

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

Date of Notification (1) 11/13/18		Name of Building Owner/Operator (2) Homeshield Solutions		NOV 18 2018					
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 1100 Towbin Avenue City, State, Zip Code Lakewood, NJ 08701 Name of Contact Homeshield Solutions Telephone Number 732-226-3000 Ext 201					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 808 East 3rd Street				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 808 East 3rd Street				Square Feet # of Floors Bldg. Age					
City (5) Plainfield				Current Use (Prior if being demolished)					
County (6) Union		County Code (7) (STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078 License No. 1200					
Start Date (10) 11/23/18		Scheduled Completion Date (11) 11/28/18		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____				Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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				ROOFING TAR	500SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 12		Name of Registered Landfill IESI			
City, State NEWARK, NJ				Disposal Date 11/28/18		City, State BETHLEHEM PA			
Completed by JOSEPH PERLSTEIN			Title OWNER		Signature		Date 11/13/18		

MO#25131065308

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

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Date of Notification (1) 11 / 13 / 18		Name of Building Owner/Operator (2) Charlie Minton	
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 Union, NJ 07083	
Name of Contact Charlie Minton		Telephone Number	

NOV 13 2018

## 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-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Union, NJ 07083		# of Floors	
County (6) Union		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 / 22 / 18		Scheduled Completion Date (11) 11 / 23 / 18		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 If <input type="checkbox"/> > 160 sf or >260 If		<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 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			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 11/13/18	

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 17:27 and 17:28)

CHECK: 1171

DOL - 10 DAY 2018

Date of Notification (1) <b>11/06/18</b>		Name of Building Owner/Operator (2) <b>123 WEST TRYON AVE, LLC.</b>		Street Address <b>107 W. TRYON AVE</b>		City, State, Zip Code <b>TEANECK, N.J. 07646</b>		Name of Contact <b>JANE THOMPSON</b>		Telephone Number <b>201-833-2600 x 208</b>	
<input checked="" type="checkbox"/> EPA DEP DOL <input checked="" type="checkbox"/> DOH DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) <b>OFFICE BUILDING</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address <b>123 W. TRYON AVE</b>				City (5) <b>TEANECK</b>				County (6) <b>Bergen</b>			
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)				<input type="checkbox"/> Commercial <input type="checkbox"/> Industrial <input type="checkbox"/> Residential <input type="checkbox"/> Other			
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.				Name of Abatement Contractor (9)			
Street Address				Street Address <b>185 Vreeland Ave</b>				City, State, Zip Code <b>Midland Park NJ 07432</b>			
City, State, Zip Code				Telephone No.				License No. <b>00168</b>			
Project Manager for Monitoring Firm				Telephone No.				Name of OSHA Liaison <b>Omega Environmental Services Inc.</b>			
Start Date (10) <b>11/06/18</b>				Scheduled Completion Date (11) <b>11/10/18</b>				Name of OSHA Liaison <b>Omega Environmental Services Inc.</b>			
Occupancy Status During Abatement (Check Only One)				Street Address <b>280 Huyler Street</b>				City, State, Zip Code <b>Hackensack, NJ 07606</b>			
<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:				<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:				<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:			
Scope of Work (Check All That Apply)				<input type="checkbox"/> 30 sq ft or less <input type="checkbox"/> 100 sq ft or less <input type="checkbox"/> 1000 sq ft or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Partial Containment <input type="checkbox"/> Glove Bag Procedure <input type="checkbox"/> Non-Containment (Standard) and Non-Fragile Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (13)		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type		<input type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulation <input type="checkbox"/> Enclosure	
<b>BOILER ROOM</b>		Yes No N/A		<b>PIPE ELBOWS &amp; FITTINGS</b>		<b>26.61</b>		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		NJ DEP Waste Hauler ID No. <b>04809</b>		Cubic Yards of Waste <b>2</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>		City, State <b>Lebanon, PA 17042</b>		<input type="checkbox"/> On Argyl, PA 08702	
City, State <b>Newark, NJ 07105</b>		Disposal Date <b>11/06/18</b>		Signature <b>J. Vocaturo</b>		Date <b>11/06/18</b>					
Completed by <b>Joseph Vocaturo</b>		Title <b>Vice President</b>									



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

NOV 12 2018

**CK1301 PAID**

Date of Notification (1) 11/12/2018		Name of Building Owner/Operator (2) John & Joann Segarra						
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Middlesex, NJ 08846 Name of Contact John Segarra Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> Subelement B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Squares Feet 2,500						
City (5) North Plainfield		No. of Floors 2						
County (6) Somerset		Bldg. Age 1924						
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Private Dwelling						
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) United Safety LLC						
Street Address		Street Address 22 Troy Lane						
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035						
Project Manager for Monitoring Firm		Telephone No. 973-276-0090						
Start Date (10) 11/14/2018		Scheduled Completion Date (11) 11/15/2018						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7am - 3pm		Name of OSHA Monitor United Safety LLC						
Street Address 22 Troy Lane		License No. 01317						
City, State, Zip Code Lincoln Park, NJ 07035								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 or more if <input type="checkbox"/> 100 or more if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Compliance with Negative Pressure Mini-Enclosure Glovebag Non-Enclosure (2) 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 system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removed	Repair	Encapsulate
Basement		X	Pipe Insulation Wrap & Cur	70 LF	X			
Name of Registered Waste Hauler United Safety LLC		NUDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste TBD	Name of Registered Landfill Greens Landfill				
City, State Lincoln Park, NJ		Disposal Date TBD	City, State Tulsa, PA					
Completed by Vance Polkov		Title Project Manager	Signature [Signature]	Date 11/12/2018				



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PAGE 02/03

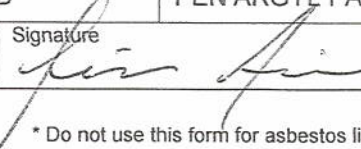
1172

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

Date of Notification (1) 11/7/18		Name of Building Owner/Operator (2) Barbara Boyd		DOI - 10 DAY 2018	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCM <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Emergency (including justifications) <input type="checkbox"/> Consultation		Street Address 387 E. 19TH ST City, State, Zip Code PATERSON, N.J. 07650 Name of Contact Barbara Boyd	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE				Type: Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Industrial (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet 1900	
City (5) PATERSON				# of Floors 2	
County (6) Passaic				Mfg. Age 150	
County Code (7) (STATE USE ONLY)				Use (Prior to being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) A-MAC Co	
Street Address		Street Address 185 Vreeland Ave		City, State, Zip Code Midland Park, NJ 07432	
City, State, Zip Code		Telephone No. 201-282-5111		License No. 00155	
Start Date (10) 11/7/18		Scheduled Completion Date (11) 11/17/18		Name of On-Site Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:				Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or less <input checked="" type="checkbox"/> 251 sf or more <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full enclosure with Negative Pressure <input type="checkbox"/> Enclosure bag procedure <input type="checkbox"/> Enclosed (C) and Non-Enclosed Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Boiler Room		Is Location Normally Used Solely by Maintenance/Construction Staff? (12) Yes No N/A		Description of Asbestos Containing Material (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous) PIPE INSULATION	
				Amount (Square SF or LF) 37 LF	
				Abatement Type Removal Repair Encapsulation Enclosure	
Name of Registered Waste Hauler Newark Carting Inc.		NJ DEP Waste Hauler ID No. 04600		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date 11/7/18 on		City, State Pen Argyl, PA 08702	
Completed by Joseph Vaccaro		Title Vice President		Signature J. Vaccaro	
				Date 11/7/18	



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

Date of Notification (1) 11/08/2018 check #0086		Name of Building Owner/Operator (2) KRISTIN DOHERTY							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code HASBROUCK HEIGHTS							
		Name of Contact KRISTIN DOHERTY	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address KRISTIN DOHERTY		<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) HASBROUCK HEIGHTS		Square Feet 50X100	# of Floors 2FL						
		Bldg. Age 50 YEARS							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) OCCUPIED							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ALL SOLUTIONS CONTRACTING INC						
Street Address		Street Address 24 CHURCH ST							
City, State, Zip Code		City, State, Zip Code ELMWOOD PARK NJ, 07407							
Project Manager for Monitoring Firm		Telephone No. 201-873 9418	License No. 01301						
Start Date (10) 11/26/2018	Scheduled Completion Date (11) 11/28/2018	Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC							
Occupancy Status During Abatement (Check Only One)		Street Address 24 CHURCH ST							
<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: 700AM TO 3:30PM NO BODY IN THE HOUSE		City, State, Zip Code ELMWOOD PARK NJ, 07407							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
KITCHEN	X			LINOLEUM	155	X			
Name of Registered Waste Hauler ATLANTIC CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill GRAND CENTRAL					
City, State PEN ARGYL			Disposal Date TDB	City, State PEN ARGYL PA, 18072					
Completed by LUIS ARCILA		Title PRESIDENT	Signature 			Date 11/08/2018			



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

Date of Notification (1) 11-9-2018		Name of Building Owner/Operator (2) 89 W 43rd Street, LLC		NOV 16 2018					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 172 Garfield Avenue City, State, Zip Code Kearny NJ 07032 Name of Contact Gerald Eglentowicz Telephone Number 973-508-5757					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 89 W 43rd Street			Square Feet 1247		# of Floors 1				
City (5) Bayonne, NJ 07002			Bldg. Age 65+						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Green Environmental Services, LLC					
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855					
Start Date (10) 11-9-2018		Scheduled Completion Date (11) 11-9-2018		License No. 01174					
Name of OSHA Monitor Green Environmental Services, LLC			Street Address 235 Virginia Avenue						
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: _____			City, State, Zip Code Jersey City, NJ 07304						
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		X	Shingle Siding	160 SF	X				
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 3		Name of Registered Landfill Fairless Landfill			
City, State Jersey City, NJ		Disposal Date 11-9-2018		City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 11-9-2018			

