

CK 1588

PAID

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

RECEIVED  
NOV 16 2017  
ASBESTOS CONTROL & TESTING

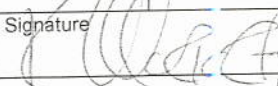
Date of Notification (1) 11/07/2017		Name of Building Owner/Operator (2) Residence						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, N.J. 08822						
		Name of Contact Alex Petrone						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 1,256	# of Floors 1					
City (5) Raritan		Bldg. Age 2						
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services					
Street Address PO Box 354		Street Address 1256 Liberty Avenue						
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07206						
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465					
License No. 01316								
Start Date (10) 11/20/2017	Scheduled Completion Date (11) 11/24/2017	Name of OSHA Monitor A. Seine Lighthouse Solutions						
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 354						
		City, State, Zip Code South Orange, NJ 07079						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input 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			Demolition	Repair	Encapsulate
Attic		X		Vermiculite	10 Cubic FT	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA				
Completed by Alison Lamers		Title Office Manager	Signature <i>Alamers</i>	Date 11/07/2017				



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

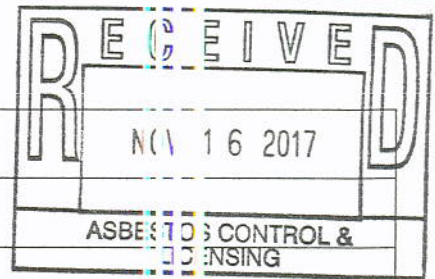
CHECK # 597

Date of Notification (1) 11-09-17		Name of Building Owner/Operator (2) Con Edison		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  NOV 16 2017  CONTROL &amp; INSURING </div>	
Agencies Notified	Type Notification	Street Address 4 Irving Place			
<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 New York, NY			
		Name of Contact Andrew Krisch			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Pole Number: 53596/35817				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 922 Ewing Avenue (Cross Street: High Mountain Road)				Square Feet	# of Floors
City (5) Franklin Lakes				Edg. Age	
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Utility Pole	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pinnacle Environmental Corp.	
Street Address		Street Address 200 Broad Street			
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07072			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-939-6565	License No. 00756
Start Date (10) 11-20-17		Scheduled Completion Date (11) 12-15-17		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 307 West 38th Street	
				City, State, Zip Code New York, NY 10018	
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"/> Intact Removal <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) <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) 20LF
	Yes	No	N/A		
Exterior: Pole Number:53596/35817			x	Transite	x
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY / Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH 44688	
Completed by Kevin Moriarty		Title Project Manager		Signature 	Date 11-09-17



PAID CK1128

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



Date of Notification (1) 11/04/2017		Name of Building Owner/Operator (2) ALTIN & RENE LLC.							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BERGENFIELD NJ. 07621							
		Name of Contact RENE PALMA							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,600 SF	# of Floors 2						
City (5) BERGENFIELD NJ. 07621		Bldg. Age 82							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use Prior if being demolished N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL, LLC.						
Street Address		Street Address 1126 51 ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm		Telephone No. 201-776-0642	License No. 01300						
Start Date (10) 11/08/2017	Scheduled Completion Date (11) 11/08/2017	Name of OSHA Monitor ENVIRO PROBE INC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 108 LIBERTY ST.							
		City, State, Zip Code METUCHEN 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 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-Flexible 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	126 LF.				
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISES INC					
City, State BRONX NY.		Disposal Date TBD	City, State WAYNERBURG, OHIO						
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature  11/16/2017						



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CK128

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

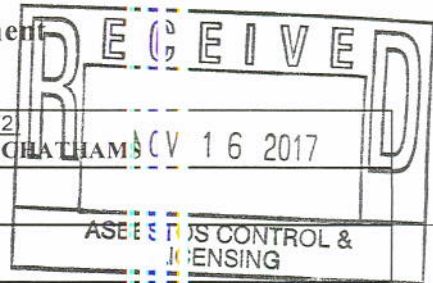
<b>RECEIVED</b>	
NOV 16 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/04/2017		Name of Building Owner/Operator (2) ALTIN & RENE LLC.							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BERGENFIELD NJ. 07621							
		Name of Contact RENE PALMA							
		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) BERGENFIELD NJ. 07621		Square Feet 1,600 SF	# of Floors 2						
		Bldg. Age 82							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 1126 51 ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm		Telephone No. 201-776-0642	License No. 01300						
Start Date (10) 11/08/2017	Scheduled Completion Date (11) 11/08/2017	Name of OSHA Monitor ENVIRO PROBE INC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 108 LIBERTY ST.							
		City, State, Zip Code METUCHEN 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <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	126 LF.				
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINIERVA ENTERPRISES INC					
City, State BRONX NY.		Disposal Date TBD		City, State WAYNERBURG, OHIO					
Completed by		Title		Signature					



**NDCIL**  
GAC Project # 620-2017

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



Date of Notification (1) <b>October 31, 2017</b>			Name of Building Owner/Operator (2) <b>SCHOOL DISTRICT OF THE CHATHAMS</b>		
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH			Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - Typo in Scope Section quantity & procedure <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		
Street Address <b>58 MEYERSVILLE ROAD</b> City, State, Zip Code <b>CHATHAM, NJ 07928</b>			Name of Contact <b>JOHN CATALDO</b>		
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>SOUTHERN BOULEVARD SCHOOL</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>192 SOUTHERN BOULEVARD</b>			Sq. Feet: <b>60,000</b> # of Floors: <b>2</b> Bldg. Age: <b>50+ years</b>		
City (5) <b>CHATHAM</b>	County (6) <b>MORRIS</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>ELEMENTARY SCHOOL</b>		
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>RK OCCUPATIONAL &amp; ENVIRONMENTAL ANALYSIS, INC.</b>			Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>401 ST. JAMES AVENUE</b>			Street Address <b>268 MAIN STREET</b>		
City, State, Zip Code <b>PHILLIPSBURG, NJ 08865</b>			City, State, Zip Code <b>BUTLER, NJ 07405</b>		
Project Manager for Monitoring Firm <b>JON GILBERT</b>		Telephone Number <b>908-454-6316</b>	Telephone Number <b>973-492-0477</b>		License No. (NJ) <b>00840</b>
Scheduled Start Date (10) <b>11/09/17</b>		Scheduled Completion Date (11) <b>11/11/17</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</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 <input type="checkbox"/> Facility Occupied During Entire Period of Abatement <b>SUB 8 UNOCCUPIED - SHIFT HOURS 3PM - 12MID ( 24 Hours as needed)</b>			Street Address <b>20-21 WARGARAW ROAD</b> City, State, Zip Code <b>FAIRLAWN, NJ</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Repair Repair Encap Enclose	
1 <sup>st</sup> Floor Small Front Office	<input checked="" type="checkbox"/>	<b>TSI - PIPE INSULATION</b>	<b>25 LF</b>	<input checked="" type="checkbox"/>	
1 <sup>st</sup> Floor Small Front Office	<input checked="" type="checkbox"/>	<b>VAT &amp; Mastic (non-friable)</b>	<b>200 SF</b>	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler <b>Newark Carting, Inc.</b> <b>Newark, NJ 04509</b>		NJDEP Waste Hauler ID # <b>NJ DEP # 4509</b>	Cubic Yards of Waste: <b>10 CY</b>	Name of Registered Landfill <b>G.R.O.V.S. North Landfill</b>	
Notes: <b>None</b>			Disposal Date <b>11/11/17</b>	City, State <b>10 New Ford Mill Rd. Morrisville, Pa 19067 2 5-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>		Date <b>October 31 2017</b>



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

GAC Project # 620-2017

<b>Date of Notification (1)</b> October 27, 2017		<b>Name of Building Owner/Operator (2)</b> SCHOOL DISTRICT OF THE CHATHAMS	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> 58 MEYERSVILLE ROAD		<b>City, State, Zip Code</b> CHATHAM, NJ 07928	
<b>Name of Contact</b> JOHN CATALDO		<b>Telephone Number</b> [REDACTED]	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> SOUTHERN BOULEVARD SCHOOL		<b>Type of Facility (4)</b> <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<b>Street Address</b> 192 SOUTHERN BOULEVARD		<b>Sq. Feet:</b> 60,000 <b># of Floors:</b> 2 <b>Bldg. Age:</b> 50+ years	
<b>City (5)</b> CHATHAM	<b>County (6)</b> MORRIS	<b>County Code (7)</b> (State Use Only)	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> RK OCCUPATIONAL & ENVIRONMENTAL ANALYSIS, INC.		<b>ASCM No.</b> 0090	
<b>Street Address</b> 401 ST. JAMES AVENUE		<b>Name of Contractor (9)</b> GREENWOOD ABATEMENT CONSULTANTS INC.	
<b>City, State, Zip Code</b> PHILLIPSBURG, NJ 08865		<b>Street Address</b> 268 MAIN STREET	
<b>Project Manager for Monitoring Firm</b> JON GILBERT		<b>Telephone Number</b> 908-454-6316	<b>License Number</b> 00840
<b>Scheduled Start Date (10)</b> 11/09/17		<b>Scheduled Completion Date (11)</b> 11/11/17	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Facility Occupied During Entire Period of Abatement <b>SUB 8 UNOCCUPIED - SHIFT HOURS 3PM - 12MID ( 24 Hours as needed)</b>		<b>Name of OSHA Monitor</b> ENVIROVISION, INC.	
<b>Source of Work (Check all that apply)</b> <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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Infeasible Procedure	
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b>		<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b>	
<b>1<sup>st</sup> Floor Small Front Office</b>		<b>TSI - PIPE INSULATION</b>	
<b>1<sup>st</sup> Floor Small Front Office</b>		<b>VAT &amp; Mastic (non-friable)</b>	
<b>Amount (Specify SF or LF)</b>		<b>Abatement Type</b>	
25 LF		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair Encap Enclose	
200 SF		<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair Encap Enclose	
<b>Name of Reg. Waste Hauler</b> Newark Carting, Inc. Newark, NJ 04509		<b>NJDEP Waste Hauler ID #</b> NJ DEP # 4509	<b>Cubic Yards of Waste:</b> 10 CY
<b>Name of Reg. Landfill</b> G.R.O.W. North Landfill		<b>City, State</b> 10 New Ford Mill Rd. Voorheesville, Pa 19067 25 736-1700	
<b>Notes:</b> None		<b>Disposal Date</b> 11/1/17	
<b>Completed by (Print or Type)</b> RAYMOND C. PEDALINO		<b>Title</b> SENIOR PROJECT MANAGER	<b>Signature</b> Raymond C. Pedalino
<b>Date</b> October 27, 2017			



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

PAID

Check 117-94

Date of Notification (1) 11/10/17		Name of Building Owner/Operator (2) Norma Silvestri	
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 Leonida, NJ 07605	
		Name of Contact Norma Silvestri	

**RECEIVED**  
11/16/2017  
ASBESTOS CONTROL & LICENSING

<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Leonida	Square Feet 2100	# of Floors 2	Bldg. Age 68						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 11/21/17		Scheduled Completion Date (11) 11/27/17							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: basement		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Enclosed (*) and Non-Flexible 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	225 LF	x			
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Air Filtration Western Berks Landfill						
City, State Freehold NJ	Disposal Date TBD	City, State Bridgeton, PA							
Completed by A. Scott Higgins	Title President	Signature 	Date 11/10/17						



PAID

CK2354

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

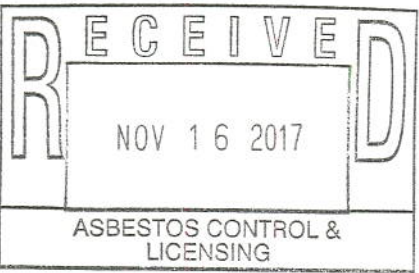
Print Form



Date of Notification (1) 11/8/17		Name of Building Owner/Operator (2) Royal Realty LLC.						
Agencies Notified	Type Notification	Street Address 635 Lafayette Ave.						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hawthorne, NJ 07506						
		Name of Contact Joseph Dello Buono	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Hawthorne		Square Feet	# of Floors					
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.					
Street Address		Street Address 205 Rt. 46 West Suite 14						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) 11/20/17		Scheduled Completion Date (11) 11/27/17	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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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
See attachment								
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 8	Name of Registered Landfill GROW'S Landfill				
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA				
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>		Date 11/8/17		



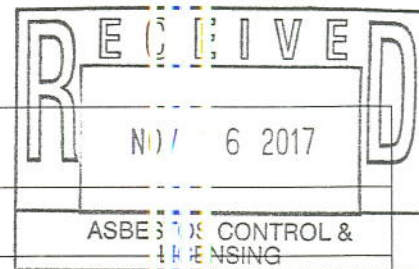
<u>Location of Asbestos-Containing Material to be Abated</u>	<u>Is Location Normally Used Soley by Maintenance/Custodial Staff?</u>	<u>Description</u>	<u>Amount</u>	<u>Abatement Type</u>
Kitchen, 1st Floor	N/A	Plaster	110 SF	Removal
Dining Room, 1st Floor	N/A	Plaster	235 SF	Removal
LIVING ROOM, 2ND FLOOR	N/A	Plaster	300 SF	Removal
2nd Floor Bedroom, Red Carpet	N/A	Plaster	265 SF	Removal
Bathroom, 2nd Floor	N/A	Plaster	375 SF	Removal
Master Bedroom, 2nd Floor	N/A	Plaster	15 SF	Removal
2nd Floor Hallway	N/A	Plaster	700 SF	Removal
2nd Floor Bedroom, Blue Carpet	N/A	Plaster	240 SF	Removal
	N/A	Plaster	460 SF	Removal





