK, NJ 07452	
Name of Contact		FRANK ROSCOE	
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
RESIDENTIAL		<input checked="" type="checkbox"/> Single-Family <input checked="" type="checkbox"/> Multi-Family Other (Specify):	
Street Address		[REDACTED]	
City (5)		Square Feet	
GLLEN ROCK		3200	
County (6)		# of Floors	
BERGEN		2	
County Code (7)		Age	
[REDACTED]		+50	
Name of Monitoring Firm Retained by Building Owner (8)		Current Use	
[REDACTED]		RESIDENTIAL	
Street Address		Name of Abatement Contractor (9)	
[REDACTED]		AMAC Contracting Inc.	
City, State, Zip Code		Street Address	
[REDACTED]		185 Woodland Ave	
Project Manager for Monitoring Firm		City, State, Zip Code	
[REDACTED]		Midland Park, NJ 07632	
Telephone No.		Telephone No.	
[REDACTED]		(201)262-5841	
Start Date (10)		Account No.	
10/3/17		00158	
Scheduled Completion Date (11)		Name of OSHA Monitor (12)	
11/10/17		Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Abatement During Regular Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		280 Haylor Street	
		City, State, Zip Code	
		Hackensack, NJ 07609	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 10 of or more <input checked="" type="checkbox"/> 100 of or more			
<input checked="" type="checkbox"/> Remediation Description			
<input checked="" type="checkbox"/> Full Control and with Negative Pressure <input checked="" type="checkbox"/> Air Enclosure <input checked="" type="checkbox"/> Cleaning Process <input checked="" type="checkbox"/> Non-Enclosed and Non-Flexible Process			
Location of Asbestos-Containing Material (ACM) in Facility (13)	In Location Material Used Study by Monitoring/Controlled Shift? (14)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify lb or lb/ft <sup>2</sup> )
BOILER ROOM	Yes No NA	PIPE INSULATION	60LB
Name of Registered Waste Handler		City, State, Zip Code	Name of Registered Lessor
Newark Corrugated Inc.		Newark, NJ 07105	Grand Central Security Lessor Inc.
City, State		Approved Date	City, State
Newark, NJ 07105		10/31/17 On	PA 19102
Completed by		Signature	Date
Joseph Vacharo		J. Vacharo	10/3/17
Title			
Vice President			

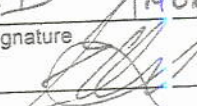
\* Do not use this form for asbestos abatement during regular business hours.



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

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NOV - 6 2017	
ASBESTOS CONTROL & REMEDIATION	

Date of Notification (1) 10/27/17		Name of Building Owner/Operator (2) E. R. APPLEBY SCHOOL						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 23 VLIET ST.		City, State, Zip Code SPOTSWOOD, NJ						
Name of Contact NANCY TORCHIANO		ASBESTOS CONTROL & REMEDIATION						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) APPLEBY SPOTSWOOD SCHOOL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 23 VLIET ST.		Square Feet 48,000	# of Floors 1					
City (5) SPOTSWOOD		Bldg. Age 50's						
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SCHOOL						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION		ASCM No.						
Street Address 120 NORTH WARREN ST.		Name of Abatement Contractor (9) AR 111						
City, State, Zip Code TRENTON, NJ		Street Address 144 MILL ST.						
Project Manager for Monitoring Firm JORDAN REED		Telephone No. 609-392-4200	License No. 1257					
Start Date (10) 11/10/17	Scheduled Completion Date (11) 11/12/17	Name of OSHA Monitor GORAN IGEV						
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 144 MILL ST.						
		City, State, Zip Code PATERSON NJ 07501						
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	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
TSI/CLASSROOM		✓	TSI	684	✓			
VAT/CLASSROOM			VAT/WAST 2	1200	✓			
Name of Registered Waste Hauler INDIAN ARROW INDUSTRIES		NJDEP Waste Hauler ID No. 36031	Cubic Yards of Waste TBD	Name of Registered Landfill W/M				
City, State PATERSON, NJ		Disposal Date TBD	City, State MOORESVILLE, PA					
Completed by GORAN IGEV		Title CEO	Signature 		Date 10/27/17			