CK# 5191

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

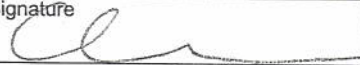
**PAID**

Date of Notification (1) 11/10/18		Name of Building Owner/Operator (2) Shopsite of Stirling							
Agencies Notified	Type Notification	Street Address 1153 Valley Rd							
<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 Stirling, New Jersey 07980							
		Name of Contact Billy Iissa	Telephone Number 908 879 7500						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Shopsite Property		Type of Facility (4)							
Street Address 46 Poplar 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) Stirling		Square Feet 2000	# of Floors 2						
County (6) Morris	County Code (7) (STATE USE ONLY)	Bldg. Age 50+							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) residence							
Street Address		Name of Abatement Contractor (9) Ace Insulation Co, Inc							
City, State, Zip Code		Street Address 95 Montrose Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Columbia, New Jersey 07722							
Telephone No.		Telephone No. 732 244 7577	License No. 00029						
Start Date (10) 11/9/18	Scheduled Completion Date (11) 11/23/18	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: <u>2AM-7PM</u>		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Garage wall + ceiling			X	transite	150 LF	X			
roof			X	gutting	100 LF	X			
roof			X	flashing	100 LF	X			
Name of Registered Waste Hauler Ace Insulation Co, Inc		NJDEP Waste Hauler ID No. 12086	Cubic Yards of Waste 4	Name of Registered Landfill Chryso					
City, State Columbia, New Jersey		Disposal Date 11/23/18		City, State Columbia, PA					
Completed by Bree M Goe		Title Secretary/Treasurer	Signature <i>[Signature]</i>		Date 11/10/18				



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

PAID

Date of Notification (1) 11/13/18		Name of Building Owner/Operator (2) Jennifer Kramer Private Home		NOV 18 2018					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]					
		City, State, Zip Code Berlin NJ 08009							
		Name of Contact Jennifer		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jennifer Kramer 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]									
City (5) Berlin NJ 08009				Square Feet 1000+	# of Floors 35+				
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address				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) 11/23/18		Scheduled Completion Date (11) 11/28/18		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 type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	600 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 11/28/18	City, State Morrisville PA 19067				
Completed by Anthony T Perna			Title President		Signature 		Date 11/13/18		

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

CL# 027757

Date of Notification (1) 11/09/18		Name of Building Owner/Operator (2) Mr. Joseph Gyde							
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 Hawthorne, NJ 07506							
		Name of Contact Mr. Joseph Gyde	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) Hawthorne, NJ 07506		Square Feet 2,000 +	# of Floors 2 +						
County (6) Passaic		County Code (7) (STATE USE ONLY)	Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Residential							
Street Address		Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.							
City, State, Zip Code		Street Address 1141 Route 23							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-628-9200	License No. 00408						
Start Date (10) 11/27/18	Scheduled Completion Date (11) 12/01/18	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1141 Route 23							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	55 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 3	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 11/09/18			



Check#3209

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

**PAID**

Date of Notification (1) 11 / 13 / 18		Name of Building Owner/Operator (2) Allen Weinberger	
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 Livingston, NJ 07039	
Name of Contact Mr. Todd		Telephone Number	

NOV 13 2018

**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-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Livingston, NJ 07039		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		License No. 01127	
Start Date (10) 11 / 23 / 18		Scheduled Completion Date (11) 11 / 24 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		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)

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

- ☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) 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
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 11/13/18	

ASB-41

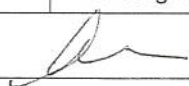
MAY 11

\* 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 12:120)

Check 18234

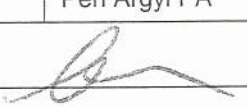
Date of Notification (1) 11/12/18		Name of Building Owner/Operator (2) Mr. Vaughn							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Red Bank, NJ 07701  Name of Contact John Egan							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 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 1900	# of Floors 1						
City (5) Red Bank		Bldg. Age 70							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 11/17/18	Scheduled Completion Date (11) 11/24/19	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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
bathroom			x	shower walls & ceiling	120 SF	x			
Name of Registered Waste Hauler ABS Environmental Services, LLC		NJDEP Waste Hauler ID No. 104248	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Glenwood NJ			Disposal Date TBD	City, State Newburg PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 11/12/18			



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

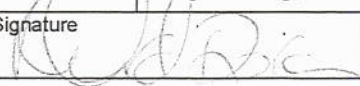
Check 18233

Date of Notification (1) 11/12/18		Name of Building Owner/Operator (2) Edmonds Contracting, Inc.							
Agencies Notified	Type Notification	Street Address 58 Ware Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Upper Saddle River, NJ 07458  Name of Contact Rob Tito  Telephone Number 201-538-3604							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) building		Type of Facility (4)							
Street Address 62-64 Main Street		<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) Hackensack		Square Feet 2,700	# of Floors 1						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 80						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276						
Start Date (10) 11/21/18		Scheduled Completion Date (11) 1/12/19	License No. 703						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<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
Roof			x	roof core	2,700 SF	x			
Roof			x	roof flashing	500 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark NJ			Disposal Date TBD	City, State Pen Argyl PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 11/12/18			

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

CHECK # 25735

**PAID**

Date of Notification (1) 11-12-18		Name of Building Owner/Operator (2) Summit West Celgene, LLC							
Agencies Notified	Type Notification	Street Address 556 Morris Avenue							
<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 Summit, NJ 07901							
		Name of Contact Janos Angeli	Telephone Number (732) 615 7374						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 556 Morris Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Summit, NJ		Square Feet 75,600GSF	# of Floors 5						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 1954						
Name of Monitoring Firm Hired by Building Owner (8) TRC Environmental Corporation		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 41 Spring Street		Street Address 200 Broad Street							
City, State, Zip Code New Providence, New Jersey 07974		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Eric Gratson		Telephone No. 908 988-1700	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) TBD	Scheduled Completion Date (11) TBD	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Toilet and Sink Caulking	8SF	x			
Basement			x	Mirror Glue Dollops	64SF	x			
Basement			x	Black Mastic	460SF	x			
Basement			x	All Stairs Floor Tile & Mastic	744SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071) / PCC (107588)		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 Richard Doran		Title Project Manager		Signature 		Date 11-12-18			



RECEIVED  
NOV 16 2018

Title Of Project: 556 Morris Avenue, Summit, NJ 07901  
Additional Materials / Floors

Pg. 2

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)
Basement	N/A	ACM Pipe Insulation	300LF	Removal
1 <sup>st</sup> Floor	N/A	Toilet & Sink Caulking	8SF	Removal
1 <sup>st</sup> Floor	N/A	Mirror Glue Dollops	64SF	Removal
1 <sup>st</sup> Floor	N/A	Ceiling & Upper Wall Glue Dollops	1,900SF	Removal
1 <sup>st</sup> Floor	N/A	Lobby Door & Window Caulk	120SF	Removal
1 <sup>st</sup> Floor	N/A	Floor Tile & Mastic	20,195SF	Removal
1 <sup>st</sup> Floor	N/A	All Stairs Floor Tile	744SF	Removal
1 <sup>st</sup> Floor	N/A	Radiator Insulation	220SF	Removal
1 <sup>st</sup> Floor	N/A	Pipe Insulation	650LF	Removal
2 <sup>nd</sup> Floor	N/A	Toilet & Sink Caulking	8SF	Removal
2 <sup>nd</sup> Floor	N/A	Mirror Glue Dollops	64SF	Removal
2 <sup>nd</sup> Floor	N/A	Ceiling & Upper Wall Glue Dollops	6,220SF	Removal
2 <sup>nd</sup> Floor	N/A	Floor Tile Mastic	22,000SF	Removal
2 <sup>nd</sup> Floor	N/A	All Stairs Floor Tile	744SF	Removal
2 <sup>nd</sup> Floor	N/A	Pipe Insulation	650LF	Removal
2 <sup>nd</sup> Floor	N/A	Radiator Insulation	220SF	Removal
3 <sup>rd</sup> Floor	N/A	Toilet & Sink Caulking	8SF	Removal
3 <sup>rd</sup> Floor	N/A	Mirror Glue Dollops	64SF	Removal
3 <sup>rd</sup> Floor	N/A	Ceiling & Upper Wall Glue Dollops	11,800SF	Removal
3 <sup>rd</sup> Floor	N/A	Tar/Glue Under Carpet	22,300SF	Removal
3 <sup>rd</sup> Floor	N/A	All Stairs Floor Tile	744SF	Removal
3 <sup>rd</sup> Floor	N/A	Pipe Insulation	650LF	Removal
3 <sup>rd</sup> Floor	N/A	Radiator Insulation	220SF	Removal
Attic	N/A	Ceiling & Upper Wall Glue Dollops	2,530SF	Removal
Attic	N/A	South West Office Floor Tile & Mastic	880SF	Removal
Attic	N/A	Door Caulk HVAC Room	4SF	Removal
Attic	N/A	Fire Doors	120SF	Removal
Attic	N/A	North West Office Floor Tile & Mastic	2,900SF	Removal
Attic	N/A	All Stairs Floor Tile	744SF	Removal
Attic	N/A	Caulk on HVAC Unit	10SF	Removal
Attic	N/A	Pipe Insulation	250LF	Removal
Attic	N/A	Electrical Panel	40SF	Removal
Attic	N/A	Electrical Wiring	150LF	Removal
Attic	N/A	Electrical Panel Black Transite	5SF	Removal



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

CK# 1928

Date of Notification (1) 11/12/18		Name of Building Owner/Operator (2) East Newark Town Center 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 900 Passaic Ave	
		City, State, Zip Code Newark, New Jersey	
		Name of Contact	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Building # 39a		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 900 Passaic Ave		Square Feet 25,000	# of Floors 3
City (5) East Newark		Bldg. Age 50+	
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Space	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a		Street Address 360 Palisade Ave	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255
Start Date (10) 11/21/18	Scheduled Completion Date (11) 01/31/19	Name of OSHA Monitor Harmony Contracting Inc	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input 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) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		
	Yes	No	N/A
Roof		x	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Name of Registered Landfill ISEI Landfill
City, State Riverdale, NJ		Cubic Yards of Waste TBD	Disposal Date TBD
Completed by E. Cirovic		Title Secretary	Date 11/12/18