PAID 02/4/20

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



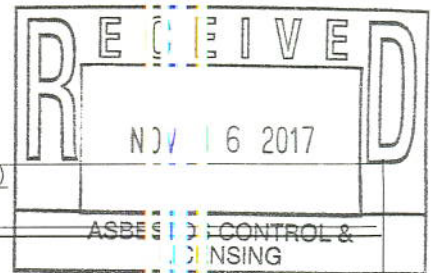
Date of Notification (1) <b>11 / 09 / 17</b>		Name of Building Owner/Operator (2) <b>County of Camden</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>520 Market Street</b> City, State, Zip Code <b>Camden, NJ 08102</b> Name of Contact <b>Brooks Garrison (Garrison Architects)</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Camden County Courthouse</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>520 Market Street</b>		Square Feet <b>10,000</b>	# of Floors <b>6</b>						
City (5) <b>Camden</b>		Bldg. Age <b>70</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>City Hall</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>1253 N. Church Street</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Jim Guilardi</b>	Telephone No. <b>856-840-8800</b>	Telephone No. <b>856-755-0099</b>	License No. <b>00842</b>						
Start Date (10) <b>11 / 20 / 17</b>	Scheduled Completion Date (11) <b>11 / 24 / 17</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</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>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Product									
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
5 <sup>th</sup> and 6 <sup>th</sup> Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Pipe Debris Clean-Up	9 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <sup>th</sup> Floor Freeholder Storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Glass Block Mortar/Glazing	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <sup>th</sup> Floor IT Closet	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HVAC Vibration Damper Cloth	18 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 <sup>th</sup> Floor Office to Right of IT Dir.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic a/w 12" Green Speckled Tile	96 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROW'S North Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/24/2017</b>	City, State <b>Morrisville, PA</b>						
Completed By (Print or Type) <b>Christina Lynch</b>	Title <b>Vice President of Operations</b>	Signature 				Date <b>11/9/17</b>			



PAID

CK 15077

STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 AND 12:120)



Date of Notification (1) 11/07/2017		Name of Building Owner/Operator (2) Garry Parr	
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		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code North Caldwell, NJ 07006	
Name of Contact Garry Parr			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Paterson	County (6) Passaic	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	
Street Address		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code		Street Address 135-137 McBride Ave	
		City, State, Zip Code Paterson, NJ 07501	
Project Manager for Monitoring Firm		Telephone Number 973-742-5030	License Number 00809
Scheduled Start Date (10) 11/18/2017		Scheduled Completion Date (11) 11/19/2017	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____		Name of OSHA Monitor MTM Metro Corporation	
		Street Address 135-137 McBride Avenue	
		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES    NO    N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Kitchen		Ceiling plaster	140 SF
Name of Reg. Waste Hauler MTM Metro Corporation	NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 5	Name of Reg. Landfill Tullitown
City, State 135-137 McBride Ave	Disp. Date 11/20/2017	City, State Tullitown, PA	
Completed by (Print or Type) Mike Damevski	Title Project manager	Signature Mike Damevski	Date 11/07/2017

ASB-41

\* Do not use this form for asbestos licensure exempt activities.



**PAID**

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

CJ 632

Date of Notification 11/2/17 Type Notification		Name of Building Owner / Operator (2) <b>Pretty Brook Tennis Club</b>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV 6 2017 </div>	
Agencies Notified		Street Address <b>229 Pretty Brook Road</b>			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State & Zip Code <b>Princeton, NJ 08540</b> Name of Contact <b>Cathy Knight</b>			
<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation					
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Clubhouse</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>229 Pretty Brook Road</b>			Square Feet <b>8,000</b>		
City (5) <b>Princeton</b>			County (6) <b>Mercer</b>		County Code (7)
			# of Floors <b>2</b>		Building Age <b>70</b>
			Current Use (Prior if being demolished) <b>Tennis Club</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Mgmt</b>			Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>		
Street Address <b>344 West State Street</b>			Street Address <b>443 Schoolhouse Road</b>		
City, State & Zip Code <b>Trenton, NJ 08618</b>			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Project Manager for Monitoring Firm <b>Kristen Masotes</b>		Telephone Number <b>609-656-8101</b>		License Number <b>00714</b>	
Scheduled Start Date (10) <b>11/4/17</b>		Scheduled Completion Date (11) <b>11/6/17</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"/> Large Project <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Mini-Enclosure Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input checked="" type="checkbox"/> Glovebag Procedure Other: <b>Non-Friable</b>					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Amount (Specify Square Feet or Linear Feet)	
<b>Main Floor</b>		<b>N/A</b>		<b>25 LF</b>	
<b>Main Floor</b>		<b>N/A</b>		<b>25 SF</b>	
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>		Cu. Yds. of Waste <b>5</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>11/7/17</b>		Name of Registered Landfill <b>TRRF</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Pres.</b>		Signature <i>Dominick Tringali</i>	
				Date <b>11/2/17</b>	



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Project #

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

Check # 402

Date of Notification (1) 11/07/2017		Name of Building Owner/Operator (2) Dwight-Englewood School		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <h1>RECEIVED</h1> <p>NOV 6 2017</p> <p>CONTROL &amp;</p> </div>				
Agencies Notified		Type Notification				Street Address 315 E. Palisade Ave		
<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 Englewood, NJ 07631		
						Name of Contact Michael Burns		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Dwight-Englewood School				Type of Facility (4)				
Street Address 315 E. Palisade Ave				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Englewood, NJ				Square Feet	# of Floors			
County (6) Bergen County		County Code (7) (STATE USE ONLY)		Current Use (For if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) RAMM		ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC				
Street Address 77 Nottingham Rd				Street Address 72 Brookside Rd				
City, State, Zip Code Fair Lawn				City, State, Zip Code Randolph NJ 07369				
Project Manager for Monitoring Firm Rodger Headrick		Telephone No. (201)475-9880		Telephone No. 973-933-2550	License No. 01133			
Start Date (10) 11/17/2017		Scheduled Completion Date (11) 11/21/2017		Name of OSHA Monitor IRIS				
Occupancy Status During Abatement (Check Only One)				Street Address 2333 RT 22				
<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: 4pm				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 or ≥260 lf		<input 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			Repair	Encapsulate	Enclosure
1st & 2nd floor		X		wrap & cut	80 LF			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.			
City, State Randolph, NJ 07869				Disposal Date TBD	City, State Tullytown, PA			
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>	Date 11/07/2017			



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



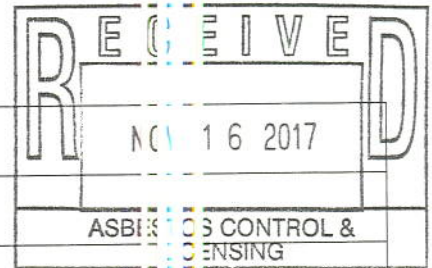
Date of Notification (1) <b>11 / 08 / 17</b>		Name of Building Owner/Operator (2) <b>Lynx Waste &amp; Recycling, Inc.</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P O Box 188</b>							
		City, State, Zip Code <b>Spring Lake, NJ 07762</b>							
		Name of Contact <b>Richard Hyde</b>	Telephone Number						
<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 1 <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Manasquan</b>		Square Feet <b>1200</b>	# of Floors <b>1</b>						
County (6) <b>Monmouth</b>		County Code (7)(STATE USE ONLY)	Bldg. Age <b>65</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>						
Street Address		Street Address <b>1889 Route 9, Unit 61</b>							
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Project Manager for Monitoring Firm		Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>						
Start Date (10) <b>11 / 20 / 17</b>	Scheduled Completion Date (11) <b>11 / 21 / 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 type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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	1200 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 <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>11/22/17</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date <b>11/8/17</b>			



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3083

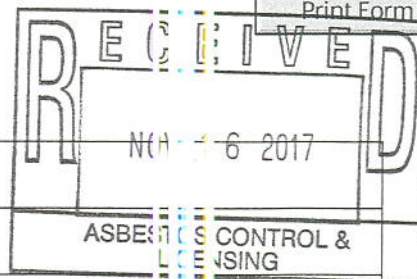
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/08/2017 Check #3083		Name of Building Owner/Operator (2) St Peter Preparatory							
Agencies Notified	Type Notification	Street Address 144 Grand Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07302							
		Name of Contact Dre	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St Peter's Preparatory School		Type of Facility (4) <input type="checkbox"/> School (<12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 144 Grand Street		Square Feet	# of Floors 3						
City (5) Jersey City		Bldg. Age 50+							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		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) 11/18/2017	Scheduled Completion Date (11) 11/20/17	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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			9x9 Floor Tile (no mastic)	20 SF	x			
Music Room		x		Elbow	1		x		
Shallow Room 001		x		Elbow	1		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 Mirerva Enterprises					
City, State Bronx, NY			Disposal Date tbd	City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager	Signature 			Date 11/08/2017			



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



Date of Notification (1) November 9, 2017		Name of Building Owner/Operator (2) Borough of Roselle							
Agencies Notified	Type Notification	Street Address 210 Chestnut Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle, NJ 07203							
		Name of Contact Bob Butkocy PM							
Telephone No.									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Ralph Arminio Field Storage Building		Type of Facility (4)							
Street Address 100 9th Avenue		<input type="checkbox"/> School (<12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Roselle		Square Feet 4,075	# of Floors 1						
County (6) Union		Bldg. Age 45 yrs							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) vacant storage building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Be Construction Corporation						
Street Address		Street Address 179 Route 46 West, Suite 15 #182							
City, State, Zip Code		City, State, Zip Code Rockaway, NJ 07866							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-669-2900						
License No. 01231									
Start Date (10) ON HOLD	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor Schneider Laboratories Global Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 2512 W Cary 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 Richmond, VA. 23220							
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
Storage Bldg. Roofing		X		NF Roofing Material	3,750SF				
Name of Registered Waste Hauler Century Waste Services LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill Grows North Landfill					
City, State Elizabeth, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Barbara Reed		Title President	Signature <i>Barbara Reed</i>			Date 11/09/17			



11/08/2017 11:27AM 2013297440

BEST REMOVAL INC

2013297440

02/04

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



Date of Notification (1) <b>11/9/17</b>		Name of Building Owner/Operator (2) <b>WONS HOLDINGS LLC</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> PCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>358 BEACH ST</b> City, State, Zip Code <b>HACKENSACK, NJ, 07601</b> Name of Contact <b>R. MICHAEL KAUSH</b>	
Name of Facility Where Abatement is Taking Place (3) <b>WONS HOLDINGS LLC</b>		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 building, etc.)	
Street Address <b>312 ATLANTIC ST</b>		Square Feet <b>2200</b>	# of Floors <b>2</b>
City (5) <b>HACKENSACK</b>		County Code (7) <b>07601</b>	
County (6) <b>BERGEN</b>		Current Use (Prior if being demolished) <b>RESIDENCE</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc.</b>	
City, State, Zip Code		Street Address <b>450 South River Street</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>HACKENSACK, NJ 07601</b>	
Telephone No.		Telephone No. <b>201-329-7444</b>	
Start Date (10) <b>11/9/17</b>		License No. <b>00388</b>	
Scheduled Completion Date (11) <b>11/10/17</b>		Name of OSHA Monitor <b>Omega Environmental</b>	
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: <b>2:30 PM TO 5:00 PM</b>		Street Address <b>280 Huyler Street</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 150 lf <input 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"/> Gloving Procedure <input type="checkbox"/> Non-Exempt (*) and Non-Friable Process		City, State, Zip Code <b>South Hackensack, NJ 07606</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <b>BASEMENT</b>	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) <b>THERMAL SYSTEM INSULATION</b>	Amount (Specify SF or LF) <b>85 LF</b>
Name of Registered Waste Hauler <b>Best Removal Inc.</b>		N/DEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>242</b>
City, State <b>HACKENSACK, NJ 07601</b>		Disposal Date <b>11/10/17</b>	Name of Registered Landfill <b>Minerve Enterprises, LLC</b>
Completed by <b>J. Maiorano</b>		Title <b>Estimator</b>	Signature <b>J. Maiorano</b>

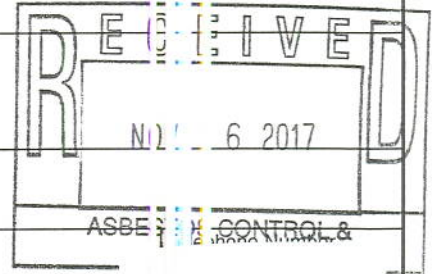


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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Chapter 12199