**PAID**  
 Oct. 27, 2017 07:21 AM ACADEMY CONSTRUCTION INC 9738324243

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

<b>RECEIVED</b>	Print form
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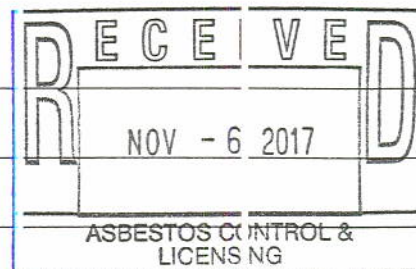
Date of Notification (1) 10/27/17		Name of Building Owner/Operator (2) Brad Polan		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DSP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		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 Rumson, NJ 07780 Name of Contact Brad Polan Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age						
City (5) Rumson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
County (6) Monmouth		Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.					
Street Address		Name of Abatement Contractor (9) Academy Construction Inc.		Street Address					
City, State, Zip Code		City, State, Zip Code		205 Rt. 48 West Suite 14					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-832-4244 License No. 01155					
Start Date (10) 10/29/17		Scheduled Completion Date (11) 11/07/17		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"/> ≥180 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-Permissible 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	Encasement
Basement			X	Pipe Insulation	70 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJOSP 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 John Golecki		Title PM		Signature 		Date 10/27/17			



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CH#2422

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

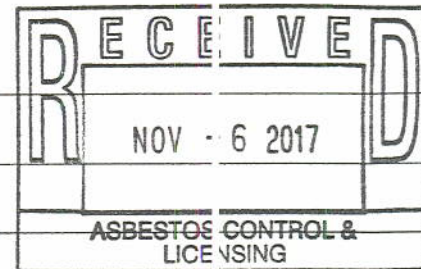


Date of Notification (1) 10-30-2017		Name of Building Owner/Operator (2) Team Rhodi, LLC							
Agencies Notified	Type Notification	Street Address 615 Jersey Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07304							
		Name of Contact Gerald Eglentowicz							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 323 Johnston Avenue		Square Feet 2575	# of Floors 3						
City (5) Jersey City, NJ 07304		Bldg. Age 75+							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 10-31-2017	Scheduled Completion Date (11) 11-4-2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Lower Roof, Main Roof		x		Roofing material	2425 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20	Name of Registered Landfill I.E.S.I.					
City, State Newark, NJ			Disposal Date 11-6-2017	City, State Bethlehem, PA					
Completed by Liliana Serrano		Title Office Manager	Signature 			Date 10-30-2017			

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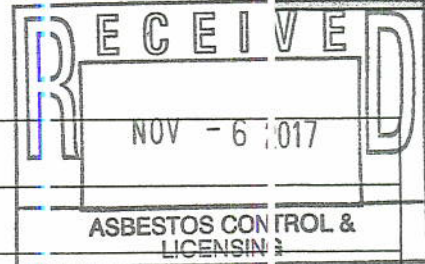
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10-30-2017		Name of Building Owner/Operator (2) Adrienne Loverchio							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bogota, NJ 07603							
		Name of Contact Rick Zambrano							
Telephone No. [REDACTED]									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Bogota, NJ 07603		Square Feet 3899	# of Floors 4						
		Bldg. Age 92+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 10-30-2017	Scheduled Completion Date (11) 10-30-2017	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 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	60 LF	X			
Name of Registered Waste Hauler Greene Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill Grows North Landfill					
City, State Jersey City, NJ		Disposal Date 10-30-2017		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature [Signature]		Date 10-30-2017			



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



Date of Notification (1) 11/1/17		Name of Building Owner/Operator (2) Bob Cavalier 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"/> 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 Barnegat Light NJ 08006							
		Name of Contact Bob	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bob Cavalier 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 2						
City (5) Barnegat Light NJ 08006		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) house							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/10/17	Scheduled Completion Date (11) 11/16/17	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 Siding			x	exterior siding	1500 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/16/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 11/1/17			