# State of New Jersey - Notification of Asbestos Abatement

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

<u>Date of Notification (1)</u> <b>November 9, 2018</b>		<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancelled	
<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>		<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>	
<u>Name of Contact</u> <b>Michael Smith ENV HEALTH &amp; SAFETY</b>		<u>Telephone Number</u> <b>848.445.2550</b>	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>Admin Complex #11, Bldg # 7277</b>		<u>Type of Facility (4)</u> <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.)	
<u>Street Address</u> <b>RBHS Newark Campus</b>		<u>Sq. Feet: Unknown # of Floors: 1 Bldg. Age: 60+ years</u>	
<u>City (5)</u> <b>Newark</b>	<u>County (6)</u> <b>Essex</b>	<u>County Code (7) (State Use Only)</u>	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>ATC ASSOCIATES</b>		<u>ASCM No.</u> <b>0098</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Street Address</u> <b>511 MAIN STREET</b>	
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>City, State, Zip Code</u> <b>Butler, NJ 07405</b>	
<u>Project Manager for Monitoring Firm</u> <b>BRIAN KEARNY</b>	<u>Telephone Number</u> <b>609-386-8800</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>November 9, 2018</b>	<u>Scheduled Completion Date (11)</u> <b>November 12, 2018</b>		
<u>Occupancy Status During Abatement (Check only one)</u> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>5pm - 5am -(24 hrs &amp; Weekends as Needed)</b>		<u>Name of OSHA Monitor</u> <b>Envirovision, Inc.</b>	
<u>Street Address</u> <b>20-21, Bldg E Wagaraw Road</b>		<u>City, State, Zip Code</u> <b>Fairlawn, NJ</b>	
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>1101- 1103 Suite</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>VAT</b>	<u>Amount (Specify SF or LF)</u> <b>1340 sf</b>
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> <b>10 CYDS</b>
<u>Hauler #1)</u> <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		<u>Disposal Date</u> <b>November 12, 2018</b>	
<u>Hauler #2)</u> <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		<u>Name of Registered Landfill</u> <b>GROWS North Landfill</b>	
<u>Completed by (Print or Type)</u> <b>Raymond C. Pedalino</b>		<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>
		<u>Date</u> <b>November 9, 2018</b>	

GAC # 2018-060

# State of New Jersey - Notification of Asbestos Abatement

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

NOV 16 2018

Date of Notification (1) <b>November 2, 2018</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 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 - additional work areas & quantity and new start & completion dates <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>848.445.2550</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Admin Complex #11, Bldg # 7277</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>RBHS Newark Campus</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>1</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	Current Use (prior if being demolished): <b>Academic</b>
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</b>		ASCM No. <b>0098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>November 9, 2018</b>	Scheduled Completion Date (11) <b>November 12, 2018</b>	Name of OSHA Monitor <b>Envirovision, Inc.</b>	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>5pm - 5am - (24 hrs &amp; Weekends as Needed)</b>		Street Address <b>20-21, Bldg E Wagaraw Road</b>	
		City, State, Zip Code <b>Fairlawn, NJ</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$		<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) in Facility (13) <b>1101- 1103 Suite</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>1340 sf</b>
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>10 CYDS</b>	Name of Registered Landfill <b>GROWS North Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561		Disposal Date <b>November 12, 2018</b>	City, State <b>100 New Ford Mill Road, Morrisville, PA 19067</b> 215-736-1700
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</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 2, 2018</b>

GAC # 2018-060



# State of New Jersey - Notification of Asbestos Abatement

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

NOV 16 2018

Date of Notification (1) <b>October 23, 2018</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 type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <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>848.445.2550</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Admin Complex #11, Bldg # 7277</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>RBHS Newark Campus</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>1</b> Bldg. Age: <b>60+ years</b>	
City (5) <b>Newark</b>	County (6) <b>Essex</b>	County Code (7) (State Use Only)	
Current Use (prior if being demolished): <b>Academic</b>			
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC ASSOCIATES</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>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN KEARNY</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Telephone Number <b>609-386-8800</b>		Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>November 2, 2018</b>		Scheduled Completion Date (11) <b>November 5, 2018</b>	
Name of OSHA Monitor <b>Envirovision, Inc.</b>			
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>5pm - 5am -(24 hrs &amp; Weekends as Needed)</b>		Street Address <b>20-21, Bldg E Wagaraw Road</b>	
		City, State, Zip Code <b>Fairlawn, NJ</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 <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) in Facility (13) <b>1101, 1101B</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	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>340 sf</b>
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>10 CYDS</b>	Name of Registered Landfill <b>GROWS North Landfill</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561		Disposal Date <b>November 5, 2018</b>	City, State <b>100 New Ford Mill Road, Morrisville, PA 19067</b> 215-736-1700
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</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 23, 2018</b>

GAC # 2018-060

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

Date of Notification (1) 11/07/2018		Name of Building Owner/Operator (2) Residence							
Agencies Notified		Type Notification							
<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							
Street Address [REDACTED]		City, State, Zip Code West Orange NJ 07052							
Name of Contact Phillip Anderson		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) West Orange		Square Feet 1,479	# of Floors 2						
County (6) Essex		Bldg. Age 90							
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.							
Street Address PO Box 354		Name of Abatement Contractor (9) Brinks Tank Services							
City, State, Zip Code South Orange, NJ 07079		Street Address 1256 Liberty Avenue							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 11/20/2018	Scheduled Completion Date (11) 12/07/2018	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<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 South Orange, NJ 07079							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe insulation	45LF	X			
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>Alison Lamers</i>			Date 11/07/2018		



PAID

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

RECEIVED  
NOV 15 2018

Date of Notification (1) 11/09/2018		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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07104							
		Name of Contact Phillip Anderson	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 2,677	# of Floors 3						
County (6) Essex		County Code (7) (STATE USE ONLY)	Bldg. Age 161						
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 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 11/20/2018		Scheduled Completion Date (11) 12/07/2018							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions							
<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			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe wrap	70 LF	X			
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 [Signature]	Date 11/09/2018					

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

Date of Notification (1) 10/15/2018		Name of Building Owner/Operator (2) Residence							
Agencies Notified		Type Notification							
<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 checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address		City, State, Zip Code							
[REDACTED]		North Caldwell NJ 07006							
Name of Contact		Telephone Number							
Andrew D Lloyd Sr									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		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) North Caldwell NJ 07006		Square Feet 4,111	# of Floors 2						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 13						
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 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 10/26/2018	Scheduled Completion Date (11) 11/27/2018	Name of OSHA Monitor A. Seine Lighthouse Solutions							
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:		PO Box 354							
Scope of Work (Check All That Apply)		City, State, Zip Code							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		South Orange, NJ 07079							
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement (Furnace Room)		X		Pipe wrap	6LF	X			
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>Alison Lamers</i>	Date 10/15/2018					



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

Check # 1248

Date of Notification (1) 11/06/2018		Name of Building Owner/Operator (2) Richard Scott	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Dover, NJ 07801	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Richard Scott	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment # _____	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

NOV 16 2018

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
City (5) Dover	Square Feet 2,259	# of Floors 2	Bldg. Age 1930
County (6) Morris	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		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
Start Date (10) 11/19/2018	Scheduled Completion Date (11) 11/23/2018	Name of OSHA Monitor Envirovision Consultants, Inc.	
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: OCCUPIED		20-21 Wagaraw Rd., Bldg. 35-E	
Scope of Work (Check All That Apply)		City, State, Zip Code	
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Fair Lawn, NJ 07410	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Asbestos containing Pipe Insulation	190 LF	X			

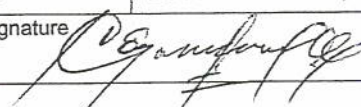
Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 11/06/2018

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

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NOV 16 2018

Date of Notification (1) 11/08/2018		Name of Building Owner/Operator (2) MANAGEMENT FEE STATIONS, INC. C/o. RPC INC							
Agencies Notified	Type Notification	Street Address 6 EMERY AVE. SUITE 1							
<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 RANDOLPH NJ. 07869							
		Name of Contact MICHAEL J. RAY	Telephone Number 973 366 1400						
<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 778 RT. 15		Square Feet 6,547	# of Floors 1						
City (5) LAKE HOPATCONG NJ.		Bldg. Age 98							
County (6) SUSSEX NJ. 07843	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) EMPIRE ENVIRONMENTAL LTD		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address 435 MAIN RD. SUITE 200		Street Address 1126 51 ST.							
City, State, Zip Code TOWACO NJ.		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm MICHAEL		Telephone No. 973 - 334 - 5541	Telephone No. 201 776 - 0642						
		License No. 01300							
Start Date (10) 11/17/2018	Scheduled Completion Date (11) 11/18 /2018	Name of OSHA Monitor EMPIRE ENVIRONMENTAL LTD							
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 345 MAIN RD. SUITE 200							
		City, State, Zip Code TOWACO NJ.							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
First Floor (Bathroom)		x		Floor Tile	25 SF.	x			
First Floor (Front entrance)		x		Floor Tile	48 Sf	x			
First Floor (Hvac system)		x		Flashing	75 SF.	x			
Name of Registered Waste Hauler NEWARK CARTING INC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill IESI BETHLEHEM LADFILL					
City, State NEWARK NJ. P.O BOX.5670		Disposal Date TBD		City, State 2335 BETHLEM, PA. 18015					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 			Date 11/08/2018		



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

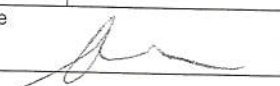
RECEIVED  
NOV 16 2018

Date of Notification (1) 11/9/18		Name of Building Owner/Operator (2) Larry Rosenberg						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code Berlin NJ 08004						
Name of Contact Larry		Telephone Number [REDACTED]						
Name of Facility Where Abatement is Taking Place (3) Resident								
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Ventnor		Square Feet # of Floors Bldg. Age						
County (6) Atlantic		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished)						
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Contractors LLC						
City, State, Zip Code		Street Address 1212 Burlington Ave						
Project Manager for Monitoring Firm		City, State, Zip Code Atlantic NJ 08015						
Telephone No.		Telephone No. 609-346-5916						
Start Date (10) 11/14/18		License No. C1070						
Scheduled Completion Date (11) 12/14/18		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code						
<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) Outside	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) Siding	Amount (Specify SF or LF) 2500	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20847		Cubic Yards of Waste		Name of Registered Landfill WM of PA		
City, State Delaware NJ		Disposal Date TBD		City, State Hightstown PA		Date 11/9/18		
Completed by Joseph T. Hall		Title President		Signature [Signature]		Date 11/9/18		