Date of Notification (1) <b>November 7, 2017</b>		Name of Building Owner / Operator (2) <b>The Sherwin-Williams Company</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<b>7 Great Valley Parkway, Ste. 200</b>  City, State & Zip Code <b>Malvern, PA 19355</b>  Name of Contact <b>Chris Maylott</b>	



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Sherwin-Williams Store #3750</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 & commercial buildings, home, etc.)	
Street Address <b>1630 Route 38</b>		Square Feet <b>3,500</b>	# of Floors <b>1</b>
City (5) <b>Lumberton</b>		Building Age <b>50</b>	
County (6) <b>Burlington</b>		Current Use (Prior if being demolished) <b>Commercial</b>	
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis US Inc.</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
Street Address <b>35 Columbia Road</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Branchburg, NJ 08876</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>David Hilinski</b>		Telephone Number <b>908-526-1000</b>	License Number <b>0817</b>
Scheduled Start Date (10) <b>December 1, 2017</b>	Scheduled Completion Date (11) <b>December 22, 2017</b>	Name of OSHA Monitor <b>Synatech, Inc.</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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

## Scope of Work (Check all that apply)

- ☐  $\geq 3$  sf or  $\geq 50$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf
- ☒ Renovation  
☐ Demolition
- ☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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
Retail Area, Room 1, Office 1 & 2, Hallway, Restrooms 2 & 3			X	Mastic	2,200 SF	X			
Room 1 & Mechanical Equipment Room			X	Floor Tile & Mastic	730 SF	X			
Kitchen			X	Floor Tile & Mastic	25 SF	X			
Room 2 & Custodial Closet			X	Floor Tile & Mastic	400 SF	X			
Retail Area			X	Pipe Insulation	1 LF	X			
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Fairless Hills</b>				
City, State <b>Little Egg Harbor, NJ 08087</b>				Disposal Date <b>December 27, 2017</b>	City, State <b>Morrisville, PA</b>				
Completed By <b>Diane Aloia</b>		Title <b>Executive Administrator</b>		Signature <i>Diane Aloia</i>	Date <b>November 7, 2017</b>				



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

Check # 12229

Date of Notification (1) <b>November 7, 2017</b>		Name of Building Owner / Operator (2) <b>AtlantiCare Regional Medical Center – Mainland Division</b>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #____ <input type="checkbox"/> Cancellation	<b>65 West Jimmie Leeds Road</b>  City, State & Zip Code <b>Pomona, NJ 08240</b>  Name of Contact <b>Mike Turner – Aegis Property Group</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>AtlantiCare Regional Medical Center – Mainland Division</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 & commercial building, home, etc.)	
Street Address <b>65 West Jimmie Leeds Road</b>		Square Feet	# of Floors
City (5) <b>Pomona, NJ</b>		Building Age <b>43 Years</b>	
County (6) <b>Atlantic</b>		County Code (7) <b>USE ONLY</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillmann Consulting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>
Street Address <b>1600 Route 22 East, Ste 107</b>		Street Address <b>829 Radio Road</b>	
City, State & Zip Code <b>Union, NJ 07083</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Project Manager for Monitoring Firm <b>Stephen Cherepany</b>		Telephone Number <b>908-688-7800</b>	Telephone Number <b>609-296-6916</b>
License Number <b>0817</b>		Name of OSHA Monitor <b>Synatech, Inc.</b>	
Scheduled Start Date (10) <b>November 18, 2017</b>	Scheduled Completion Date (11) <b>March 19, 2018</b>	Street Address <b>829 Radio Road</b>	
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 <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempt (*) 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 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)
	Yes No N/A		
<b>1st Floor Nurses Station, Hallways, Patient Rooms</b>		<b>Floor Tile / Sheet Flooring</b>	<b>14,500 SF</b>
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ 08087</b>	Disposal Date <b>March 20, 2018</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>November 7, 2017</b>

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



PAID CK1185


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

Date of Notification (1) 11/07/17		Name of Building Owner/Operator (2) SPRINGFIELD REALTY and MANAGEMENT LLC	
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 1625 LENOIRE AVE.	City, State, Zip Code FORT LEE, NJ, 07024
		Name of Contact PAUL QI	Telephone 16 2017
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) THREE DOTS DAY CARE		Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1406 SPRINGFIELD AVE		Square Feet 2500	# of Floors 2
City (5) IRVINGTON		Bldg. Age 80+	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use Prior if being demolished DAY CARE	
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES, INC		ASCM No.	Name of Abatement Contractor (9) ARIATI
Street Address 300 GRAND AVE		Street Address 144 MILL ST	
City, State, Zip Code ENGLEWOOD NJ 07631		City, State, Zip Code PATERSON NJ 07651	
Project Manager for Monitoring Firm STEPHEN JARACZEWSKI	Telephone No. 201 569 6708	Telephone No. 973 653 9652	License No. 1257
Start Date (10) 11/8/17	Scheduled Completion Date (11) 11/25/17	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 07651	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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)
BASEMENT	✓	VAT	10 SF
Name of Registered Waste Hauler INDIAN ARROW INDUSTRIES		NJDEP Waste Hauler ID No. 36031	Cubic Yards of Waste 1.83
City, State PATERSON, NJ		Disposal Date TBD	Name of Registered Landfill WASTE MANAGEMENT
City, State MOORESVILLE, PA			
Completed by GORAN IGEV	Title CEO	Signature [Signature]	Date 11/07/17



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

CK 6457

Date of Notification (1) 11/7/17		Name of Building Owner/Operator (2) Somers Point School District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED  NOV 16 2017  CONTROL &amp; NG </div>	
Agencies Notified	Type Notification	Street Address 121 W. New York Ave.			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Somers Point NJ 08244			
		Name of Contact Thomas Baruffi		Telephone Number _____	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Somers Point School District (Jordan Road School)				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 129 Jordan Road				Square Feet 10000+	# of Floors 1
City (5) Somers Point NJ 08244				Age 31+	
County (6) Atlantic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance LLC		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc	
Street Address PO Box 167		City, State, Zip Code Hammonton NJ 08037		Street Address PO Box 329	
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-685-9984		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 11/8/17		Scheduled Completion Date (11) 11/11/17		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 checked="" type="checkbox"/> Other - Describe: <u>starting AT 3:30 Wednesday</u>				Street Address  City, State, Zip Code	
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 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)
	Yes	No	N/A		
Library			x	Floor tile & Mastic	2000 SF
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 8	Name of Registered Landfill A.C.M.U.A
City, State West Berlin NJ		Disposal Date 11/17/17		City, State Egg Harbor Twp. NJ 08244	
Completed by Anthony T Perna		Title President		Signature 	Date 11/11/17



PAID

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

Check 7089

Date of Notification (1) 11/8/17		Name of Building Owner/Operator (2) Diana McNiff		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  11/16/2017      </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Morristown, NJ 07960  Name of Contact Diana McNiff			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home				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) Morristown				Square Feet 2200	# of Floors 2				
County (6) Morris				County Code (7) (STATE USE ONLY) _____	Bldg. Age 68				
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services LLC					
Street Address			Street Address PO Box 483, 4 E Gate Drive						
City, State, Zip Code			City, State, Zip Code Glenwood, NJ 07418						
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2273	Lic. # No. 703				
Start Date (10) 11/18/17		Scheduled Completion Date (11) 11/30/17		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
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 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-Flexible 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
den			x	cement transite ducts	60 SF			x	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State				Disposal Date	City, State				
Completed by A. Scott Higgins		Title President		Signature		Date 11/8/17			



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

9601  
RECEIVED  
11-16-2017

Date of Notification (1) <b>9/25/17</b>		Name of Building Owner/Operator (2) <b>TG CRANFORD LLC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <b>2</b> <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address <b>87 W. PASSAIC STREET</b>		City, State, Zip Code <b>ROCHELLE PARK NJ 07662</b>	
Name of Contact <b>GEORGE</b>		ASBESTOS CONTROL & TESTING	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>COMMERCIAL BUILDING</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 & commercial buildings, homes, etc.)	
Street Address <b>370 NORTH AVE EAST</b>		Square Feet <b>80,000</b>	
City (5) <b>CRANFORD</b>		# of Floors <b>1</b>	
County (6) <b>UNION</b>		County Code (7) (STATE USE ONLY) _____	
Current Use (Prior if being demolished) <b>COMMERCIAL BUILDING</b>		Bldg. Age <b>64</b>	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	
Street Address		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>	
City, State, Zip Code		Street Address <b>185 Vreeland Ave.</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, N.J.</b>	
Telephone No.		Telephone No. <b>201-262-5841</b>	
Start Date (10) <b>9/25/17</b>		License No. <b>001511</b>	
Scheduled Completion Date (11) <b>12/30/17</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>280 Huyler Street</b>	
Scope of Work (Check All That Apply) <input checked="" 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-Frangible Procedure		City, State, Zip Code <b>Hackensack, N.J. 07606</b>	
Location of Asbestos-Containing Material (ACM) In Facility (13) <b>TO BE ABATED</b>		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)	
<b>(SEE ATTACHED 2 PAGES)</b>		Abatement Type Demolition Repair Encapsulate Enclosure	
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>	
Cubic Yards of Waste <b>80</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>	
City, State <b>Newark, N.J. 07105</b>		Disposal Date <b>9/25/17</b>	
City, State <b>Penn Argyl, PA 08072</b>		Signature <b>R. McDonald</b>	
Completed by <b>R. McDonald</b>		Title <b>President</b>	



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

9601  
RECEIVED  
16 2017  
ASBESTOS CONTROL & LICENSING

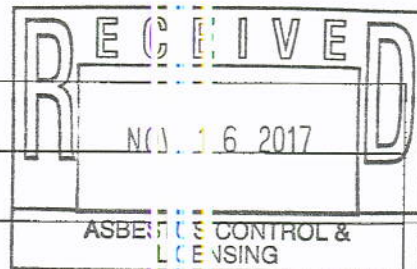
Date of Notification (1) <b>9/25/17</b>		Name of Building Owner/Operator (2) <b>TG CRANFORD LLC</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address <b>87 W. PASSAIC STREET</b>		City, State, Zip Code <b>ROCHELLE PARK NJ 07662</b>						
Name of Contact <b>GEORGE</b>		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>COMMERCIAL BUILDING</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 & commercial buildings, homes, etc.)						
Street Address <b>370 NORTH AVE EAST</b>		Square Feet <b>80,000</b>						
City (5) <b>CRANFORD</b>		# of Floors <b>1</b>						
County (6) <b>UNION</b>		Current Use (Prior if being demolished) <b>COMMERCIAL BUILDING DEMO</b>						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>						
City, State, Zip Code		Street Address <b>185 Vreeland Ave.</b>						
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, N.J.</b>						
Telephone No.		Telephone No. <b>201-262-5841</b>						
Start Date (10) <b>9/25/17</b>		License No. <b>00156</b>						
Scheduled Completion Date (11) <b>10/30/17</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc.</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 <input type="checkbox"/> Other - Describe: _____		Street Address <b>280 Huyler Street</b>						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Hackensack, N.J. 07606</b>						
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			Repair	Encapsulate	Enclosure
<b>(SEE ATTACHED 2 PAGES)</b>								
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>			NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>80</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>			
City, State <b>Newark, N.J. 07105</b>			Disposal Date <b>9/25/17 on</b>		City, State <b>Perth Amboy, PA 08072</b>			
Completed by <b>R. McDonald</b>			Title <b>President</b>		Signature <i>R. McDonald</i>		Date <b>9/19/17</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) 11/01/2017		Name of Building Owner/Operator (2) 2 Paragon Drive. LLC							
Agencies Notified	Type Notification	Street Address 1 Paragon Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montvale, NJ							
		Name of Contact Hank Guarnieri							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former A & P Headquarters		Type of Facility (4)							
Street Address 2 Paragon Way		<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) Montvale, NJ		Square Feet 200,000	# of Floors 3						
County (6) Passaic		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) ABANDONED							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 11/15/2017		Scheduled Completion Date (11) 12/01/2017	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd Suite 102							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 23 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			Repair	Encapsulate	Enclosure	
Elevators			X	VAT	400 SF				
Computer Room			X	Mastic	900 SF				
Roof			X	Field Roof "A"	44,000 SF				
Roof Flashing			X	Roof Perimeters	1,900 SF				
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 200	Name of Registered Landfill GROWS/FAIRLESS				
City, State Kinnelon, NJ				Disposal Date 12/01/2017	City, State Morrisville/Fairless Hill, PA				
Completed by John Mucha		Title AHERA Project Designer		Signature		Date 11/1/2017			



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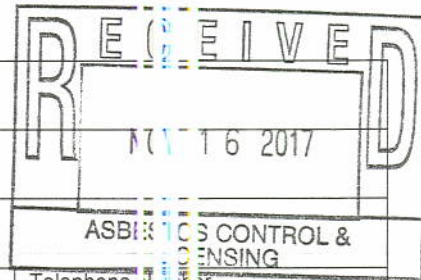
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