OK#88143

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

RECEIVED

NOV - 6 2017

ASBESTOS CONTROL &amp; LICENSING

Date of Notification (1)  
11/02/2017

## Agencies Notified

☒ EPA  
☐ DEP  
☒ DOL  
  
☒ DOH  
☒ DCA

## Type Notification

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

Name of Building Owner/Operator (2)  
Stock Development Group

Street Address  
3815 Lancaster Drive

City, State, Zip Code  
Doylestown, PA 18902

Name of Contact  
Glen Stock

Name of Facility Where Abatement is Taking Place (3)  
Building 4

## FACILITY INFORMATION

Street Address  
2195 Route 27

City (5)  
Edison

County (6)  
Middlesex

County Code (7)  
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
Langan

ASCM No.  
N/A

Street Address  
300 Kimball Drive, 4th Fl

City, State, Zip Code  
Parsippany, NJ 07054

Project Manager for Monitoring Firm  
Vijay Patel

Telephone No.  
973-560-4900

Start Date (10)  
11/16/17

Scheduled Completion Date (11)  
04/30/18

Name of Abatement Contractor (9)  
PAL Environmental Services

Street Address  
11-02 Queens Plaza South

City, State, Zip Code  
Long Island City, NY 11101

Telephone No.  
718-349-0900

License No.  
28075

Square Feet  
1,500

# of Floors  
1

Bldg. Age  
68

Current Use (Prior if being demolished)  
Vacant/Industrial

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

Name of OSHA Monitor  
Wojciech Kowalczyk

Street Address  
133 Beach 98th Street

City, State, Zip Code  
Rockaway Park, NY 11694

## Scope of Work (Check All That Apply)

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☒ Demolition

☒ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glove Bag Procedure  
☒ Non-Empty (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM)  
TO BE ABATED  
In Facility  
(13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Description of Asbestos Containing Material (ACM)  
(i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

Entire

See attached quantity list

Name of Registered Waste Hauler  
ATC

NJDEP Waste Hauler ID No.  
24310

Cubic Yards of Waste  
50 Yards

Name of Registered Landfill  
Minerva Enterprises

City, State  
Shirley, NY 11967

Disposal Date  
11/17-04/18

City, State  
Waynesburg, OH 44688

Completed by  
Aric Domozick

Title  
VP

Signature

Date  
11/02/17

Bldg 4				
Floor	Location	ACM	Quantities	
			SF	LF
G	Entire	Transite Pipe		1
G	Entire	Sealant		
G	Entire	Pipe Insulation/Fittings	1	
G	Entire	Fire Doors		323
G	Entire	Gaskets	275	
Roofs	Entire	Roofing/Tar	100	
			2700	
		Totals	3076	324

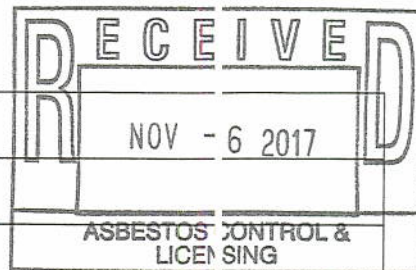




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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

C# 88138

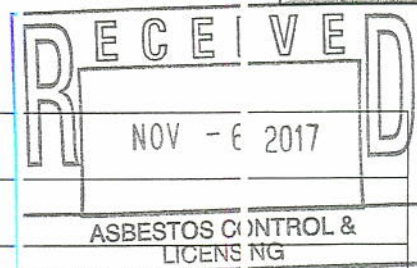


Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Trailers M-1, M-2, M-3 & M-4		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 2195 Route 27		Square Feet 3,500	# of Floors N/A						
City (5) Edison		Bldg. Age 38							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant/Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	Telephone No. 718-349-0900						
License No. 28675									
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
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 133 Beach 98th Street							
		City, State, Zip Code Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire			X	Brake Pads	12 SF	X			
Entire			X	Caulking	5 SF	X			
Entire			X	Roof Sealant/Coating	400 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 11/17-04/18	City, State Waynesburg, OH 44688					
Completed by Aric Domozick		Title VP	Signature 	Date 11/02/17					

CC#88141

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



Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 2/2A/2B		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 2195 Route 27		Square Feet 11,250	# of Floors 2						
City (5) Edison		Bldg. Age 38							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant/Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
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 133 Beach 98th Street							
		City, State, Zip Code Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Entire				Please see attached quantity list					
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 200 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/17-04/18		City, State Waynesburg, OH 44688					
Completed by Aric Domozick		Title VP	Signature 			Date 11/02/17			