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

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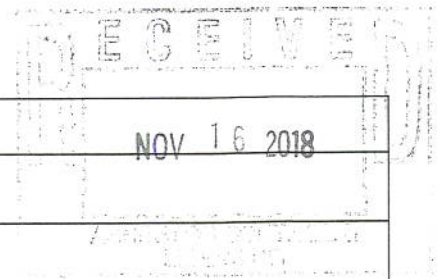
Check 18217

Date of Notification (1) 11/7/18		Name of Building Owner/Operator (2) Plymouth Rock Management Company							
Agencies Notified	Type Notification	Street Address P.O. Box 902							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Lincroft, NJ 07738							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Kurt Andariese	Telephone Number 732-241-4239						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) East Brunswick		Square Feet 1900	# of Floors 2						
County (6) Middlesex		Bldg. Age 70							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 11/16/18	Scheduled Completion Date (11) 11/26/19	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: <u>basement</u>		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 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) In Facility (13) <u>TO BE ABATED</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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	floor tile	300 SF	X			
Name of Registered Waste Hauler Tonys Cleanuup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater NJ		Disposal Date TBD		City, State Easton PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 11/7/18			



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



Date of Notification (1) 11/08/2018		Name of Building Owner/Operator (2) Terra Technical Services		NOV 16 2018					
Agencies Notified  (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	Notification Type ( ) Initial Notification (X) Amended Amendment # 1 ( ) Emergency (including justification) ( ) Cancellation		Street Address 600 South Brandywine Ave						
			City, State, Zip Code Downingtown, PA 19335						
			Name of Contact Rob Haly	Tel. Number (610)656-8968					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Drew Chemical Facility			Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1000 Harrison Ave									
City (5) Kearny, NJ 07032			Square Feet	# of Floors	Bldg. Age				
County (6) Hudson		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Bldg. Owner		ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC						
Street Address		Street Address 300-2 State Route 17 South - Suite #3							
City, State, Zip Code		City State, Zip Code Lodi, NJ 07644							
Project Manager for Monitoring Firm (8)	Telephone Number		Telephone Number (973)685-9791	License Number 01191 "A"					
Scheduled Start Date (10) 11/10/2018	Scheduled Completion Date (11) 11/22/2019		Name of OSHA Monitor						
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other – Describe:			Street Address						
			City, State, Zip Code						
Source of Work (Check all that apply) (X) $\geq 3$ sf or $\geq 3$ lf (X) $\geq 160$ sf or $\geq 260$ lf ( ) Renovation (X) Demolition ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glove bag Procedure (X) 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
Tank Farm & Pipe Bridge Area		X		Cone Felt Material	100 SF	X			
Name of Reg. Waste Hauler Cid Construction Services, LLC		NJDEP Waste Hauler ID # 32905		Cubic Yards of Waste TBD	Name of Reg. Landfill 110 Sand Company Landfill				
City, State Garfield, NJ		Disposal Date TBD		City, State Melville, NY					
Completed by Roque G Schipilliti	Title Project Manager		Signature 			Date 11/08/2018			



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

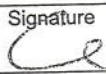
CK # 8251

Date of Notification (1) <b>November 06, 2018</b>		Name of Building Owner/Operator (2) <b>Residential Dwelling</b>							
Agencies Notified	Type Notification	Street Address [REDACTED]	City, State, Zip Code <b>Barrington, New Jersey</b>						
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact <b>c/o Kathy McDonald</b>	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residential Dwelling</b>		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) <b>Barrington</b>	Square Feet <b>1420</b>	# of Floors <b>2.5</b>	Bldg. Age <b>68yrs</b>						
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>residential - vacant</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Quality Environmental Concepts</b>		Name of Abatement Contractor (9) <b>Quality Environmental Concepts</b>							
Street Address <b>1053 North Tuckahoe Road</b>		Street Address <b>1053 North Tuckahoe Road</b>							
City, State, Zip Code <b>Williamstown, New Jersey 08094</b>		City, State, Zip Code <b>Williamstown, New Jersey 08094</b>							
Project Manager for Monitoring Firm <b>Edward Knorr</b>		Telephone No. <b>856-629-1166</b>	License No. <b>01086</b>						
Start Date (10) <b>11-16-2018</b>	Scheduled Completion Date (11) <b>11-17-2018</b>	Name of OSHA Monitor <b>Quality Environmental Concepts</b>							
Occupancy Status During Abatement (Check Only One)		Street Address <b>1053 North Tuckahoe Road</b>							
<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 <b>Williamstown, New Jersey 08094</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 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
<b>Basement</b>			<b>X</b>	<b>Air-cell pipe insulation</b>	<b>18 LF</b>	<b>X</b>			
				<b>Thermal cloth insulation</b>	<b>14 SF</b>	<b>X</b>			
				<b>wrap on ductwork</b>					
Name of Registered Waste Hauler <b>Quality Environmental Concepts</b>		NJDEP Waste Hauler ID No. <b>19710</b>	Cubic Yards of Waste <b>4cy 2cyl</b>	Name of Registered Landfill <b>Salem County Solid Waste Complex</b>					
City, State <b>Williamstown, New Jersey</b>		Disposal Date <b>TBD</b>		City, State <b>Allaway NJ</b>					
Completed by <b>Edward Knorr</b>		Title <b>Vice President</b>		Signature <i>Edward Knorr</i>		Date <b>11-06-18</b>			



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

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Date of Notification (1) 11/9/18		Name of Building Owner/Operator (2) Cherry Hill Board of Ed		NOV 16 2018	
Agencies Notified		Type Notification		Street Address	
<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		45 Ranoldo Terrace PO Box 5015	
				City, State, Zip Code Cherry Hill NJ 08034	
		Name of Contact Greg McCarty		Telephone Number 856-341-6998	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Building & Grounds Dept Building				Type of Facility (4)	
Street Address 1157 Markkress Road				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Cherry Hill NJ 08003				Square Feet 1000+	# of Floors 2
				Bldg. Age 35+	
County (6) Camden		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) TTI		ASCM No. _____		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address 1253 N Church Street				Street Address PO Box 329	
City, State, Zip Code Moorestown NJ 08057				City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 609-314-1683		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 11/22/18		Scheduled Completion Date (11) 11/30/18		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 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
1st Floor maintenance office			x	Floor tile only	735 SF
Basement storage			x	Floor Tile only	732 SF
basement hallway			x	Floor Tile only	130 SF
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.
City, State Elm NJ		Disposal Date 11/30/18		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President		Signature 	Date 11/9/18

## NOTIFICATION OF ASBESTOS ABATEMENT

Check#3205

PAID

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

Date of Notification (1) 11 / 09 / 18		Name of Building Owner/Operator (2) Aida Bascope							
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 Garfield, NJ 07026 Name of Contact Aida Bascope Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Garfield, NJ 07026 County (6) Bergen		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127							
Start Date (10) 11 / 18 / 18		Scheduled Completion Date (11) 11 / 19 / 18							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		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 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 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) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement-boiler room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA				
Completed By (Print or Type) N.Jevtic		Title Owner		Signature [Signature]		Date 11/09/18			



Check#3207

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

Date of Notification (1) 11 / 09 / 18		Name of Building Owner/Operator (2) Stephen Dunie		NOV 16 2018							
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 Plainfield, NJ 07060 Name of Contact Stephen Dunie Telephone Number 							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Plainfield, NJ 07060 County (6) Union				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age							
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470		Telephone No. License No. 973-638-1777 01127							
Start Date (10) 11 / 20 / 18		Scheduled Completion Date (11) 11 / 22 / 18		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
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				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 checked="" 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) <u>TO BE ABATED</u> 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 SIF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe insulation		200 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Furnace insulation		50 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature [Signature]		Date 11/09/18					


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)

0K7134 PAID

Date of Notification (1) 11/9/18		Name of Building Owner/Operator (2) David Bonham		NOV 16 2018					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]					
		City, State, Zip Code Bridgton NJ 08302							
		Name of Contact Greg McCarty		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) David Bonham				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Bridgton NJ 08302				Square Feet 1000+	# of Floors 2				
County (6) Cumberland				County Code (7) (STATE USE ONLY)	Bldg. Age 35+				
Name of Monitoring Firm Hired by Building Owner (8)				Current Use (Prior if being demolished) House					
ASCN 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) 11/20/18		Scheduled Completion Date (11) 11/30/18		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 type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input checked="" type="checkbox"/> Glovebag Procedure					
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	3000 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 10	Name of Registered Landfill Cumberland County Landfill				
City, State Elm NJ				Disposal Date 11/30/18	City, State Millville NJ 08095				
Completed by Anthony T Perna		Title President		Signature 		Date 11/9/18			



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


NOV 16 2018

Date of Notification (1) 11-2-2018		Name of Building Owner/Operator (2) Rockefeller Group							
Agencies Notified	Type Notification	Street Address 1221 Avenue of Americas							
<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 10020							
		Name of Contact Ronel Borner	Telephone Number 973-634-8973						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1427-1429 Willow Avenue		Square Feet 15000	# of Floors 2						
City (5) Hoboken, NJ 07030		Bldg. Age 70+							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 11-12-2018	Scheduled Completion Date (11) 11-14-2018	Name of OSHA Monitor Green 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 <input type="checkbox"/> Other – Describe: _____		Street Address 235 Virginia Avenue							
		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		X		Dust Control	4750 SF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 60	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ 07304			Disposal Date 11-2-2018	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>			Date 11-2-2018		