ON HOLD

Date of Notification (1) 11/06/2017		Name of Building Owner/Operator (2) City of Trenton							
Agencies Notified	Type Notification	Street Address 319 E. State St.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08006							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Hank Guarnieri							
<div style="text-align: right;"> <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV-16-2017 Hazardous Waste Control &amp; </div> </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) ABANDONED HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 12-1) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1026-28 Stuyvesant Ave.		Square Feet 3000	# of Floors 2						
City (5) Trenton		Bldg. Age 50+							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use Prior if being demolished ABANDONED							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.							
Street Address		Street Address 135 Kinnelon Rd Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 11/9/17	Scheduled Completion Date (11) 11/20/17	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd Suite 102							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Kinnelon, NJ 07405							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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-Fragile 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
RACM			X	RACM	3,000	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 100	Name of Registered Landfill GROWS/FAIRLESS					
City, State Kinnelon, NJ			Disposal Date 10/20/17	City, State Fairless Hills Pa					
Completed by John Mucha		Title Project Designer		Signature		Date 11/10/17			



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



Date of Notification (1) 9/26/17		Name of Building Owner/Operator (2) City of Trenton									
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 319 E. State St.  City, State, Zip Code Trenton, NJ 08006  Name of Contact Hank Guarneri								
	<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) ABANDONED HOUSE  Street Address 1026-28 Stuyvesant Ave.  City (5) Trenton  County (6) Mercer  County Code (7) (STATE USE ONLY) _____  Name of Monitoring Firm Hired by Building Owner (8) _____ Street Address _____ City, State, Zip Code _____  Project Manager for Monitoring Firm _____ Telephone No. _____  Start Date (10) 10/9/17  Scheduled Completion Date (11) 10/20/17  Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____  Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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-Fiber Procedure										
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)  Square Feet 3000 # of Floors 2 Bldg. Age 50+  Current Use Prior if being demolished ABANDONED		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.  Street Address 135 Kinnelon Rd Suite 102  City, State, Zip Code Kinnelon, NJ 07405  Telephone No. 908-218-0880 License No. 01228									
Name of OSHA Monitor Yannuzzi Environmental Services, Inc.  Street Address 135 Kinnelon Rd Suite 102  City, State, Zip Code Kinnelon, NJ 07405		Abatement Type <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table>		Removal	Repair	Encapsulate	Enclosure				
Removal	Repair	Encapsulate	Enclosure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)  RACM	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td></td> <td>X</td> </tr> </table>	Yes	No	N/A			X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  RACM	Amount (Specify SF or LF)  3,000		
Yes	No	N/A									
		X									
Name of Registered Waste Hauler Yannuzzi Group, Inc.  City, State Kinnelon, NJ		NJDEP Waste Hauler ID No. 17467  Disposal Date 10/20/17	Name of Registered Landfill GROVS/FAIRLESS  City, State Fairless Hills Pa								
Completed by John Mucha  Title Project Designer		Signature _____ Date 9/26/17									

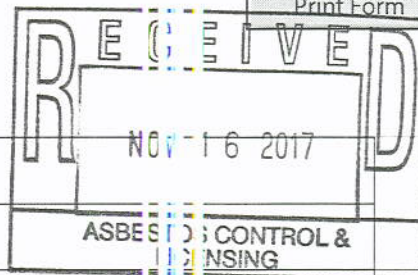


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

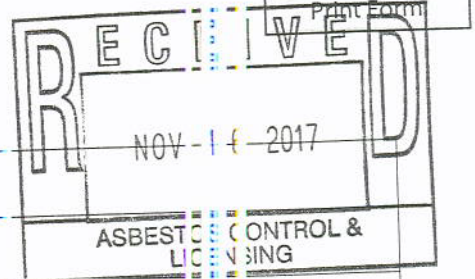
Print Form



Date of Notification (1) 11/10/2017		Name of Building Owner/Operator (2) Frederick Coombs						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078						
		Name of Contact Frederick Coombs						
<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) Short Hills, NJ 07078		Square Feet N/A	# of Floors N/A					
County (6) Essex		Bldg. Age N/A						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.						
Street Address		Name of Abatement Contractor (9) D&S Abatement Inc.						
City, State, Zip Code		Street Address 11 Rosengren Avenue						
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512						
Telephone No.		Telephone No. 973-345-8685	License No. 01311					
Start Date (10) 11/20/2017	Scheduled Completion Date (11) 11/21/2017	Name of OSHA Monitor D&S Abatement Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" 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) <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
Basement		X		Pipe Insulation	170 LF			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 11/11/2017		



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



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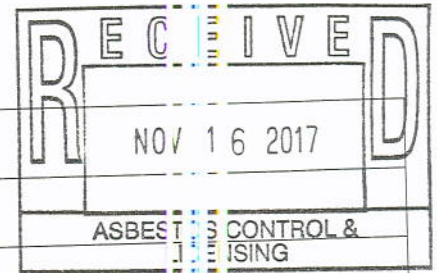
Date of Notification (1) 10/27/17		Name of Building Owner/Operator (2) ANC Construction							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 260 Chase Avenue							
		City, State, Zip Code Lyndhurst, NJ 07071							
		Name of Contact Mr. Anthony Valvano							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,000 +	# of Floors 2						
City (5) Montclair		Bldg. Age 50 +							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-628-9200	License No. 00408						
Start Date (10) 11/06/17	Scheduled Completion Date (11) 12/01/17	Name of OSHA Monitor Enviro Vision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 20-21 Wagaraw Road, Bldg. #35							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	Pipe Insulation	160 LF	X			
			X	Floor Tile	50 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 10	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature 			Date 11/10/17			

\* Do not use this form for asbestos licensed or exempted activities.



PAID CK 3086

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



Date of Notification (1) 11/10/2017 Check # 3086		Name of Building Owner/Operator (2) Saint Augustine School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 3900 New York Avenue		City, State, Zip Code Union City, NJ 07087							
Name of Contact Nate Barra		Telephone # _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St Augustine School-Basement		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 3900 New York Avenue		Square Feet 20,000	# of Floors 2						
City (5) Union City		Bldg. Age 60+							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		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. 201-295-1700	Lic. # 01074						
Start Date (10) 11/20/2017	Scheduled Completion Date (11) 11/21/17	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 3:00 PM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible 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 and Pre-K Room		x		Elbows	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 Professional Minerva Enterprises					
City, State Bronx, NY		Disposal Date tbd	City, State Waynesburg, OH						
Completed by Gina Betances		Title Office Manager	Signature 			Date 1/10/2017			

\* Do not use this form for asbestos locations or exempted activities.

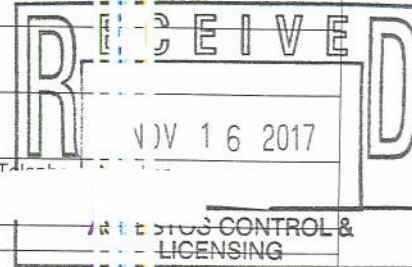


**PAID**

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

Check # 123

Date of Notification (1) 11-10-17		Name of Building Owner/Operator (2) 528 LLC						
Agencies Notified	Type Notification	Street Address 1355 Campus Parkway						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wall Township, NJ 07753						
		Name of Contact Gordon Milnes						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Route 440 and New Hook Road		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 Route 440 and New Hook Road		Square Feet 15,000	# of Floors 1					
City (5) Bayonne, NJ 07002		Bldg. Age 50						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) vacant						
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental		ASCM No.	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.					
Street Address 1805 Atlantic Avenue		Street Address 923 Haws Avenue						
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Jason Hooper		Telephone No. 732-223-2225	Telephone No. 610-239-9920					
Start Date (10) 11-27-17		Scheduled Completion Date (11) 12-31-17	Licens. # 00398					
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 Plymouth Environmental Co., Inc.						
		Street Address 923 Haws Avenue						
		City, State, Zip Code Norristown, PA 19401						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fractional 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			Repair	Encapsulate	Enclosure
Front office building		X		roof	2,500 SF	X		
Concrete block mortar		X		exterior	1,550 SF	X		
Main Building		X		VAT	150 SF	X		
Main Building		X		Roof-9,000 SF Boiler-250 SF		X		
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste 80	Name of Registered Landfill Minerva Landfill				
City, State Newark, NJ		Disposal Date 12-31-17		City, State Waynesburg, OH				
Completed by James Kelly		Title President	Signature <i>James Kelly</i>			Date 11-10-17		





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CK 3290

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



Date of Notification (1) 11/07/2017		Name of Building Owner/Operator (2) Paverlo Boisrond						
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 Maplewood, NJ 07040						
		Name of Contact Paverlo Boisrond						
<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]		Square Feet N/A	# of Floors N/A					
City (5) Maplewood		Bldg. Age N/A						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	Licensure No. 01311					
Start Date (10) 11/17/2017	Scheduled Completion Date (11) 11/18/2017	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue						
		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Fractionated 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
Basement		X		Pipe Insulation	190 LF			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisonville, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 11/17/2017		



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CK 175

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

RECEIVED  
NOV 16 2017  
ASBESTOS CONTROL & REMEDIATION

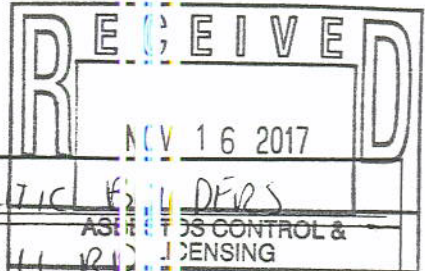
Date of Notification (1) <u>11 / 10 / 17</u>		Name of Building Owner/Operator (2) <b>Summerwood Corporation</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>14 Balligomingo Road</b>							
		City, State, Zip Code <b>Conshohocken, PA 19428</b>							
		Name of Contact <b>Alexandra DeSimone</b>							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Former Taco Bell Restaurant</b>		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 and commercial buildings, homes, etc.)							
Street Address <b>1 South White Horse Pike</b>		Square Feet <b>62,000</b>	# of Floors <b>2</b>						
City (5) <b>Somerdale</b>		Bldg. Age <b>20+</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Consulting, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>ELCON Environmental Inc.</b>						
Street Address <b>2002 Renaissance Blvd, Suite 110</b>		Street Address <b>150 Glenwood Drive</b>							
City, State, Zip Code <b>King of Prussia, PA 19406</b>		City, State, Zip Code <b>Washington Crossing, PA 18977</b>							
Project Manager for Monitoring Firm <b>Peter Photopoulos</b>		Telephone No. <b>610-279-7070</b>	License No. <b>01225</b>						
Start Date (10) <u>11 / 27 / 17</u>	Scheduled Completion Date (11) <u>12 / 01 / 17</u>	Name of OSHA Monitor <b>Same</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							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door caulk	32 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Window caulk	85 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof seam sealant	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roof mechanical flashing	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport Group</b>		NJDEP Waste Hauler ID No. <b>SW2117</b>	Cubic Yards of Waste <b>TBD</b>	Name of Registered Landfill <b>Minerva Enterprises</b>					
City, State <b>New Castle, DE</b>		Disposal Date <b>TBD</b>	City, State <b>Waynesburg, OH</b>						
Completed By (Print or Type) <b>Elizabeth Gosek</b>	Title <b>President</b>	Signature 		Date <b>11-10-17</b>					



CK 4370

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



Date of Notification (1) <u>11-10-17</u>		Name of Building Owner/Operator (2) <u>GREAT ATLANTIC</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>127 BEVIS MILL RD</u>	
		City, State, Zip Code <u>EGG HARBOR TWP NJ 08234</u>	
		Name of Contact <u>DAVE</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>2</u>
City (5) <u>SOMERSET POINT</u>		Bldg. Age <u>50</u>	
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0172</u>	Licensure # <u>022444</u>
Start Date (10) <u>11-20-17</u>	Scheduled Completion Date (11) <u>11-27-17</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
		X	<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	Name of Registered Landfill <u>ACWA</u>
City, State <u>PLASANTVILLE</u>			
Completed By <u>MICHAEL KLEMM</u>	Title <u>PRES.</u>	Signature <u>[Signature]</u>	Date <u>11-10-17</u>



CK # 4370

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



Date of Notification (1) <u>11-10-17</u>		Name of Building Owner/Operator (2) <u>JOHNATHAN HAWK</u>		ASBESTOS CONTROL & REMEDIATION					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>P.O. Box 198</u>					
		City, State, Zip Code <u>CAPE MAY COURT HOUSE</u>							
		Name of Contact <u>JOHN</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet <u>1500</u>					
City (5) <u>STONE HARBOR</u>				# of Floors <u>2</u>					
County (6) <u>CAPE MAY</u>				Bldg. Age <u>50+</u>					
County Code (7) (STATE USE ONLY)				Current Use (Prior if building demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N.A.</u>		ASCM No.		Name of Abatement Contractor (9) <u>KLEWCO INC</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE, N.J. 08052</u>							
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>		Local Phone No. <u>7-02444</u>					
Start Date (10) <u>11-20-17</u>		Scheduled Completion Date (11) <u>11-27-17</u>		Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ 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
<u>SIDING</u>			<u>X</u>	<u>125 SF</u>	<u>X</u>				
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>19904</u>		Cubic Yards of Waste <u>3</u>		Name of Registered Landfill <u>C.M.C. N.J.A.</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEWCO</u>		Title <u>SUP.</u>		Signature <u>Michael Klewco</u>		Date <u>11-10-17</u>			