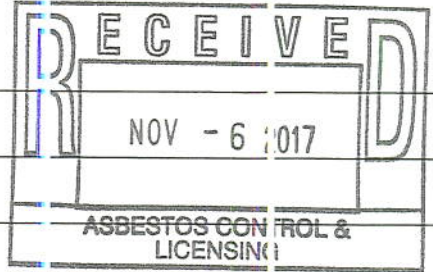


Bldg 2/2A/2B				
			Quantities	
Floor	Location	ACM	SF	LF
G	Entire	Pipe Insulation/Fittings		728
Exterior	Entire	Caulking	145	
G	Entire	Gaskets	780	
G	Entire	Fire Doors	520	
G	Entire	Tank Insulation	90	
Roofs	Entire	Roofing/Tar	8400	
B	Entire	Brake Pads	4	
		<b>Totals</b>	<b>9939</b>	<b>728</b>



CK# 88147

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

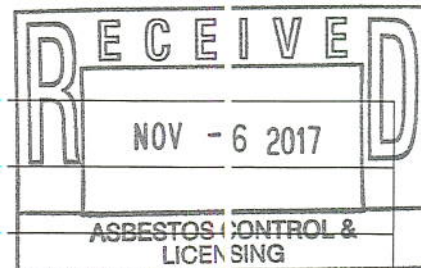
Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 24		Type of Facility (4)							
Street Address 2195 Route 27		<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) Edison		Square Feet 500	# of Floors 1						
County (6) Middlesex		Bldg. Age 68							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant/Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	Telephone No. 718-349-0900						
License No. 28675									
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
Occupancy Status During Abatement (Check Only One)		Street Address 133 Beach 98th Street							
<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 Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roofing/Flashing	300 SF	X			
Entire			X	Pipe Insulation/Fittings	10 LF	X			
Entire			X	Gaskets	25 SF	X			
Entire			X	Fire Doors	40 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/17-04/18		City, State Waynesburg, OH 44688					
Completed by Aric Domozick		Title VP	Signature			Date 11/02 17			



CK# 88152

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

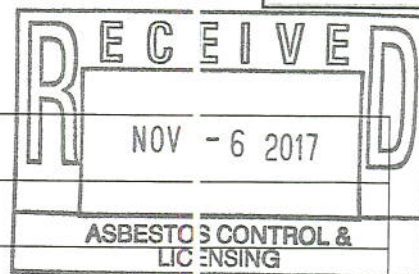


Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 7/7A		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 2195 Route 27		Square Feet 15,000	# of Floors 1						
City (5) Edison		Bldg. Age 38							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant/Shipping/Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	Telephone No. 718-349-0900						
		License No. 28675							
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
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 133 Beach 98th Street							
		City, State, Zip Code Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Sealant	27 SF	X			
Exterior			X	Roofing/Tar	807 SF	X			
Ground Fl			X	Fire Doors	215 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 40 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 11/17-04/18	City, State Waynesburg, OH 44688					
Completed by Aric Domozyk		Title VP	Signature 			Date 11/02/17			

CK# 88151

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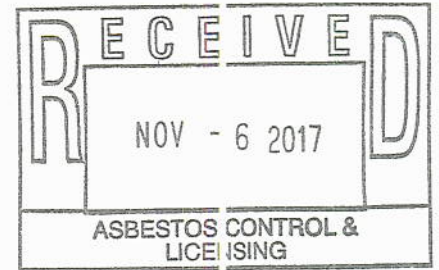
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group						
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902						
		Name of Contact Glen Stock						
		Telephone Number _____						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Building 8		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 2195 Route 27		Square Feet 5,000	# of Floors 2					
City (5) Edison		Bldg. Age 68						
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant/Admin Facility						
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCN No. N/A	Name of Abatement Contractor (9) PAL Environmental Services					
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South						
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101						
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675					
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk						
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 133 Beach 98th Street						
		City, State, Zip Code Rockaway Park, NY 11694						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
Entire				See attached quantity list				
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 200 Yards	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY 11967			Disposal Date 11/17-04/18	City, State Waynesburg, OH 44688				
Completed by Aric Domozyck		Title VP	Signature 		Date 11/16/2017			