PAID

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

Check No. **5446**

Date of Notification (1) <b>October 29, 2018</b>		Name of Building Owner/Operator (2) <b>State of NJ, Dept. of Treasury, Div. of Property Management &amp; Construction</b>						
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <small>Not required per State Reg. 10:27-04</small> <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 # <b>01</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>20 West State Street</b> City, State, Zip Code <b>Trenton, NJ 08625</b> Name of Contact <b>(201) 499-1194</b>						
		Telephone Number <b>201-499-1194</b> NOV 16 2018						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Tramburg 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>99 West Burlington Street</b>			Square Feet <b>39,677</b>					
City (5) <b>Bordentown Township</b>			# of Floors <b>2</b>		Bldg. Age <b>53 +/-</b>			
County (6) <b>Burlington</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Business Group B</b>				
Name of Monitoring Firm Hired by Building Owner <b>Environmental Connection, Inc.</b>		ASCM No. <b>00030</b>		Name of Abatement Contractor (9) <b>B&amp;N&amp;K Restoration Co., Inc.</b>				
Street Address <b>120 North Warren Street</b>		Street Address <b>223 Randolph Avenue</b>						
City, State, Zip Code <b>Trenton, NJ 08608</b>		City, State, Zip Code <b>Clifton, NJ 07011</b>						
Project Manager for Monitoring Firm <b>Roland C. Jones</b>		Telephone No. <b>609-392-4200</b>		Telephone No. <b>973-478-4681</b> License No. <b>00120</b>				
Start Date (10) <b>November 08, 2018</b>		Scheduled Completion Date (11) <b>December 31, 2018</b>		Name of OSHA Monitor <b>McCabe Environmental Services, L.L.C.</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>Non-friable exterior work</b>				Street Address <b>464 Valley Brook Avenue</b> City, State, Zip Code <b>Lyndhurst, NJ 07071</b>				
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure				
<input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure				
				<input type="checkbox"/> Glovebag Procedure				
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
<b>Roof Control Joint</b>			<input checked="" type="checkbox"/>	<b>Caulking</b>	<b>10 In ft</b>	<input checked="" type="checkbox"/>		
<b>First Floor Main Entrance</b>		<input checked="" type="checkbox"/>		<b>Window Glazing</b>	<b>15 In ft</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>B&amp;N&amp;K Restoration Co., Inc., Tri-State Transfer Associates, Inc.</b>		NJDEP Waste Hauler ID No. <b>12695 / 2A456</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Minerva Enterprises, Inc.</b>			
City, State <b>Clifton, NJ 07011 / Bronx, NY</b>				Disposal Date <b>11/08/2018 - 12/31/2018</b>	City, State <b>Waynesburg, OH</b>			
Completed by <b>G. Roger Woodman</b>		Title <b>Project Manager</b>		Signature 		Date <b>11/8/2018</b>		



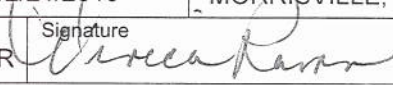
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

NOV 16 2018

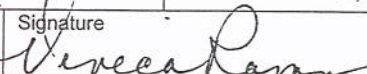
Date of Notification (1) 11/8/2018		Name of Building Owner/Operator (2) J. SUPOR	
Agencies Notified	Type Notification	Street Address 500 SUPOR BOULEVARD, BUILDING #11	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> 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 HARRISON, NJ 07029	
		Name of Contact MARK A. TRIANO	Telephone Number 973-481-2600

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) BUILDING #2		Type of Facility (4)	
Street Address 1000 FRANK E. ROGERS BOULEVARD		<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) HARRISON	Square Feet	# of Floors	Bldg. Age
County (6) HUDSON	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.	
Street Address		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING	
City, State, Zip Code		Street Address 11 VREELAND AVENUE	
Project Manager for Monitoring Firm		City, State, Zip Code TOTOWA, NJ 07512	
Telephone No.		Telephone No. 973-956-8700	License No. 00494
Start Date (10) 10/8/2018	Scheduled Completion Date (11) 12/21/2018	Name of OSHA Monitor SAME AS (9) ABOVE	
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: VACANT		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF		X		METAL CORRUGATED PANELS	150,000 SF	X			

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2,000	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State TOTOWA, NJ		Disposal Date 12/21/2018		City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature 	Date 11/8/2018	

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

Date of Notification (1) 9/28/2018		Name of Building Owner/Operator (2) J. SUPOR							
Agencies Notified	Type Notification	Street Address 500 SUPOR BOULEVARD, BUILDING #11							
<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 HARRISON, NJ 07029							
		Name of Contact MARK A. TRIANO	Telephone Number 973-481-2600						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) BUILDING #2		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 1000 FRANK E. ROGERS BOULEVARD		Square Feet	# of Floors						
City (5) HARRISON		Bldg. Age							
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-956-8700	License No. 00494						
Start Date (10) 10/8/2018	Scheduled Completion Date (11) 11/9/2018	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>VACANT</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF		X		METAL CORRUGATED PANELS	150,000 SF	X			
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 2,000	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 11/9/2018		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature 		Date 9/28/2018			



PAID


ASB-41  
MAY 11

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

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

CK 1769517702

NOV 16 2018

Date of Notification (1) 11/09/2018/		Name of Building Owner/Operator (2) Frank Caputo							
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 checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Wayne, NJ 07470							
		Name of Contact Frank Caputo	Telephone Number						
<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) Wayne		Square Feet N/A	# of Floors N/A						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
			License No. 01311						
Start Date (10) 11/19/2018	Scheduled Completion Date (11) 11/20/2018	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 type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	800 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 11/09/2018			

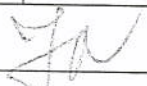


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

CK 1910

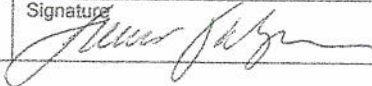
Date of Notification (1) 11/09/2018/		Name of Building Owner/Operator (2) Stevens Institute of Technology	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Castle Point on Hudson  City, State, Zip Code Hoboken, NJ 07030  Name of Contact David Fernandez  Telephone Number 201-912-4651

NOV 16 2018

FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Hoboken		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 0003	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 1253 North Church Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 609-314-1683	License No. 01311						
Start Date (10) 11/14/2018	Scheduled Completion Date (11) 11/30/2018	Name of OSHA Monitor D&S Abatement, 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 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ, 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	110 LF	X			
Basement		X		Boiler Insulation	100 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 11/09/2018		

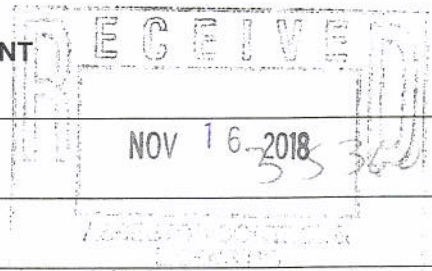
NOV 16 2018

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

Date of Notification (1) 11/06/2018		Name of Building Owner/Operator (2) Madison Board of Education							
Agencies Notified	Type Notification	Street Address 359 Woodland Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Madison, NJ 07940							
		Name of Contact Wayne Desjadin	Telephone Number 973-593-3157						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kings Road Elementary 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 215 Kings Road		Square Feet 50,000	# of Floors 2						
City (5) Madison		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis Inc		ASCM No. 00090	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address 401 St. James Ave.		Street Address 265 A Route 46 Suite 3D							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Jon Gilbert		Telephone No. 908-454-6316	License No. 0666						
Start Date (10) 11/08/2018	Scheduled Completion Date (11) 11/08/2018	Name of OSHA Monitor Bako Construction & Restoration, 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 265 A Route 46 Suite 3D							
		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 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
Faculty Room pipe tunnel	X			Pipe Insulation	<10 LF	x			
Name of Registered Waste Hauler Bako Construction & Restoration, Inc		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill/Waste Management					
City, State Totowa, NJ		Disposal Date 11/09/2018		City, State Morrisville, PA					
Completed by Damir Valjevack		Title Project Manager		Signature 			Date 11/06/2018		



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



Date of Notification (1) 11 / 09 / 18			Name of Building Owner/Operator (2) Disantis Contracting, LLC			NOV 16 2018 35360						
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 313 Halyard Road								
City, State, Zip Code Ortley Beach, NJ 08751												
Name of Contact Frank Disantis						Telephone Number 732-749-6009						
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) Residence						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]												
City (5) Lavallette						Square Feet 800 sf		# of Floors 1				
						Bldg. Age 65						
County (6) Ocean			County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Hired by Building Owner (8) N/A			ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address					Street Address 1889 Route 9, Unit 61							
City, State, Zip Code					City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 732-349-9932		License No. 00624					
Start Date (10) 11 / 23 / 18		Scheduled Completion Date (11) 11 / 26 / 18		Name of OSHA Monitor E.M.S.L. Analytical								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM					Street Address 1056 Stelton							
					City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
		Yes	No	N/A					Removal	Repair	Encapsulate	Enclosure
exterior		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding		800 sf		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3		Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey					Disposal Date 11/26/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola			Title Project Manager			Signature 			Date 11/9/18			



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

Date of Notification (1)

11 / 8 /18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #3  
☐ Cancellation  
☒ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
PRUDENTIAL FINANCIAL

Street Address  
751 BROAD STREET

City, State, Zip Code  
NEWARK, NEW JERSEY 07102

Name of Contact  
JASON MCCAULEY

Telephone Number  
973-802-4072

NOV 16 2018

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
PRUDENTIAL BUILDING

Street Address  
751 BROAD STREET - 6TH FLOOR

City (5)  
NEWARK

County (6)  
ESSEX

County Code (7)  
(STATE USE ONLY)

ASCM No.