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Print Form

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

CK # 1337

Date of Notification (1) 11/8/17		Name of Building Owner/Operator (2) K&M Construction Corp							
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"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Irvington, NJ							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Joe Spinello	Telephone Number						
<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]		Square Feet 2,500	# of Floors 2						
City (5) Wayne		Bldg. Age 50+							
County (6) Passaic	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		ASC 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						
Start Date (10) 11/17/17		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 checked="" 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"/> $\geq 3$ 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Fractional 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			Demolition	Repair	Encapsulate	Enclosure
Interior			x	Drywall Joint Compound	7,500 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033058	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary		Signature Tina Caporino		Date 11/17			



CK# 25033

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

NOV 16 2017	Check # 24633
ASBESTOS CONTROL & LICENSING	

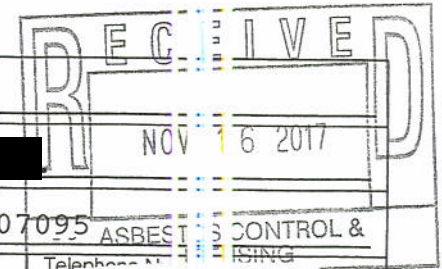
Date of Notification (1) <b>11/8/2017</b>		Name of Building Owner/Operator (2) <b>Quellette</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input 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 <b>Woodbridge, NJ 07095</b>
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Name of Contact <b>Justin Quellette</b>	
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
City (5) <b>Woodbridge, NJ 07095</b>	Square Feet <b>1800</b>	# of Floors <b>2</b>	Age <b>11</b>
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>	ASCM No.	Name of Abatement Contractor (9) <b>Stevens Environmental Services, Inc.</b>	
Street Address <b>PO Box 341</b>		Street Address <b>PO Box 322</b>	
City, State, Zip Code <b>Crosswicks, NJ 08515</b>		City, State, Zip Code <b>Allentown, NJ 08501</b>	
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>	Telephone No. <b>(609) 298-4070</b>	Telephone No. <b>(609) 259-9688</b>	License No. <b>0049</b>
Start Date (10) <b>11/13/2017</b>	Scheduled Completion Date (11) <b>11/15/2017</b>	Name of OSHA Monitor <b>MECS</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 <input checked="" type="checkbox"/> Other - Describe: <b>8am 4pm</b>		Street Address <b>PO Box 341</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 500 sq ft or more <input checked="" type="checkbox"/> 2500 sq ft or more <input 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		City, State, Zip Code <b>Crosswicks, NJ 08515</b>	
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) Removal Encapsulate Enclosure
<b>Basement</b>	<b>X</b>	<b>Thermal Pipe</b>	<b>70 LF</b> <b>X</b>
<b>Basement</b>	<b>X</b>	<b>Pipe Debris</b>	<b>20 LF</b>
Name of Registered Waste Hauler <b>Stevens Environmental Services, Inc.</b>	NJDEP Waste Hauler ID No. <b>18292</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Allentown, NJ</b>	Disposal Date <b>11/15/17</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Mahlon E. Stevens</b>	Title <b>Project Manager</b>	Signature <i>[Signature]</i>	Date <b>11/8/17</b>

ASG-44  
M.R. 00

\* Do not use this form for asbestos removal exempted activities.



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



Date of Notification (1) <b>11/8/2017</b>		Name of Building Owner/Operator (2) <b>Ouellette</b>		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code <b>Woodbridge, NJ 07095</b>	
		Name of Contact <b>Justin Ouellette</b>	Telephone # _____	
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) <b>Residential</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 & commercial buildings, homes, etc.)		
Street Address [REDACTED]		Square Feet <b>1800</b>	# of Floors <b>2</b>	
City (5) <b>Woodbridge, NJ 07095</b>		Bldg. Age <b>90</b>		
County (6) <b>Middlesex</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>	ASCM No. _____	Name of Abatement Contractor (9) <b>Stevens Environmental Services, Inc.</b>		
Street Address <b>PO Box 341</b>		Street Address <b>PO Box 322</b>		
City, State, Zip Code <b>Crosswicks, NJ 08515</b>		City, State, Zip Code <b>Allentown, NJ 08501</b>		
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>	Telephone No. <b>(609) 298-4070</b>	Telephone No. <b>(609) 259-9688</b>	License No. <b>00413</b>	
Start Date (10) <b>11/13/2017</b>	Scheduled Completion Date (11) <b>11/15/2017</b>	Name of OSHA Monitor <b>MECS</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 <input checked="" type="checkbox"/> Other - Describe: <b>8am 4pm</b>		Street Address <b>PO Box 341</b>		
		City, State, Zip Code <b>Crosswicks, NJ 08515</b>		
Scope of Work (Check all that apply)				
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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 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			
<b>Basement</b>	<b>X</b>	<b>Thermal Pipe</b>	<b>70 lf</b>	Removal Repair Encapsulate Enclosure
<b>Basement</b>	<b>X</b>	<b>Pipe Debris</b>	<b>20 lf</b>	
Name of Registered Waste Hauler <b>Stevens Environmental Services, Inc.</b>		NJDEP Waste Hauler ID No. <b>18292</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Allentown, NJ</b>		Disposal Date <b>11/15/17</b>	City, State <b>Morrisville, PA</b>	
Completed By <b>Mahlon E. Stevens</b>	Title <b>Project Manager</b>	Signature 	Date <b>11/3/17</b>	



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

CHECK # 24724

**NOCK**

Date of Notification (1) 11-09-17		Name of Building Owner/Operator (2) Janet Paula Mack		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  NOV 11 2017 </div>	
Agencies Notified		Type Notification			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation			
Street Address [REDACTED]		City, State, Zip Code Glen Ridge, NJ 07028			
Name of Contact Janet Mack					

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 750	# of Floors 2
City (5) Glen Ridge		Age 90	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm hired by Building Owner (8) I.H. Consultants, Inc.		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address 605 Bloomfield Avenue		Street Address 200 Broad Street	
City, State, Zip Code Montclair		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm Uday Singh		Telephone No. 973-943-6173	Telephone No. 201-939-6565
License No. 00756			
Start Date (10) 11-14-17(1) Job Cancelled	Scheduled Completion Date (11) 12-31-17	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 307 West 38th Street	
		City, State, Zip Code New York, NY 10018	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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			Demolition	Repair	Encapsulate	Enclosure
Basement		X		Ceiling Plaster	450SF	X			
Ground (Living Room)		X		Ceiling Plaster	450SF	X			

Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Bronx, NY		Disposal Date TBD	City, State Waynesburg, OH 44388		
Completed by Kevin Moriarty		Title	Signature 		Date 11-10-17

\* Do not use this form for asbestos licensed exempted activities.

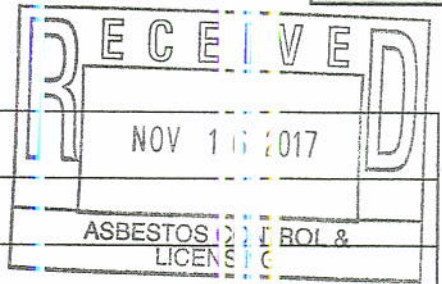


CC # 1198

PAID

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

Print Form



Date of Notification (1) 11-07-17		Name of Building Owner/Operator (2) Walter Wudecki						
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rutherford, NJ 07070						
		Name of Contact Walter Wudecki						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Rutherford		Square Feet	# of Floors					
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address		Street Address 522 7th St.						
City, State, Zip Code		City, State, Zip Code Union City NJ 07087						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603					
Start Date (10) 11-20-17		Scheduled Completion Date (11) 11-21-17	License No. 01206					
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Delfa Contracting LLC						
<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: 7:00am - 5:00pm		Street Address 522 7th St.						
		City, State, Zip Code Union City NJ 07087						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Material 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
Basement		x		VAT	1200 SF			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 6	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ		Disposal Date 11-24-17		City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 			Date 11-17-17	



# State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 060-17

**PAID**

**RECEIVED**  
NOV 13 2017  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) <b>November 7, 2017</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>			
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>SCHOOL OF DENTAL MEDICINE, BLDG# 7253</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 & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>3</b> Bldg. Age: <b>30+ years</b>	
Street Address <b>RBHS NEWARK CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASC No. <b>0098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>268 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>11/17/17</b>		Scheduled Completion Date (11) <b>12/4/17</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>1 ENVIROVISION, INC.</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Min-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Exempted Procedure		Street Address <b>20-21 WARGARAW ROAD</b>	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>C-Level Various Locations</b>		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount Specify SF or LF) <b>7500 SF</b>	Abatement Type Removal Repair Encap Enclose <input checked="" type="checkbox"/>
<b>C-Level Various Locations</b>	<b>VAT</b>	<b>7500 SF</b>	<input checked="" type="checkbox"/>
<b>C-Level Various Locations</b>	<b>TSI</b>	<b>&lt;9 LF</b>	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>40 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date <b>12/4 2017</b>	Name of Reg. Landfill <b>G.R.O.W. North Landfill</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>November 7, 2017</b>



PAID

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

Check # 3056

GAC Project # 060-17

Date of Notification (1) <b>November 7, 2017</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086 LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>ASBESTOS CONTROL &amp; REMEDIATION</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>ROBESON CAMPUS CTR, BLDG# 7220</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 & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>NEWARK CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>0098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>268 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>11/17/17</b>		Scheduled Completion Date (11) <b>11/20/17</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>1</b> <b>ENVIROVISION, INC.</b>	
Street Address <b>20-21 WARGARAW ROAD</b>		City, State, Zip Code <b>FAIRLAWN, NJ</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Vap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Volatile Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>316A, 316B</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>	Amount (Specify SF or LF) <b>440 SF</b>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>10 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Disposal Date <b>11/20/2017</b>		City, State <b>0 New Ford Mill Morrisville, Pa 9 67 1-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>November 7 2017</b>



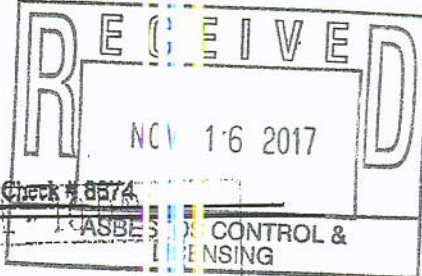
CK# 8674

PAID

B &amp; G proj. #: 2017-159

State of NJ  
Notification of Asbestos Abatement  
Pursuant to NJAC 8:80-7 and 12:120-7)

\*\*\* EMERGENCY \*\*\*



Date of Notification (1) 11/10/2017		Name of Building Owner/Operator (2) James Curley	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Maplewood, NJ 07040	
Name of Contact James Curley		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) James Curley			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) Maplewood, NJ 07040			# of Floors [REDACTED]		
County (6) Essex			Bldg. Age [REDACTED]		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. N/A		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]		Street Address 105 Ryerson Road		City, State, Zip Code Lincoln Park, NJ 07035	
City, State, Zip Code [REDACTED]		Telephone Number (973) 695-6869		License Number 0308	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]		Name of OSHA Monitor B & G Restoration, Inc.	
Scheduled Start Date (10) 11/03/2017		Sched. Completion Date (11) 11/04/2017		Street Address 105 Ryerson Road	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input type="checkbox"/> Other-Describe:		City, State, Zip Code Lincoln Park, NJ 07035		[REDACTED]	

## Scope of Work (check all that apply)

- ☐ Demolition  
☒ >3 sf or >3 lf  
☒ Renovation  
☐ >160 sf or >250 lf  
☐ Full Containment w/negative pressure  
☒ Mini-enclosure  
☒ Glove bag procedure  
☐ Non-facility procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Repair/Encap/Encl		
	Yes	No	N/A					
basement			X	pipe insulation	67 lf			
crawl space			X	pipe insulation	9 lf			

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/06/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 11/16/2017