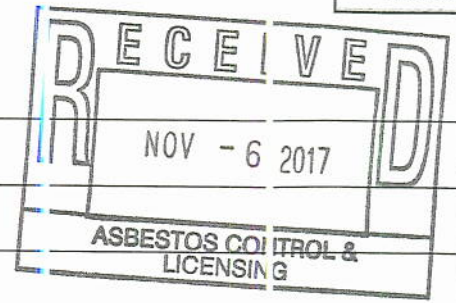
<b>Bldg 8</b>				
			<b>Quantities</b>	
<b>Floor</b>	<b>Location</b>	<b>ACM</b>	<b>SF</b>	<b>LF</b>
B	Entire	Floor Mastic	200	
B	Entire	Gaskets	10	
1 & 2	Entire	Mirror Mastic	80	
Exterior	Entire	Tarpaper/Sealant	550	
Exterior	Entire	Waterproofing/Mastic	4500	
Roofs	Entire	HVAC Mastic	180	
		<b>Totals</b>	<b>5320</b>	<b>0</b>



CR# 88149

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

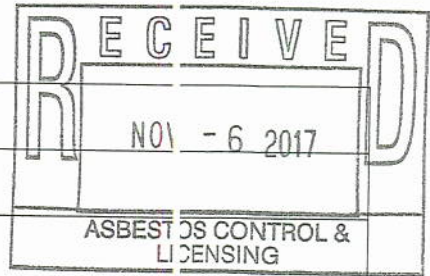


Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 15		Type of Facility (4)							
Street Address 2195 Route 27		<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) Edison		Square Feet 1,500	# of Floors 1						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 68						
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
Occupancy Status During Abatement (Check Only One)		Street Address 133 Beach 98th Street							
<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 Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roofs			X	Roofing/Flashing	1,110 SF	X			
Entire			X	Gaskets	200 SF	X			
Exterior			X	Transite Panels	1,400 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 80 Yards	Name of Registered Landfill Mineva Enterprises					
City, State Shirley, NY 11967				Disposal Date 11/17-04/18	City, State Waynesburg, OH 44688				
Completed by Aric Domozyk		Title VP	Signature 			Date 11/02/17			



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



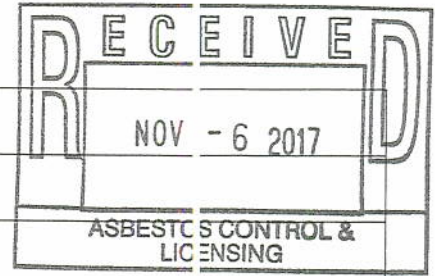
CK# 88148

Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Glen Stock	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 16		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 2195 Route 27		Square Feet 1,000	# of Floors 1						
City (5) Edison		Bldg. Age 68							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant/Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	Telephone No. 718-349-0900						
Start Date (10) 11/16/17		Scheduled Completion Date (11) 04/30/18	License No. 28675						
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 Wojciech Kowalczyk							
		Street Address 133 Beach 98th Street							
		City, State, Zip Code Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Demolition	Repair	Encapsulate	Enclosure
Roofs			X	Roofing/Flashing	180 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/17-04/18		City, State Waynesburg, OH 44688					
Completed by Aric Domozick		Title VP	Signature 			Date 11/02/17			

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

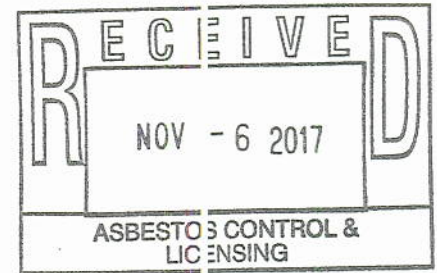
CK#88145



Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
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		Name of Contact Glen Stock							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Various Outbuildings & Structures (11, 17, 23A, 28, 30, MCC-6)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2195 Route 27		Square Feet 3,000	# of Floors 1						
City (5) Edison		Bldg. Age 68							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant/Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
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 133 Beach 98th Street							
		City, State, Zip Code Rockaway Park NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire				See attached quantity list					
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 60 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/17-04/18		City, State Waynesburg, OH 44688					
Completed by Aric Domozyk		Title VP	Signature 			Date 11/12/17			