Name of Monitoring Firm Hired by Building Owner (8)  
ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

Street Address  
28 NORTH PENNELL ROAD  
City, State, Zip Code  
MEDIA, PA 19063

Project Manager for Monitoring Firm  
RONALD KHACHADOURIAN

Telephone Number  
610-891-0114

Expected State Date (10)

10 / 16 /18  
Month Day Year

Sched. Completion Date (11)

3 / 30 /19  
Month Day Year

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 6 PM-2 AM  
SATURDAY & SUNDAY 7 AM-12AM

Scope of Work (Check all that apply)

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

☒ Renovation

☒ Full Containment  
☐ Mini-Encl.  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Type of Facility (4)

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

Square Feet  
785,000

# of Floors  
27

Bldg. Age  
58

Current Use (Prior if being demolished) Pharm. Lab.  
COMMERCIAL

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Telephone Number  
845-369-7500

License Number  
1101

Name of OSHA Monitor  
QUALITY

Street Address  
1376 ROUTE 9

City, State, Zip Code  
WAPPINGERS FALLS, NEW YORK 12590

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
913

Cubic Yards of Waste  
120

Name of Registered Landfill  
GRAND CENTRAL SANITARY

City, State  
NEWARK, NEW JERSEY

Disposal Date  
10/15-03/30/19

City, State  
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

11/8/18



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


Date of Notification (1) 10 / 19 /18		Name of Building Owner/Operator (2) PRUDENTIAL FINANCIAL	
Agencies Notified		Street Address 751 BROAD STREET	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code NEWARK, NEW JERSEY 07102	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact JASON MCCAULEY	
		Telephone Number 973-802-4072	

NOV 16 2018

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRUDENTIAL BUILDING			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)
Street Address 751 BROAD STREET - 6TH FLOOR			Square Feet 785,000
City (5) NEWARK			# of Floors 27
County (6) ESSEX			Bldg. Age 58
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL
Name of Monitoring Firm Hired by Building Owner (8) ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC		ASCM No.	
Street Address 28 NORTH PENNELL ROAD		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code MEDIA, PA 19063		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm RONALD KHACHADOURIAN		City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 610-891-0114		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 10 / 16 /18 Month Day Year		Sched. Completion Date (11) 3 / 30 /19 Month Day Year	
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: MONDAY -FRIDAY 6 PM-2 AM SATURDAY & SUNDAY 7 AM-12AM		Name of OSHA Monitor QUALITY	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Street Address 1376 ROUTE 9
City, State, Zip Code WAPPINGERS FALLS, NEW YORK 12590

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	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY
City, State NEWARK, NEW JERSEY		Disposal Date 10/15-03/30/19	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 10/19/18

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

<b>Date of Notification (1)</b> 10 / 12 /18		<b>Name of Building Owner/Operator (2)</b> PRUDENTIAL FINANCIAL	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 751 BROAD STREET	
		<b>City, State, Zip Code</b> NEWARK, NEW JERSEY 07102	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Name of Contact</b> JASON MCCAULEY	
		<b>Telephone Number</b> 973-802-4072	

FACILITY INFORMATION			
<b>Name of Facility Where Abatement is Taking Place (3)</b> PRUDENTIAL BUILDING		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 751 BROAD STREET - 6TH FLOOR		<b>Square Feet</b> 785,000	<b># of Floors</b> 27
		<b>Bldg. Age</b> 58	
<b>City (5)</b> NEWARK	<b>County (6)</b> ESSEX	<b>County Code (7)</b> (STATE USE ONLY)	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC		<b>ASCM No.</b> ASCM No.	
<b>Street Address</b> 28 NORTH PENNELL ROAD		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> MEDIA, PA 19063		<b>Street Address</b> 313 SPOOK ROCK ROAD	
		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> RONALD KHACHADOURIAN		<b>Telephone Number</b> 610-891-0114	<b>License Number</b> 845-369-7500
<b>Expected State Date (10)</b> 10 / 16 /18 Month Day Year		<b>Sched. Completion Date (11)</b> 3 / 30 /19 Month Day Year	
<b>Occupancy Status During Abatement (Check only one)</b> <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: MONDAY -FRIDAY 6 PM-2 AM		<b>Name of OSHA Monitor</b> QUALITY	
		<b>Street Address</b> 1376 ROUTE 9	
		<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590	

<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
		<input checked="" type="checkbox"/> Renovation	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

<b>Name of Registered Waste Hauler</b> NEWARK CARTING	<b>NJDEP Waste Hauler ID No.</b> 913	<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY
<b>City, State</b> NEWARK, NEW JERSEY	<b>Disposal Date</b> 10/15-03/30/19		<b>City, State</b> PLAINFIELD TOWNSHIP, PA
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 10/12/18



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

32721

<b>Date of Notification (1)</b> 10 / 4 /18			<b>Name of Building Owner/Operator (2)</b> PRUDENTIAL FINANCIAL			
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			
			<b>Street Address</b> 751 BROAD STREET			
			<b>City, State, Zip Code</b> NEWARK, NEW JERSEY 07102			
			<b>Name of Contact</b> JASON MCCAULEY		<b>Telephone Number</b> 973-802-4072	

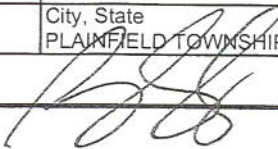
**FACILITY INFORMATION**

<b>Name of Facility Where Abatement is Taking Place (3)</b> PRUDENTIAL BUILDING			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>Street Address</b> 751 BROAD STREET - 6TH FLOOR			<b>Square Feet</b> 785,000	<b># of Floors</b> 27	<b>Bldg. Age</b> 58
<b>City (5)</b> NEWARK	<b>County (6)</b> ESSEX	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL</b>		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC			<b>ASCM No.</b>		
<b>Street Address</b> 28 NORTH PENNELL ROAD			<b>City, State, Zip Code</b> MEDIA, PA 19063		
<b>Project Manager for Monitoring Firm</b> RONALD KHACHADOURIAN			<b>Telephone Number</b> 610-891-0114		
<b>Expected State Date (10)</b> 10 / 15 /18			<b>Sched. Completion Date (11)</b> 3 / 30 /19		
<b>Occupancy Status During Abatement (Check only one)</b> <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: MONDAY -FRIDAY 6 PM-2 AM			<b>Name of OSHA Monitor</b> QUALITY		
			<b>Street Address</b> 1376 ROUTE 9		
			<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590		

**Scope of Work (Check all that apply)**

<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment
<input type="checkbox"/> >3SF OR LF		<input type="checkbox"/> Mini-Enclo.
<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> 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	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

<b>Name of Registered Waste Hauler</b> NEWARK CARTING	<b>NJDEP Waste Hauler ID No.</b> 913	<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY
<b>City, State</b> NEWARK, NEW JERSEY		<b>Disposal Date</b> 10/15-03/30/19	<b>City, State</b> PLAINFIELD TOWNSHIP, PA
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b>  <b>Date</b> 10/4/18



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

<b>Date of Notification (1)</b> 11 / 8 /18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> PATRICIA JOHNSON	<b>Telephone Number</b> 732-594-7746



<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33				<b>Square Feet</b> 98,230	<b># of Floors</b> 7
<b>City (5)</b> RAHWAY				<b>Bldg. Age</b> 71	
<b>County (6)</b> UNION		<b>County Code (7)</b> (STATE USE ONLY)		<b>Current Use (Prior if being demolished)</b> COMMERCIAL	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 655 WEST SHORE TRAIL				<b>Street Address</b> 313-SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 460
<b>Expected State Date (10)</b> 11 / 1 /18		<b>Sched. Completion Date (11)</b> 6 / 30 /19		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<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 checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM Sunday 7am-5pm					
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF					
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure					
<input checked="" type="checkbox"/> WET WIPE HEPA VACUUM					

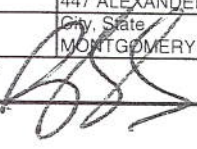
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROO, 332			X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:			X						
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X			

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 50	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 11/8/18



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

Date of Notification (1) 11 / 2 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION						
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065						
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet 98,230	# of Floors 7					
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		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	License Number 460					
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 30 /19						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM Sunday 7am-5pm		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480						
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> WET WIPE HEPA VACUUM								
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)					
Abatement Type								
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>CONTROL</td> <td>DUST</td> <td>REPAIR</td> <td>ENCAPSUL</td> <td>ENCLOSUR</td> </tr> </table>				CONTROL	DUST	REPAIR	ENCAPSUL	ENCLOSUR
CONTROL	DUST	REPAIR	ENCAPSUL	ENCLOSUR				
3RD FLOOR ROOM 305	X	FIRE PROOFING DUST	10 SF					
3RD FLOOR ROOM 303	X	FIRE PROOFING DUST	10 SF					
3RD FLOOR ROOM 304	X	FIRE PROOFING DUST	10 SF					
3RD FLOOR ROOM 319	X	FIRE PROOFING DUST	10 SF					
3RD FLOOR ROOM 320	X	FIRE PROOFING DUST	10 SF					
3RD FLOOR ROOM 321	X	FIRE PROOFING DUST	10 SF					
3RD FLOOR ROOM 323	X	FIRE PROOFING DUST	10 SF					
3RD FLOOR ROOM 325	X	FIRE PROOFING DUST	10 SF					
3RD FLOOR ROOM 326	X	FIRE PROOFING DUST	10 SF					
3RD FLOOR ROOM 327	X	FIRE PROOFING DUST	10 SF					
3RD FLOOR ROO, 332	X	FIRE PROOFING DUST	10 SF					
6TH FLOOR ROOM 614	X	FIRE PROOFING DUST	10 SF					
ADDITION TO SCOPE:	X							
2ND FLOOR ROOM 227		FIRE PROOFING DUST	10 SF					
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15					
City, State FREEHOLD, NEW JERSEY	Disposal Date 11/01-6/30/19	City, State MONTGOMERY, PA 17752						
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 11/2/18					

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


<b>Date of Notification (1)</b> 11 / 2 / 18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<b>Name of Contact</b> PATRICIA JOHNSON		<b>Telephone Number</b> 732-594-7746	

NOV 16 2018

<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33				<b>Square Feet</b> 98,230		<b># of Floors</b> 7	
<b>City (5)</b> RAHWAY		<b>County (6)</b> UNION		<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> COMMERCIAL	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				<b>ASCM No.</b> 17		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 655 WEST SHORE TRAIL				<b>Street Address</b> 313 SPOOK ROCK ROAD			
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901			
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH				<b>Telephone Number</b> 973-729-5649		<b>Telephone Number</b> 845-369-7500	
<b>Expected State Date (10)</b> 11 / 1 / 18				<b>Sched. Completion Date (11)</b> 6 / 30 / 19		<b>License Number</b> 460	
<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 checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM <b>SATURDAY 7AM-5 PM</b>				<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480			
<b>Street Address</b> 117 EAST 30TH STREET				<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016			


<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure		<input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	
<input type="checkbox"/> Mini-Enclos.		<input type="checkbox"/> Glovebag Procedure		<input type="checkbox"/> 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			DUST CONTROL	REPAIR	ENCAPSUL	ENCLOSUR	
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 326			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 332			X	FIRE PROOFING DUST	10 SF	X				
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X				
ADDITION TO SCOPE:			X							
2ND FLOOR ROOM 227				FIRE PROOFING DUST	10 SF	X				

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		<b>NJDEP Waste Hauler ID No.</b> 15939		<b>Cubic Yards of Waste</b> 50		<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15	
<b>City, State</b> FREEHOLD, NEW JERSEY		<b>Disposal Date</b> 11/01-6/30/19		<b>City, State</b> MONTGOMERY, PA 17752			
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 		<b>Date</b> 11/2/18	