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

B & G proj. #: 2017-159

Check # 3114

Date of Notification (1) <u>11/10/2017</u>		Name of Building Owner/Operator (2) <u>James Curley</u>		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.8em;">NOV 16 2017</div> <div style="border: 1px solid black; padding: 2px; font-weight: bold; font-size: 0.7em;">ASBESTOS CONTROL &amp; REMEDIATION DIVISION</div>
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code <u>Maplewood, NJ 07040</u>		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment			
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact <u>James Curley</u>		
<input checked="" type="checkbox"/> DOH				Telephone [REDACTED]
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>James Curley</u>				Type of Facility (4)					
Street Address [REDACTED]				<input type="checkbox"/> School (K-12)					
				<input type="checkbox"/> Subchapter S (Other than K-12)					
City (5) <u>Maplewood, NJ 07040</u>				<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)					
				County (6) <u>Essex</u>					
County Code (7) (State use only)				Square Feet # of Floors Bldg. Age					
Name of Monitoring Firm Hired by Bldg. Owner (8) <u>Street Address</u>				Name of Abatement Contractor (9) <u>B &amp; G Restoration, Inc.</u>					
City, State, Zip Code				Street Address <u>105 Ryerson Road</u>					
Project Manager for Monitoring Firm				City, State, Zip Code <u>Lincoln Park, NJ 07035</u>					
Phone Number				Telephone Number <u>(973)696-6869</u>					
Scheduled Start Date (10) <u>11/03/2017</u>				Local Phone Number <u>00378</u>					
Sched. Completion Date (11) <u>11/04/2017</u>				Name of OSHA Monitor <u>B &amp; G Restoration, Inc.</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Street Address <u>105 Ryerson Road</u>					
				City, State, Zip Code <u>Lincoln Park, NJ 07035</u>					
Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment w/negative pressure		<input checked="" type="checkbox"/> Green bag procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Mini-enclosure		<input type="checkbox"/> Non-liable procedure			
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	67 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
crawl space			<input checked="" type="checkbox"/>	pipe insulation	9 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler <u>B &amp; G Restoration, Inc.</u>		NJDEP Hauler ID# <u>19563</u>		Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Tullytown Resource &amp; Recovery Center</u>				
City, State <u>Lincoln Park, NJ</u>		Disposal Date <u>11/06/2017</u>		City, State <u>Tullytown, PA</u>					
Completed by (Print or Type) <u>Gordana Luna</u>		Title <u>Secretary/Treasurer</u>		Signature <u>Gordana Luna</u>		Date <u>11/02/2017</u>			



Check # 114

RECEIVE

JAN 16 2017

ENVIRONMENTAL CONTROL & TESTING

Date of Notification (1) <div style="display: flex; justify-content: space-around;"><span>11</span><span>/</span><span>8</span><span>/</span><span>17</span></div>		Name of Building Owner/Operator (2) <b>Haddonfield Public Schools Board of Education</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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>1 Lincoln Ave.</b> City, State, Zip Code <b>Haddonfield, PA 08033</b> Name of Contact <b>John Deserable</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Haddonfield Central/Middle School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>3 Lincoln Avenue</b>		Square Feet <b>26,000</b>	
City (5) <b>Haddonfield</b>		# of Floors <b>2</b>	Bldg. Age <b>50</b>
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY) <b>school</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Epic Environmental Services, LLC</b>		Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>	
Street Address <b>1930 Brown Road</b>		Street Address <b>923 Haws Ave.</b>	
City, State, Zip Code <b>Newfield, NJ 08344</b>		City, State, Zip Code <b>Norristown, PA 19401</b>	
Project Manager for Monitoring Firm <b>James Eberts</b>		Telephone No. <b>856-205-1077</b>	License No. <b>00398</b>
Start Date (10) <b>11 / 10 / 17</b>	Scheduled Completion Date (11) <b>12 / 8 / 17</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: <b>7:00AM-3:30PM</b> / <b>PM</b> - <b>AM</b>		Name of OSHA Monitor <b>Plymouth Environmental Co., Inc.</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"/> 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		Street Address <b>923 Haws Ave.</b> City, State, Zip Code <b>Norristown, PA 19401</b>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"><span>Yes</span><span>No</span><span>N/A</span></div>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
<b>exterior</b>	<div style="display: flex; justify-content: space-around;"><input type="checkbox"/><input type="checkbox"/><input checked="" type="checkbox"/></div>	<b>tar on steel support lentils</b>	<b>140SF</b>
	<div style="display: flex; justify-content: space-around;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div>		
	<div style="display: flex; justify-content: space-around;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div>		
	<div style="display: flex; justify-content: space-around;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div>		
	<div style="display: flex; justify-content: space-around;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></div>		
Name of Registered Waste Hauler <b>Robinson Waste Haulers</b>		NJDEP Waste Hauler ID No. <b>17304</b>	Cubic Yards of Waste <b>40CY</b>
City, State <b>Voorhees, NJ</b>		Disposal Date <b>12/8/17</b>	Name of Registered Landfill <b>GROW'S</b>
Completed By (Print or Type) <b>James M. Kelly</b>		Title <b>Vice President</b>	Signature 
			Date <b>1/18/17</b>



PAID

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

Check #1968



Date of Notification (1) 11/09/17		Name of Building Owner/Operator (2) Jenny Masnica	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Metuchen, NJ 08840	
Name of Contact Jenny Masnica		Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial building, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,618	
City (5) Metuchen		# of Floors 2	
County (6) Middlesex		Bldg. Age 1960	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code		Street Address 32 Willow Way	
Project Manager for Monitoring Firm		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No.		Telephone No. 973-333-9176	
License No. 01331		Name of OSHA Monitor Envirovision Consultants, Inc.	
Start Date (10) 11/25/17		Scheduled Completion Date (11) 11/27/17	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 08:00 - 15:00		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
City, State, Zip Code Fair Lawn, NJ 07410			
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 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 Friable			
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	
Basement		X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount 4	
Ductwork Insulation		F	
		X	
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	
City, State Woodland Park, New Jersey		Cubic Yards of Waste 2+	
Disposal Date TBD		Name of Registered Landfill Fairless Hills Landfill	
Completed by Dimo Golcev		City, State Morrisville PA	
Title General Manager		Date 11/09/17	



11/08/2017 10:05

PAID

NO. 675 #002

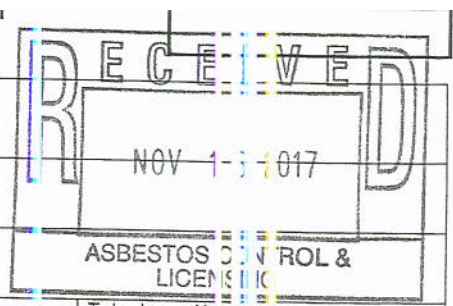
NJC#4418

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:20 and 8:10)



Date of Notification (1) 11 / 08 / 17		Name of Building Owner/Operator (2) Maureen Voss							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Bordentown, NJ 08608 Name of Contact Maureen Voss Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Voss Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,000	# of Floors 3						
City (5) Bordentown		Bldg /	70						
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC							
City, State, Zip Code Chesterfield, NJ 08515		Street Address 523 Cutler Avenue							
Project Manager for Monitoring Firm Bill Walgerber		City, State, Zip Code Maple Shade, NJ 08082							
Telephone No. 803-238-4070		Telephone No. 856-755-0099	License No. 10842						
Start Date (10) 11 / 10 / 17	Scheduled Completion Date (11) 11 / 13 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM		Street Address 200 Route 130 North							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 150$ sf or $\geq 280$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removed	Encapsulate	Enclose	Expose
Crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 13832	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 11/13/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 11/8/17			





Date of Notification (1) 11 / 09 / 17		Name of Building Owner/Operator (2) Eric Chemi	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Street Address [REDACTED]	
		City, State, Zip Code Ridgewood, NJ 07450	
		Name of Contact Eric Chemi	
		Telephone Number	

### FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Ridgewood, NJ 07450			# of Floors		
County (6) Bergen			Bldg. Age		
County Code (7) (STATE USE ONLY)		Current Use Prior if being demolished			
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC			
Street Address		Street Address 576 Valley Rd #283			
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470			
Project Manager for Monitoring Firm		Telephone No.		License No.	
		973-638-1777		01127	
Start Date (10) 11 / 20 / 17		Scheduled Completion Date (11) 11 / 21 / 17		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E			
		City, State, Zip Code Fair Lawn, NJ 07410			

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	21 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N. Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 11/9/17	



**PAID** NOTIFICATION  
(Pursuant to)

RECEIVED  
NOV 6 2017  
FBI  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
U.S. CUSTOMS AND BORDER PROTECTION  
U.S. MARSHAL SERVICE  
U.S. SECRET OF DEFENSE  
U.S. SECRET OF ENERGY  
U.S. SECRET OF HEALTH & HUMAN SERVICES  
U.S. SECRET OF HOMELAND SECURITY  
U.S. SECRET OF INTERIOR  
U.S. SECRET OF JUSTICE  
U.S. SECRET OF NAVY  
U.S. SECRET OF STATE  
U.S. SECRET OF TRANSPORTATION  
U.S. SECRET OF VETERANS AFFAIRS  
U.S. SECRET OF WAR  
U.S. SECRET OF DEFENSE

## Date:

PAINFIELD TOWNSHIP, PA	
Date:	11/21/17



PAID

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

CK# 31524

## Date of Notification (1)

11 / 8 /17

## Name of Building Owner/Operator (2)

MERCK SHARP &amp; DOHME CORP.

## Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 28414

## City, State, Zip Code

RAHWAY, NEW JERSEY 07065

## Name of Contact

PATRICIA JOHNSON

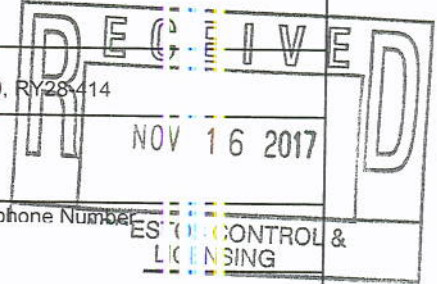
## Telephone Number

## Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

## Type Notification

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



## 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 & commd. bldgs., homes, etc.)

## Street Address

126 EAST LINCOLN AVENUE - BUILDING 80M

## Square Feet

39,000

## # of Floors

2

## Building Age

65

## City (5)

RAHWAY

## County (6)

UNION

## County Code (7)

(STATE USE ONLY)

## Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILITY

## 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 / 20 /17  
Month Day Year

## Sched. Completion Date (11)

11 / 30 /17  
Month Day Year

## Name of OSHA Monitor

AMERISCI LABORATORIES INC #1480

## 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 10 AM-6:30 PM

## Street Address

117 EAST 30TH STREET

## City, State, Zip Code

NEW YORK, NEW YORK 10001

## Scope of Work (Check all that apply)

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

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

Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> 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	ENCLOSURE	ENCLOSURE
BUILDING 80 M STEAM PIPE			X	PIPE INSULATION	5 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1/2 CU YARD	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/18/17



EMERGENCY

PHONE APPROVAL BY CHRIS TREVOKS

CK# 4367

PAID

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

RECEIVED

NOV 6 2017

Date of Notification (1) <u>11-8-17</u>		Name of Building Owner/Operator (2) <u>SOUDERS EXCAVATING</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>3349 DANTE AVE</u>		City, State, Zip Code <u>VINELAND N.J. 08361</u>							
Name of Contact <u>WAYNE</u>		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1000</u>							
City (5) <u>MARGATE</u>		# of Floors <u>1</u>							
County (6) <u>ATLANTIC</u>		Bldg. Age <u>50+</u>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____							
Street Address _____		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>							
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE</u>							
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Telephone No. _____		Telephone No. <u>856-779-0472</u>							
Start Date (10) <u>11-9-17</u>		License No. <u>00044</u>							
Scheduled Completion Date (11) <u>11-9-17</u>		Name of OSHA Monitor <u>JOSEPH KENNEDY</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>369 S. SPRUCE AVE</u>							
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 Project		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
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
<u>SIDING</u>			<input checked="" type="checkbox"/>	<u>TRANSITE</u>	<u>150 SF</u>	<input checked="" type="checkbox"/>			
<u>UTILITY ROOM</u>			<input checked="" type="checkbox"/>	<u>9x9 FLOOR TILE</u>	<u>25 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>3</u>		Name of Registered Landfill <u>C.M.C. M.D. A</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>WOODBURY</u>		Signature <u>Michael Kennedy</u>			
Completed By <u>Michael Kennedy</u>		Title <u>SUP.</u>		Date <u>11-8-17</u>					



Emergency

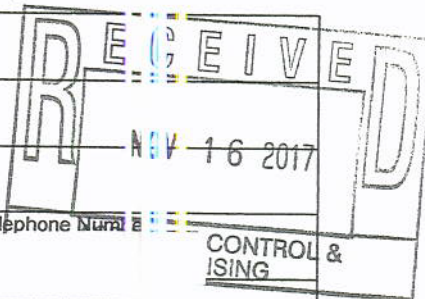
**PAID**

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

CK 6453

Print Form

Date of Notification (1) 11/7/17		Name of Building Owner/Operator (2) Anne Ricco 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 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 Mount laurel NJ 08054						
		Name of Contact Adrian Melendez						
		Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Anne Ricco Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 1000+						
City (5) Mount laurel NJ 08054		# of Floors 1						
County (6) Burlington		Current Use (Prior if being demolished)						
County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) N/A		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						
Telephone No.		License No. 00727						
Start Date (10) 11/8/17		Scheduled Completion Date (11) 11/9/17						
Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Home owner home		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable <input checked="" type="checkbox"/> Glovebag 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	Enclosure
laundry room			x	Floor tile & Mastic	50 SF			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.V.I.S.			
City, State Elm NJ		Disposal Date 11/9/17		City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President		Signature [Signature]		Date 11/7/17		