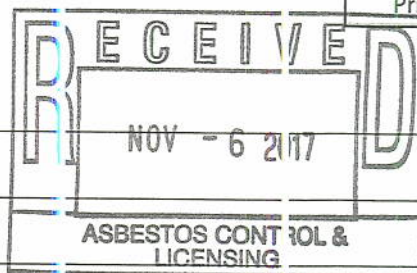
<u>Various</u>				
			Quantities	
Floor	Location	ACM	SF	LF
Exterior	Entire	Caulking	48	
G	Entire	Gaskets	53	
B	Entire	Brake Pads	4	
G	Entire	Fire Doors	80	
G	Entire	VAT & Mastic	260	
Exterior	Entire	Mastic	52	
		Totals	449	0



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

Print Form



CK # 88153

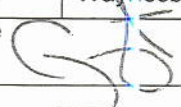
Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 12		Type of Facility (4)							
Street Address 2195 Route 27		<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) Edison		Square Feet 1,000	# of Floors 1						
County (6) Middlesex		Bldg. Age 68							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant/Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18		Name of OSHA Monitor Wojciech Kowalczyk						
Occupancy Status During Abatement (Check Only One)		Street Address 133 Beach 98th Street							
<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 Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Demolition	Repair	Encapsulate	Enclosure
Exterior			X	Roofing/Flashing	350 SF	X			
Ground FI			X	Gaskets	50 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Mineva Enterprises					
City, State Shirley, NY 11967			Disposal Date 11/17-04/18	City, State Waynesburg, OH 44688					
Completed by Aric Domozick		Title VP	Signature 			Date 11/02/17			



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

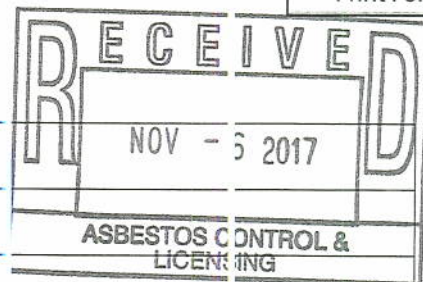
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NOV - 6 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building 14		Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2195 Route 27		Square Feet 3,000	# of Floors 1						
City (5) Edison		Bldg. Age 68							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use Prior if being demolished) Vacant/Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	Telephone No. 718-349-0900						
Start Date (10) 11/16/17		Scheduled Completion Date (11) 04/30/18	License No. 28675						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Name of OSHA Monitor Wojciech Kowalczyk							
		Street Address 133 Beach 98th Street							
		City, State, Zip Code Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Roofing/Flashing	360 SF	X			
Ground FI			X	Gaskets	10 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Mineva Enterprises					
City, State Shirley, NY 11967			Disposal Date 11/17-04/18	City, State Waynesburg, OH 44688					
Completed by Aric Domozyck		Title VP	Signature 			Date 11/02/17			

CL# 88137

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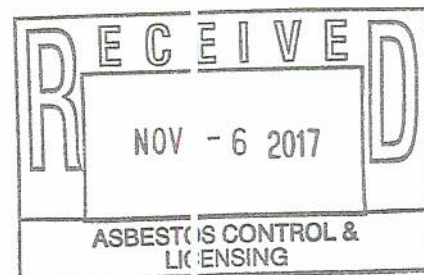
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/02/2017		Name of Building Owner/Operator (2) Stock Development Group							
Agencies Notified	Type Notification	Street Address 3815 Lancaster Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18902							
		Name of Contact Glen Stock							
Telephone Number _____									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Storage Tank Farm		Type of Facility (4)							
Street Address 2195 Route 27		<input type="checkbox"/> School (<12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Edison		Square Feet 7,500	# of Floors N/A						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 68						
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. N/A	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address 300 Kimball Drive, 4th Fl		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 973-560-4900	License No. 28675						
Start Date (10) 11/16/17	Scheduled Completion Date (11) 04/30/18	Name of OSHA Monitor Wojciech Kowalczyk							
Occupancy Status During Abatement (Check Only One)		Street Address 133 Beach 98th Street							
<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 Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire				Please see attached quantity list					
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 80 Yards	Name of Registered Landfill Mineva Enterprises					
City, State Shirley, NY 11967		Disposal Date 11/17-04/18		City, State Waynesburg, OH 44688					
Completed by Aric Domozick		Title VP	Signature 			Date 11/02/17			