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

<b>Date of Notification (1)</b> 10 / 31 /18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.																																																																																																																																																															
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION																																																																																																																																																															
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065																																																																																																																																																															
<b>Name of Contact</b> PATRICIA JOHNSON		<b>Telephone Number</b> 732-594-7746																																																																																																																																																															
<b>FACILITY INFORMATION</b>																																																																																																																																																																	
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)																																																																																																																																																															
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33		<b>Square Feet</b> 98,230	<b># of Floors</b> 7	<b>Bldg. Age</b> 71																																																																																																																																																													
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7)</b> (STATE USE ONLY)																																																																																																																																																															
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION																																																																																																																																																															
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD																																																																																																																																																															
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901																																																																																																																																																															
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 460																																																																																																																																																													
<b>Expected State Date (10)</b> 11 / 1 /18		<b>Sched. Completion Date (11)</b> 6 / 30 /19																																																																																																																																																															
<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 checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480																																																																																																																																																															
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<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 50	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752																																																																																																																																																													
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 10/31/18																																																																																																																																																													

32836

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

Date of Notification (1) 10 / 22 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-7746

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet 98,230	# of Floors 7
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 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 S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 460
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 30 /19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	

Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016		Full Containment with Negative Pressure <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input type="checkbox"/>	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			

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			DUST CONTROL	REPAIR	ENCAPSULE	ENCLOSURE
3RD FLOOR ROOM 305			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325			X	FIRE PROOFING DUST	10 SF	X			
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3RD FLOOR ROOM 327			X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM, 332			X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614			X	FIRE PROOFING DUST	10 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 50		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 11/01-6/30/19		City, State MONTGOMERY, PA 17752			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 10/27/18	



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

RECEIVED  
NOV 16 2018

NOCK

Date of Notification (1)

11 / 8 18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #2  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
MERCK SHARP & DOHME CORP.

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

City, State, Zip Code  
RAHWAY, NEW JERSEY 07065

Name of Contact  
PATRICIA JOHNSON

Telephone Number  
732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address  
126 EAST LINCOLN AVENUE - BUILDING 53

City (5)  
RAHWAY

County (6)  
UNION

County Code (7)  
(STATE USE ONLY)

ASCM No.  
104

Type of Facility (4)

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

Square Feet  
123,400

# of Floors  
2

Bldg. Age  
46

Current Use (Prior if being demolished)  
VACANT

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Telephone Number  
845-369-7500

License Number  
1101

Name of OSHA Monitor  
AMERISCI LABORATORIES INC #11480

Street Address  
117 EAST 30TH STREET

City, State, Zip Code  
NEW YORK, NEW YORK 10016

Project Manager for Monitoring Firm  
WILLIAM S. KERBEL, CIH

Telephone Number  
973-729-5649

Expected State Date (10)

Sched. Completion Date (11)  
11 / 8 / 18  
Month Day Year

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 thru Friday 6pm to 12am

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

☐ WET WIPE & HEPA VAC

Location of  
Asbestos-containing  
Material (ACM)  
TO BE ABATED  
in Facility (13)

Is Location  
normally used  
solely by  
Maint/Custodial  
Staff (12)  
Yes No N/A

Description of Asbestos-  
Containing Material (ACM)  
(ie. Thermal systems  
insulation, surfacing, VAT,  
or other miscellaneous)

Amount  
(Specify  
SF or LF)

Abatement Type

REMOVAL  
REPAIR  
ENCAPSUL  
ENCLOSUR

1ST FLOOR MEN & WOMENS BATHROOM

X

FLOOR TILE & FLOOR MASTIC

245 SQ. FT.

X

1ST FLOOR MEN & WOMENS BATHROOM

X

PIPE FITTINGS

21 LN. FT.

X

Name of Registered Waste Hauler  
FREEHOLD CARTING  
825 HIGHWAY 33

NJDEP Waste  
Hauler ID No.  
15939

Cubic Yards of Waste  
10

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

City, State  
FREEHOLD, NEW JERSEY

Disposal Date  
10/31 to 11/2

City, State  
MONTGOMERY, PA 17752

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

11/8/18



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

32856

Date of Notification (1)

10 / 29 18

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Street Address

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

City, State, Zip Code  
RAHWAY, NEW JERSEY 07065

Name of Contact  
PATRICIA JOHNSON

Telephone Number  
732-594-7746

NOV 16 2018

FACILITY INFORMATION

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MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)  
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# of Floors  
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Bldg. Age  
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Street Address  
126 EAST LINCOLN AVENUE - BUILDING 53

City (5)  
RAHWAY

County (6)  
UNION

County Code (7)  
(STATE USE ONLY)

ASCM No.  
104

Current Use (Prior if being demolished)  
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ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Name of Abatement Contractor (9)  
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Street Address  
655 WEST SHORE TRAIL  
City, State, Zip Code

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Telephone Number  
845-369-7500

License Number  
1101

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm  
WILLIAM S. KERBEL, CIH

Telephone Number  
973-729-5649

Name of OSHA Monitor  
AMERISCI LABORATORIES INC #11480

Expected State Date (10)  
11 / 2 / 18  
Month Day Year

Sched. Completion Date (11)  
12 / 30 / 18  
Month Day Year

Occupancy Status During Abatement (Check only one)  
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☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☐ Other - Describe Monday thru Friday 6pm to 12am

Street Address  
117 EAST 30TH STREET

City, State, Zip Code  
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Renovation

☒ Full Containment with Negative Pressure  
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1ST FLOOR MEN & WOMENS BATHROOM

X

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245 SQ. FT.

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1ST FLOOR MEN & WOMENS BATHROOM

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21 LN. FT. \*

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City, State  
FREEHOLD, NEW JERSEY

NJDEP Waste  
Hauler ID No.  
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Disposal Date  
10/31 to 11/2

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MONTGOMERY, PA 17752

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date  
10/29/18



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

32820

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Street Address  
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 NOV 16 2018

City, State, Zip Code  
RAHWAY, NEW JERSEY 07065

Name of Contact  
PATRICIA JOHNSON

Telephone Number  
732-594-7746

Agencies Notified

☐ EPA  
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☒ DOL  
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Type Notification

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Name of Abatement Contractor (9)  
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Street Address  
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City, State, Zip Code  
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845-369-7500

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Project Manager for Monitoring Firm  
WILLIAM S. KERBEL, CIH

Telephone Number  
973-729-5649

Expected State Date (10)  
10 / 31 / 18

Sched. Completion Date (11)  
12 / 30 / 18

Name of OSHA Monitor  
AMERISCI LABORATORIES INC

#11480

Street Address  
117 EAST 30TH STREET

City, State, Zip Code  
NEW YORK, NEW YORK 10016

Occupancy Status During Abatement (Check only one)

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Abatement Type

REMOVAL REPAIR ENCAPSUL ENCLOSUR

1ST FLOOR MEN & WOMENS BATHROOM

X

FLOOR TILE & FLOOR MASTIC

245 SQ. FT.

X

1ST FLOOR MEN & WOMENS BATHROOM

X

PIPE FITTINGS

21 LN. FT.

X

Name of Registered Waste Hauler  
FREEHOLD CARTING  
825 HIGHWAY 33

NJDEP Waste  
Hauler ID No.  
15939

Cubic Yards of Waste  
10

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

City, State  
FREEHOLD, NEW JERSEY  
Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

City, State  
MONTGOMERY, PA 17752

Date

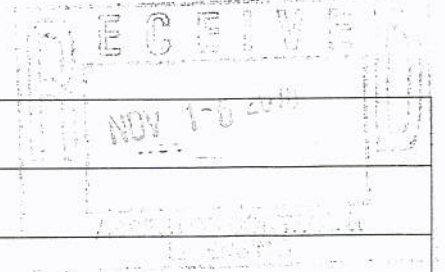
10/17/18



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

CK 13000

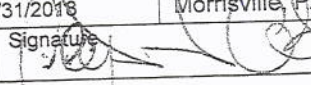
PAID



Date of Notification (1) 11/06/2018			Name of Building Owner/Operator (2) Plainfield 22 Developers LLC						
Agencies Notified <input 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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1195 Route 70, Suite 2000					
				City, State, Zip Code Lakewood, New Jersey 08701					
				Name of Contact Maurice Zakaria Telephone Number 732-961-8112					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Fabric Store				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)					
Street Address 855 Route 22									
City (5) North Plainfield, New Jersey 07060				Square Feet 30,000	# of Floors 1				
				Bldg. Age 55+					
County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Retail Bldg					
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services LLC			ASCM No.		Name of Abatement Contractor (9) Lilich Corporation				
Street Address 134 Bennington Parkway			Street Address 606 McBride Ave						
City, State, Zip Code Franklin Park, New Jersey 08823			City, State, Zip Code Woodland Park, New Jersey						
Project Manager for Monitoring Firm Krzysztof Lis		Telephone No 201-652-1119		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 10/26/2018		Scheduled Completion Date (11) 11/23/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Tent/Glove Bag 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) Yes    No    N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Removal	Repair	Encapsulate			Enclosure			
Lower Level Section			X	Roofing Material	16,400 SF	X			
Lower Level Section			X	Transite	200 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 200	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Dispose Date 11/28/2018	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 			Date 11/06/2018		



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

Date of Notification (1) 10/16/2018		Name of Building Owner/Operator (2) Plainfield 22 Developers LLC		Check # 1286					
Agencies Notified		Type Notification		Street Address 1195 Route 70, Suite 2000					
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Lakewood, New Jersey 08701					
Name of Contact Maurice Zakaria				Telephone Number 732-961-8112					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Fabric Store				Type of Facility (4)					
Street Address 855 Route 22				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)					
City (5) North Plainfield, New Jersey 07060				Square Feet 30,000	Bldg. Age 55+				
County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Retail Bldg					
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services LLC		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 134 Bennington Parkway				Street Address 606 McBride Ave					
City, State, Zip Code Franklin Park, New Jersey 08823				City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm Krzysztof Lis		Telephone No 201-652-1119		Telephone No. 973-225-8400	License No. 01104				
Start Date (10) 10/26/2018		Scheduled Completion Date (11) 12/31/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<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 Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Tent/Glove Bag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lower Level Section			X	Roofing Material	16,400 SF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 180	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey		Disposal Date 12/31/2018		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 			Date 10/16/2018		