OK # 6461

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

Print Form

RECEIVED

NOV 15 2017

ASBESTOS CONTROL & LICENSE

Date of Notification (1) 11/10/17		Name of Building Owner/Operator (2) Jeff Seddon Private Home						
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 Long Beach Twp. NJ 08008						
		Name of Contact Jeff	Telephone Number					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Jeff Seddon Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1.5					
City (5) Long Beach Twp. NJ 08008		Building Age 10+						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House & Garage						
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) 11/19/17	Scheduled Completion Date (11) 11/24/17	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 Fr						
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			Repair	Encapsulate	Enclosure
exterior siding			x	exterior siding	1900 sf	x		
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.V.I.S				
City, State Elm NJ		Disposal Date 11/24/17		City, State Morrisville PA 19067				
Completed by Anthony T Perna		Title President	Signature 			Date 11/10/17		



PAID

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

UC # 31543

## Date of Notification (1)

11 / 10 /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)

ACTORS HOME

## Street Address

155-175 WEST HUDSON AVENUE

## City, State, Zip Code

ENGLEWOOD, NEW JERSEY 07631

## Name of Contact

JORDAN STROHL

## Telephone Number



## FACILITY INFORMATION

## Name of Facility Where Abatement is Taking Place (3)

ACTORS HOME

## Type of Facility (4)

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

## Street Address

155-175 WEST HUDSON AVENUE

## Square Feet

10,360

## # of Floors

2

## Bldg. Age

31

## City (5)

ENGLEWOOD

## County (6)

BERGEN

County Code (7)  
(STATE USE ONLY)Current Use (Prior if being demolished) Plant. Lab.  
COMMUNICATION BUILDING

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

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

## ASCM No.

17

## 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 KERBEL

## Telephone Number

973-729-5649

## Telephone Number

845-369-7500

## License Number

1101

## Expected State Date (10)

11 / 27 /17  
Month Day Year

## Sched. Completion Date (11)

11 / 15 /18  
Month Day Year

## Name of OSHA Monitor

AMERISCI

## 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

NY, NY 10016

## Scope of Work (Check all that apply)


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

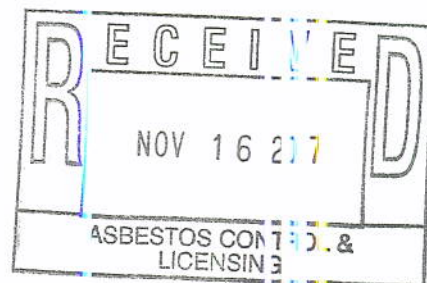
☒ Renovation

☒ 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	ENCLOSURE	ENCLOSURE
1st FLOOR WINGS 3 & 4			X	CEILING PLASTER	2,700 SF	X		
1ST FLOOR CLOSETS STORAGE RM 33			X	CEILING PLASTER	75 SF	X		
1ST FLOOR CORRIDOR			X	FLOOR MASTIC	1,200 SF	X		
1ST FLOOR CLOSETS STORAGE RM 33			X	VAT & MASTIC	75 SF	X		
ATTIC			X	DUCT SEAM CAULK	16 SF	X		
EXTERIOR WINGS 3 & 4			X	TRANSITE WINDOW PANELS	400 SF	X		
EXTERIOR WINGS 3 & 4			X	WINDOW CAULK	10 SF	X		
EXTERIOR WING 4			X	FOUNDATION TAR	230 SF	X		
EXTERIOR ROOF MEDICAL & ACTIVITIES RM			X	BUILT UP ROOF & FLASHING	1,000 SF	X		
EXTERIOR WING 3 & 4 CORRIDOR ROOF			X	ROOF FLASHING	460 SF			
EXTERIOR ENTRANCE PORTICO			X	ROOF FLASHING	245 SF	X		
EXTERIOR WING 3 & 4 SOFFIT			X	TRANSITE PANEL	1,000 SF	X		
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL			



NEWARK, NEW JERSEY	11/27/17-11/15/18	PAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 
		Date 11-15-17





OK #33110

PAID

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

RECEIVED  
NOV 16 2017  
ASBESTOS CONTROL & LICENSING

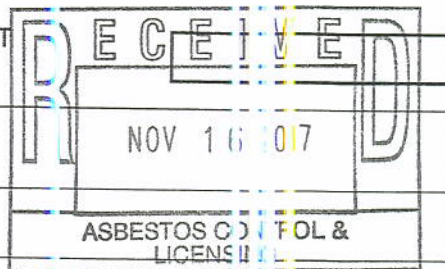
Date of Notification (1) <b>11 / 09 / 17</b>		Name of Building Owner/Operator (2) <b>Disantis Contracting, LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	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>313 Halyard Road</b>							
		City, State, Zip Code <b>Ortley Beach, NJ 08751</b>							
		Name of Contact <b>Frank Disantis</b>							
FACILITY INFORMATION									
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 [REDACTED]		Square Feet <b>600 sf</b>							
City (5) <b>Seaside Heights</b>		# of Floors <b>1</b>							
County (6) <b>Ocean</b>		Edg. Age <b>65</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>							
City, State, Zip Code		Street Address <b>1889 Route 9, Unit 61</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Toms River, New Jersey 08755</b>							
Telephone No.		Telephone No. <b>732-349-9932</b>							
Start Date (10) <b>11 / 10 / 17</b>		License No. <b>00624</b>							
Scheduled Completion Date (11) <b>11 / 13 / 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>							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>Piscataway, New Jersey 08854</b>							
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) <b>600 sf</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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>03/14/17</b>		City, State <b>Tullytown, Pennsylvania</b>					
Completed By (Print or Type) <b>Nicholas Fernicola</b>		Title <b>Project Manager</b>		Signature 		Date			



MO#24499221377

PAID

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



Date of Notification (1) 11 / 08 / 17		Name of Building Owner/Operator (2) Barry Burns	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Sewaren, NJ 07077	
		Name of Contact Barry Burns	
		Telephone Number [REDACTED]	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-2) <input type="checkbox"/> Subchapter 8 (Other than K-1) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Sewaren, NJ 07077			
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		License No.	
Telephone No.		Telephone No.	
Start Date (10) 11 / 18 / 17		Scheduled Completion Date (11) 11 / 19 / 17	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc.	
		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure	
<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 checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Remove	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc.	
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA		
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 11/08/17		

ASB-41

MAY 11

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



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



Date of Notification (1) 10 / 29 / 17		Name of Building Owner/Operator (2) Luciaano Iamberti	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Berlin, NJ 08009 Name of Contact Steve Martorano Telephone Number 	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Resident		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 1500	# of Floors 3
City (5) Berlin, NJ		Edg. Age 107	
County (6) US; Camden CO.	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Resident	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.	
Street Address		Street Address 958 Jackson Rd	
City, State, Zip Code		City, State, Zip Code Mays Landing, NJ 08330	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-561-1901	License No. 01158
Start Date (10) 11 / 08 / 17	Scheduled Completion Date (11) 11 / 15 / 17	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM/ _____ PM- _____ AM		Street Address 958 Jackson Rd	
		City, State, Zip Code Mays Landing, NJ 08330	
Scope of Work (Check all that apply)			
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input 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)
	Yes	No	
Exterior House	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500	Name of Registered Landfill G.R.O.W. North Landfill & Recycling Center
City, State 958 Jackson Rd Mays Landing, NJ 08330		Disposal Date	City, State 1513 Broadview Rd. Morristown, NJ 07960
Completed By (Print or Type) Vernice Graham	Title President	Signature 	Date 11-30-17



NOV 16 2017

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State of New Jersey  
 DEPARTMENT OF TREASURY  
 DIVISION OF REVENUE  
 (Payment to NJA 2-00 and 12-100)

CC# 1019

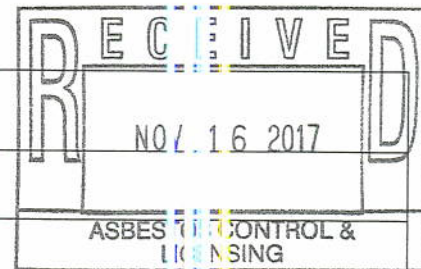
Date of Abatement (6)		Name of Building Owner/Operator (8)	
11/08/17		PARAGANO REAL ESTATE MANAGEMENT LLC	
Agency Method	Type Method	Street Address	City, State, Zip Code
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DCH <input type="checkbox"/> DCM	<input type="checkbox"/> Initial <input type="checkbox"/> Renewal <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Continuation	636 MOLLYS TPK	SHAR HILLS, NJ 07078
Name of Facility (Name Abatement is Taking Place) (9)		Name of Building (10)	
RESIDENCE		DOMINIQUE PARAGANO	
Street Address		Street Address	
[REDACTED]		155 Wooding Ave	
City (6)		City, State, Zip Code	
BELMAR		Belmar, NJ 07718	
County (6)		County Code (7)	
MONMOUTH		02000	
Name of Building Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
[REDACTED]		ABAC Abatement Inc.	
Street Address		Street Address	
[REDACTED]		155 Wooding Ave	
City, State, Zip Code		City, State, Zip Code	
[REDACTED]		Belmar, NJ 07718	
Project Manager for Abatement Firm		Telephone No.	
[REDACTED]		(201) 202-5541	
Start Date (10)		Scheduled Completion Date (11)	
11/08/17		11/24/17	
Emergency Service During Abatement (Check Only One)		Name of OSHA Inspect	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Carnegie Environmental Services Inc.	
Street Address		Street Address	
280 Huxley St		280 Huxley St	
City, State, Zip Code		City, State, Zip Code	
Hoboken, NJ 07030		Hoboken, NJ 07030	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 20 or more <input type="checkbox"/> 10 or more <input type="checkbox"/> 5 or more <input type="checkbox"/> 1 or more			
<input checked="" type="checkbox"/> Full OSHA statement with signed <input type="checkbox"/> OSHA statement <input type="checkbox"/> OSHA statement <input type="checkbox"/> OSHA statement			
Location of Abatement Containing Material (NOM) (12)		Is Location Usually Used Only by Maintenance/Cleaned Staff? (13)	
1ST FLOOR APT 1W		Yes No NA	
Description of Abatement Containing Material (NOM) (14) (e.g. thermal systems insulation, surfacing, VMT, or other miscellaneous)		Amount (Quantity) (15) (lb or ft <sup>3</sup> )	
SHIMMER & JUNE (NOM) (14)		1675	
Name of Registered Waste Handler		NJDEP Waste Handler ID No.	
Newark Coring Inc.		04500	
City, State		Cubic Yards of Waste	
Newark, NJ 07105		15	
Completed by		Disposal Date	
Joseph Vaccaro		11/08/17 On	
Title		City, State	
Vice President		Pittsburgh, PA 08708	
Signature		Date	
J. Vaccaro		11/08/17	



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

OK # 4417

**P A I D**



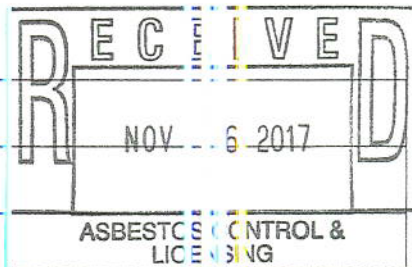
Date of Notification (1) <b>11 / 07 / 17</b>		Name of Building Owner/Operator (2) <b>Kathleen Turner</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input 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>Ewing, NJ 08628</b> Name of Contact <b>Kevin Loflin - Horizon Services</b>							
<div style="border: 1px solid black; padding: 2px; text-align: center;"> <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>									
<div style="border: 1px solid black; padding: 2px;"> Telephone Number </div>									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Turner 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>		<div style="display: flex; justify-content: space-between;"> <div>Square Feet <b>1,000</b></div> <div># of Floors <b>3</b></div> <div>Bldg. Age <b>70</b></div> </div>							
City (5) <b>Ewing</b>	County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Management &amp; Enviro. Consulting Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>PO Box 341</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609-298-4070</b>	Telephone No. <b>856-755-0099</b> License No. <b>00842</b>						
Start Date (10) <b>11 / 16 / 17</b>	Scheduled Completion Date (11) <b>11 / 20 / 17</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</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>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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 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) <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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>135 LF</b>	<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 <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>GROWS North Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>11/20/2017</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>11/17</b>			



UC # 2431

PAID

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



Date of Notification (1) 11-9-2017		Name of Building Owner/Operator (2) Edgar Lazaro							
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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07306							
		Name of Contact Edgar Lazaro							
Telephone Number _____									
<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) Jersey City, NJ 07306		Square Feet 2749	# of Floors 2						
County (6) Hudson		Bldg. Age 35+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Green Environmental Services, LLC							
City, State, Zip Code		Street Address 235 Virginia Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Jersey City, NJ 07304							
Telephone No.		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 11-11-2017	Scheduled Completion Date (11) 11-11-2017	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	20 LF				
Name of Registered Waste Hauler Green Environmental Services, LLC		NUDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Jersey City, NJ		Disposal Date 11-11-2017		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office manager		Signature <i>Liliana Serrano</i>		Date 11-9-2017			