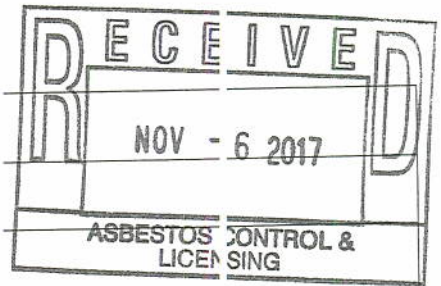


Storage Tank Farm				
			Quantities	
Floor	Location	ACM	SF	LF
Exterior	Tank Farm Area	Gaskets	5	
Exterior	Tank Farm Area	Caulking	25	
Exterior	Tank Farm Area	Tank Insulation	1955	
Exterior	Tank Farm Area	Pipe Insulation/Fittings		5
Exterior	Tank Farm Area	Sealant	18	
		Totals	2003	5



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



K# 3074

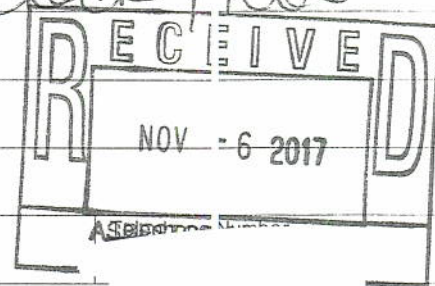
Date of Notification (1) October 30-2017		Check # 3074		Name of Building Owner/Operator (2) St Anne Catholic Church					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 255 Congress Street City, State, Zip Code Jersey City, NJ 07307 Name of Contact Fr Nigel					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St Anne Catholic Church-Basement				Type of Facility (4) <input checked="" type="checkbox"/> School (<12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 255 Congress Street				Square Feet 50,000	# of Floors 3				
City (5) Jersey City				Bldg. Age 60+					
County (6) HUDSON		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church/School					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation					
Street Address		Street Address 426-69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 11/10/2017		Scheduled Completion Date (11) 11/11/2017		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting 10 AM				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"/> ≥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	3 LF	x			
Mechanical Room	x			Pipe Insulation	4 LF		x		
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises				
City, State Bronx, NY				Disposal Date tbd	City, State Waynesburg, OH				
Completed by Gina Betnaes		Title Office Manager		Signature <i>Gina Betnaes</i>		Date 11/02/2017			



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

Check 17060



Date of Notification (1) 11/1/17		Name of Building Owner/Operator (2) Brian Bier							
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 Phillipsburg, NJ							
		Name of Contact Brian							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Phillipsburg		Square Feet 2300	# of Floors 2						
		Bldg. Age 68							
County (6) Warren		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) 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. 973-764-2276	License No. 703						
Start Date (10) 11/10/17	Scheduled Completion Date (11) 11/20/17		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: <u>basement</u>			Street Address						
			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible 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	90 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 11/1/17			

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Project #

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

Check # 3999 3915

Date of Notification (1) 10/25/2017		Name of Building Owner/Operator (2) Jon Flax					
Agencies Notified	Type Notification	Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Summit, 07902 Name of Contact Jon Flax					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)					
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Maplewood, NJ 07040		Square Feet	# of Floors				
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (If or if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)				
Street Address		Nick Restoration LLC					
City, State, Zip Code		72 Brookside Rd Randolph, NJ 07869					
Project Manager for Monitoring Firm		Telephone No.	License No.				
Start Date (10) 11/04/2017		Scheduled Completion Date (11) 11/06/2017	Name of OSHA Monitor IRIS				
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 Other - Describe:		2333 Rt 22 West Union, NJ 07083					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Encapsulate
Basement area		X	TSI	30 LF	X		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
Nick Restoration LLC		0033782	TBD	G.R.O.W.S			
City, State Randolph, NJ		Disposal Date	City, State Tullytown, Pa				
Completed by Elvira Mrda		Title President	Signature Elvira Mrda	Date 10/25/2017			