PAID

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

OK  
7637

**RECEIVED**  
NOV 16 2017  
ASBESTOS CONTROL  
LICENSING

Date of Notification 11/9/17		Name of Building Owner / Operator (2)	
Type Notification		Zack Sweitzer	
Agencies Notified	Emergency Notification	Street Address	
X EPA	X Initial Notification	[REDACTED]	
X DEP	Amended Notification	City, State & Zip Code	
X DOL	Cancellation	Keyport, NJ 07735	
X DOH		Name of Contact	
X DCA		Zack Sweitzer	
		Telephone Number	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Attic			School (K-12)		
Street Address			Subchapter 8 (Other than K-12)		
[REDACTED]			X Other (i.e., private & commercial buildings, homes, etc.)		
City (5)	County (6)	County Code (7)	Square Feet	# of Floors	Bldg. Age
Keyport	Monmouth		3,000	2	70
Name of Monitoring Firm Hired by Building Owner (8)			Current Use (Prior if being demolished)		
Environmental Tactics			Residence		
Street Address			Name of Abatement Contractor (9)		
64 Broad Street			Global Abatement Services, LLC		
City, State & Zip Code			Street Address		
Matawan, NJ 07747			443 Schoolhouse Road		
Project Manager for Monitoring Firm			City, State & Zip Code		
Tom Geigerr			Monroe Township, NJ 08831		
Telephone Number			Telephone Number		
732-290-2217			732-605-9062		
Scheduled Start Date (10)			License Number		
11/25/17			00714		
Scheduled Completion Date (11)			Name of OSHA Monitor		
11/30/17			Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one)			Street Address		
Facility Closed/Vacated During Entire Period of Abatement			443 Schoolhouse Road		
Abatement Performed Outside of Normal Facility Hours -			City, State & Zip Code		
X Describe: Area Isolated During Abatement			Monroe Township, NJ 08831		
Other - Describe:					

Scope of Work (Check all that apply)				
Demolition		X Renovation		
Large Project		X Full Containment with Negative Pressure		
Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		Mini-Enclosure		
X Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		Glovebag Procedure		
		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
Attic	N/A	Vermiculite	200 SF	Removal
Name of Registered Waste Hauler		NJDEP Waste Hauler ID #	Cu. Yds. of Waste	Name of Registered Landfill
Freehold Carting		18693	5	TRRF
City, State		Disposal Date	City, State	
Trenton, NJ		11/30/17	Tullytown, PA	
Completed By (Print or Type)	Title	Signature		Date
Dominick Tringali	Pres.	Dominick Tringali		11/9/17



1K# 2430

PAID

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

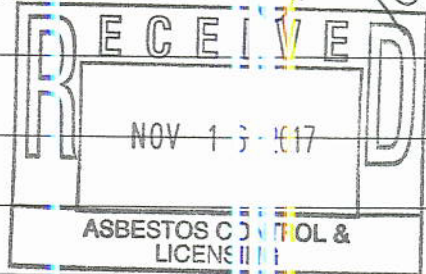
RECEIVED  
NOV 16 2017  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11-07-2017		Name of Building Owner/Operator (2) Belvedere Building & Contracting							
Agencies Notified	Type Notification	Street Address 562 Oakdene 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 Ridgefield NJ 07657							
		Name of Contact Maryanne Belvedere							
		Telephone Number							
<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-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Englewood, NJ 07631		Square Feet 1000	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 60+						
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 Ave							
City, State, Zip Code		City, State, Zip Code Jersey City NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 2013338855						
			License No. 01174						
Start Date (10) 11-8-2017	Scheduled Completion Date (11) 11-9-2017	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 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 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
Basement		x		VAT	1050SF				
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.R.C.W.S. North land					
City, State Jersey City		Disposal Date 11-9-2017		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office manager	Signature <i>Liliana Serrano</i>			Date 11-07-2017			



PAID

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



Date of Notification (1) 11 / 08 / 17		Name of Building Owner/Operator (2) Brenda Weber							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Salem, NJ 08079							
		Name of Contact Brenda Weber							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Resident		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]									
City (5) Salem, NJ 08079		Square Feet 1600	# of Floors 3						
		Bldg. Age 1935							
County (6) US; Salem CO.	County Code (7) (STATE USE ONLY)	Current Use Prior if being demolished Resident							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC							
Street Address		Street Address 958 Jackson Rd							
City, State, Zip Code		City, State, Zip Code Mays Landing, NJ 08330							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-561-1901	License No. 01158						
Start Date (10) 11 / 10 / 17	Scheduled Completion Date (11) 11 / 16 / 17	Name of OSHA Monitor Graham-Tech Environmental Services, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM/ _____ PM- _____ AM		Street Address 958 Jackson Rd							
		City, State, Zip Code Mays Landing, NJ 08330							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Duct	1.5SF	<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 Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Ballytown					
City, State 14 Read Drive Sicklerville, NJ 08081			Disposal Date	City, State 1513 Bredentown Rd. Morrisville, PA					
Completed By (Print or Type) Vernice Graham		Title President	Signature <i>Vernice Graham</i>			Date 11-8-17			



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

Date of Notification (1)  
10/27/17

Name of Building Owner/Operator (2)  
ANC Construction

Agencies Notified

☒ EPA  
☐ DEP  
☒ DOL

☒ DOH  
☐ DCA

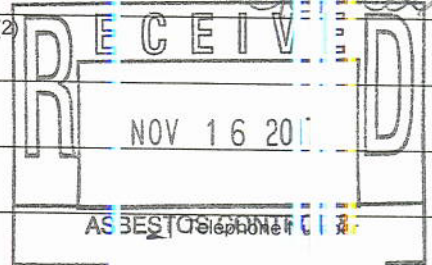
Type Notification

☐ Initial  
☒ Amended  
Amendment # 02  
☐ Emergency (including  
justification)  
☐ Cancellation

Street Address  
260 Chase Avenue

City, State, Zip Code  
Lyndhurst, NJ 07071

Name of Contact  
Mr. Anthony Valvano



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Residential

Street Address  
[REDACTED]

City (5)  
Montclair

County (6)  
Essex

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet  
4,000 +

# of Floors  
2

Bldg. Age  
50 +

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

J.R. Contracting & Environmental Consulting, Inc.

Street Address

Street Address  
1141 Route 23

City, State, Zip Code

City, State, Zip Code  
Wayne, NJ 07470

Project Manager for Monitoring Firm

Telephone No.

Telephone No.  
973-628-9200

License No.  
00408

Start Date (10)  
11/06/17

Scheduled Completion Date (11)  
12/01/17

Name of OSHA Monitor  
Enviro Vision Consultants, Inc.

Occupancy Status During Abatement (Check Only One)

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

Street Address  
20-21 Wagaraw Road, Bldg. #35E

City, State, Zip Code  
Fair Lawn, NJ 07410

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  
☒ Glovebag Procedure  
☒ Non-Exempted (\*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout			X	Pipe Insulation	160 LF				
			X	Floor Tile	150 SF				
			X	Clean-up	4,000 SF				

Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.	NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 20	Name of Registered Landfill Grand Central Landfill
City, State Wayne, New Jersey	Disposal Date	City, State Pennsylvania	
Completed by Jerry Bijelonic	Title Project Manager	Signature 	Date 11/13/17



# PAID

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

CHECK# 1714

Date of Notification (1) 11/13/2017		Name of Building Owner/Operator (2) MAPLEWOOD III LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 16 2017 CONTROL &amp; PERMITTING </div>					
Agencies Notified	Type Notification	Street Address 2000 MAPLEWOOD DRIVE							
<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 MAPLE SHADE NJ 08052							
		Name of Contact JIM							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PARK CROSSING APARTMENT HOMES				Type of Facility (4)					
Street Address 2000 MAPLEWOOD DRIVE				<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) MAPLE SHADE				Square Feet 800	# of Floors 1				
County (6) CAMDEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL APARTMENTS					
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.					
Street Address 1012 INDUSTRIAL DRIVE		City, State, Zip Code WEST BERLIN NJ 08091		Street Address 570 CLEMS RUN					
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202		City, State, Zip Code MULLICA HILL NJ 08062					
Start Date (10) 11/14/2017		Scheduled Completion Date (11) 11/15/2017		Telephone No. 610-304-4676					
				License No. 01145					
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor EMSL					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address 200 RT. 130 NORTH					
				City, State, Zip Code CINNAMINSON NJ 08077					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
6 LOCUST CT.-LAUNDRY ROOM			X	JOINT COMPOUND	80 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 4	Name of Registered Landfill MINERVA LANDFILL				
City, State MULLICA HILL NJ				Disposal Date 11/15/2017	City, State WAYNESBURG, OH				
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>		Date 11/13/2017			



OK #1590

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

RECEIVED  
NOV 16 2017  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/11/17		Name of Building Owner/Operator (2) Robert Bates							
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Gibbstown, NJ 08027							
		Name of Contact Andrew Ricco	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant		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) Woodbury		Square Feet	# of Floors Bldg. Age						
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Duplex							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp						
Street Address		Street Address 282 Creek Road							
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031							
Project Manager for Monitoring Firm		Telephone No. 856.466.6452	License No. 1339						
Start Date (10) 11/21/17	Scheduled Completion Date (11) 12/22/17	Name of OSHA Monitor Andrew Ricco							
Occupancy Status During Abatement (Check Only One)		Street Address 282 Creek Road							
<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 Bellmawr, NJ 08031							
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 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-Fiber Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			X	Pipe Insulation	35 LF	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste 3	Name of Registered Landfill Salem County					
City, State Bellmawr, NJ			Disposal Date TBD	City, State Alloway, NJ					
Completed by Andrew Ricco		Title President	Signature <i>Andrew Ricco</i>			Date 11/11/17			



Check#2917

# PAID

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 11 / 13 / 17		Name of Building Owner/Operator (2) Karen Hunt	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Newark, NJ 07106 Name of Contact Karen Hunt	

**RECEIVED**  
 NOV 16 2017  
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Newark, NJ 07106		Bldg. Age	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use Prior if being demolished	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 11 / 22 / 17	Scheduled Completion Date (11) 11 / 23 / 17	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check all that apply)			
<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"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with negative pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC	NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>	Date 11/3/17

ASB-41

MAY 11

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



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

3K # 6460 PAID

Date of Notification (1) 11/13/17		Name of Building Owner/Operator (2) Brian Dean 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 Brant Beach NJ 08008	
		Name of Contact Brian	

NOV 16 2017  
 ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) Brian Dean Private Home				Type of Facility (4)	
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Brant Beach NJ 08008				Square Feet 1000+	# of Floors 2
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (For if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address				Street Address PO Box 329	
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 11/22/17		Scheduled Completion Date (11) 11/28/17		Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1800 SF				

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 11/28/17	City, State Morrisville PA 19067
Completed by Anthony T Perna	Title President	Signature 	Date 11/13/17



# PAID

Project #

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

Check # 4018

Date of Notification (1) 11/07/2017		Name of Building Owner/Operator (2) Manalapan Englishtown Regional Schools						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 54 Main St		City, State, Zip Code Englishtown, NJ						
Name of Contact Vince Pietrucha		Telephone Number 732-786-2511						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Pinebrook School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 155 Pease Rd		Square Feet						
City (5) Englishtown, NJ		# of Floors						
County (6) Monmouth		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc		ASCM No.						
Street Address P.O. Box 385		Name of Abatement Contractor (9) Nick Restoration LLC						
City, State, Zip Code Oceanville, NJ		Street Address 72 Brookside Rd						
Project Manager for Monitoring Firm John Smoyer		City, State, Zip Code Randolph, NJ 07869						
Telephone No. 609-652-1833		Telephone No. 973-933-2550						
Start Date (10) 11/09/2017		License No. 01133						
Scheduled Completion Date (11) 11/11/2017		Name of OSHA Monitor IRIS						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Rt 22						
		City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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			Repair	Encapsulate	Enclosure
1st floor hallaway		X		pipe fittings	9LF			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S			
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA				
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>		Date 11/11/2017		



PAID

Project #

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

Check # 40

Date of Notification (1) 11/07/2017		Name of Building Owner/Operator (2) Manalapan Englishtown Regional Schools						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 54 Main St		City, State, Zip Code Englishtown, NJ						
Name of Contact Vince Pietrucha		Telephone Number						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Clark Mills School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 34 Gordons Corner Rd		Square Feet	# of Floors					
City (5) Englishtown, NJ		Bldg. Age						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (For if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC					
Street Address P.O. Box 385		Street Address 72 Brookside Rd						
City, State, Zip Code Oceanville, NJ		City, State, Zip Code Randolph, NJ 07869						
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 01133					
Start Date (10) 11/09/2017	Scheduled Completion Date (11) 11/11/2017	Name of OSHA Monitor IRIS						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Rt 22						
		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 or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Repair	Encapsulate	Enclosure
1st floor hallway		X		pipe insulation	8 LF			
1st floor hallway		X		pipe fittings	1LF			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.C.W.S				
City, State Randolph, NJ 07869		Disposal Date TBD	City, State Tullytown, PA					
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>			Date 11/07/2017		