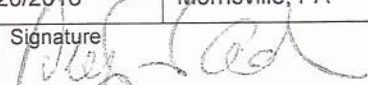


ck 1309

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

RECEIVED

Date of Notification (1) 11/06/2018		Name of Building Owner/Operator (2) St. James AME Development Corp.		Check No. 1309 NOV 16 2018				
Agencies Notified  <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 440 Washington Street  City, State, Zip Code Newark, New Jersey 07102  Name of Contact Evan Seltzer  Telephone Number 973-643-07102				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) St. James AME Tower Apartments Apt. 21 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 440 Washington Street			Square Feet 175,000 # of Floors High-rise Bldg. Age 50+					
City (5) Newark, New Jersey 07102		County (6) Essex County Code (7) (STATE USE ONLY) _____						
Current Use (Prior if being demolished) Apartment High-rise		Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services, LLC ASCM No. _____						
Name of Abatement Contractor (9) Lilich Corporation		Street Address 134 Bennington Pkwy City, State, Zip Code Franklin Park, New Jersey 08823						
Street Address 606 McBride Avenue		City, State, Zip Code Woodland Park, New Jersey 07424 Telephone No. 973-225-8400 License No. 01104						
Project Manager for Monitoring Firm Krzysztof Lis		Telephone No. 732-940-6207 Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Start Date (10) 11/16/2018		Scheduled Completion Date (11) 11/20/2018		Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083				
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 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 / Limited Containment & Tent <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
APT. 21 B		X	O&M Clean Up of ACM Debris	1300 SF				X
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill		
City, State Woodland Park, New Jersey		Disposal Date 11/20/2018		City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 		Date 11/06/2018		



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

RECEIVED

NOV 16 2018

Date of Notification (1) 11/9/18		Name of Building Owner/Operator (2) Anna Minix							
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 Brooklawn, NJ							
		Name of Contact Anna Minix	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Brooklawn		Bldg. Age							
County (6) Camden	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) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 11/12/18	Scheduled Completion Date (11) 11/13/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input 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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior				Transite Panels	150SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 11/13/18		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 11/9/18			



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

Check # 10550

RECEIVED  
NOV 16 2018

Date of Notification (1) <b>Nov 13, 2018</b>		Name of Building Owner/Operator (2) <b>Logan Suarez</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code <b>Cherry Hill NJ 08034</b>						
		Name of Contact <b>Logan Suarez</b>	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</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	# of Floors <b>2</b>						
City (5) <b>Cherry Hill NJ 08034</b>		Bldg. Age <b>50+</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>11-27-18</b>	Scheduled Completion Date (11) <b>11-27-18</b>		Name of OSHA Monitor <b>EPC Technologies 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>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<b>Kitchen</b>		<b>X</b>		<b>FLOOR Tiles</b>	<b>200 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>11-28-18</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>		Signature <b>Steve Schenker</b>		Date <b>11-13-18</b>			



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

CHECK # 6007

Date of Notification (1) 11-08-18		Name of Building Owner/Operator (2) The Port Authority of NY & NJ							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport		Street Address Newark Liberty International Airport, Bldg. 125, Central Terminal Area City, State, Zip Code Newark, NJ 07114 Name of Contact John A. Volpe Telephone Number (973) 622-0800 ext. 259							
<b>FACILITY INFORMATION</b>									
Street Address 3 Brewster 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.)							
City (5) Newark	Square Feet 100,000	# of Floors	Bldg. Age 88 yrs.						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Airport							
Name of Monitoring Firm Hired by Building Owner (8) The Port Authority of NY & NJ		ASCM No. N/A	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 241 Erie Street		Street Address 200 Broad Street							
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-622-0800	Telephone No. 201-939-6565						
Start Date (10) 11-19-18	Scheduled Completion Date (11) 01-30-19	License No. 00756							
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: Abatement will be conducted in a restricted area.		Name of OSHA Monitor Testor Technology Environmental Services							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior: Building 109: Roof			x	ACRM	600SF	x			
Exterior: Building 109: Kitchen			x	Sink Gasket	2SF	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 Raymond Kinsella		Title Project Manager		Signature		Date 11-08-18			



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

CK# 1925

Date of Notification (1) 11/10/18		Name of Building Owner/Operator (2) East Newark Town Center 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 900 Passaic Ave							
		City, State, Zip Code Newark, New Jersey							
		Name of Contact	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Building # 50		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 900 Passaic Ave		Square Feet 25,000	# of Floors 3						
City (5) East Newark		Bldg. Age 50+							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Space							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
Start Date (10) 11/19/18		Scheduled Completion Date (11) 01/31/19	License No. 01255						
Name of OSHA Monitor Harmony Contracting Inc									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof		x		Roof Membrane	1,250 SF	x			
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill					
City, State Riverdale, NJ			Disposal Date TBD	City, State Bethlehem, PA					
Completed by E. Cirovic		Title Secretary	Signature <i>E. Cirovic</i>			Date 11/10/18			



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

CK1924 PAID CK# 1924

Date of Notification (1) 11/10/18		Name of Building Owner/Operator (2) East Newark Town Center 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 900 Passaic Ave	
		City, State, Zip Code Newark, New Jersey	
		Name of Contact	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building # 36		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 900 Passaic Ave		Square Feet 25,000	# of Floors 3
City (5) East Newark		Bldg. Age 50+	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial Space	
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a		Street Address 360 Palisade Ave	
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255
Start Date (10) 11/19/18	Scheduled Completion Date (11) 01/31/19	Name of OSHA Monitor Harmony Contracting Inc	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	

## Scope of Work (Check All That Apply)

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

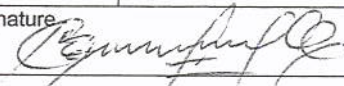
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof		x		Roof Membrane	2,850 SF	x			

Name of Registered Waste Hauler Rovic Transport	NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill ISEI Landfill
City, State Riverdale, NJ	Disposal Date TBD	City, State Bethlehem, PA	
Completed by E. Cirovic	Title Secretary	Signature <i>E. Cirovic</i>	Date 11/10/18



PAID

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

Date of Notification (1) 11/05/2018		Name of Building Owner/Operator (2) YEUNG'S CONTRACTING							
Agencies Notified	Type Notification	Street Address 500 CHESTNUT RIDGE RD.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code WOODCLIFF LAKE 07677							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact IVAN	Telephone Number 201- 621 - 3618						
<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 1,510 SF.	# of Floors 2						
City (5) UPPER SADDLE RIVER NJ. 07458		Bldg. Age 118							
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) yes							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 1126 51 ST							
City, State, Zip Code		City, State, Zip Code NORTH BERGENJ. 07047							
Project Manager for Monitoring Firm		Telephone No. 201 -776 - 0642	License No. 01300						
Start Date (10) 11/07/2018	Scheduled Completion Date (11) 11/08/2018	Name of OSHA Monitor EMSL ANALITYCAL LAB. 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.W. 38th. STREET							
		City, State, Zip Code NEW YORK, NEW YORK. 10018							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 If	<input checked="" type="checkbox"/> Demolition	<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
Bathroom. 2nd. Floor		x		Floor Tile 12x12	20.SF	x			
Basement		x		Floor Tile 9x9	160 SF	x			
Detached Garage		x		Exterior siding	520 SF.	x			
Name of Registered Waste Hauler TRI - STATE ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State BRONX NY			Disposal Date TBD	City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 			Date 11/05/2018			



011895

PAID

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

RECEIVED

Date of Notification (1) 11-05-18		Name of Building Owner/Operator (2) Omar Rodriguez	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Elizabeth, NJ 078201	
		Name of Contact Omar Rodriguez	Telephone Number

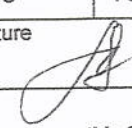
  

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Elizabeth,		Bldg. Age	
County (6) Union	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) 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. 201 216-9603	License No. 01206
Start Date (10) 11-05-18	Scheduled Completion Date (11) 11-07-18	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 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 type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

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

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 11-09-18		City, State Tullytown, PA	
Completed by Jaime Delgado	Title Proj. Manager.	Signature 		Date 11-05-18	



**PAID**

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-1)  
\*\*\*EMERGENCY\*\*\*

NOV 7 2018

Check # 9333

B & G Proj. # 2018-227  
CK9333

Date of Notification (1)  
11/17/2018

Name of Building Owner/Operator (2)  
Roselle School District

Street Address  
710 Locust Drive

City, State, Zip Code  
Roselle, NJ 07203

Name of Contact  
Kelvin White

Telephone Number  
808-482-1527

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

Type Notification  
☒ Initial  
☐ Amendment  
☐ Cancellation

DOL - 10 DAY

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Charles C. Polk Elem. School (NON-Sub B)

Street Address  
1100 Warren St.

City (6)  
Roselle

County (8)  
Union

County Code (7)  
(State use only)

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

Square Feet  
# of Floors  
Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8)  
Envirovision Consultant's Inc.

ASCM No.  
n/a

Name of Abatement Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
(973) 996-3869

License Number  
00378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryerson Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm  
Fred Larsen

Phone Number  
973-636-9145

Scheduled Start Date (10)  
11/07/2018

Sched. Completion Date (11)  
11/08/2018

Occupancy Status During Abatement (Check only one)  
☒ Facility closed/evacuated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
 Describe:  
☐ Other-Describe: Start @ 4:00 p.m. Wednesday only

Scope of Work (check all that apply)  
☐ Demolition  
☒ Renovation  
☐ Full Containment: w/negative pressure  
☐ Glovebag procedure  
☒ >3 sf or >3 lf  
☐ ≥100 sf or ≥280 lf  
☒ Mini-enclosure  
☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p s u l e	E n c l o s e
	Yes	No	N/A						
Room # 104			X	Pipe (Wrap & Cut)	20 lf	X			

Registered Waste Hauler  
B & G Restoration, Inc.

NJDEP Hauler ID#  
19563

Cubic Yards of Waste  
3

Name of Registered Landfill  
Granite Central Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
11/8/2018

City, State  
Pen Argyl, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
Gordana Luna

Date  
11/07/2018



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

B & G proj. #: 2018-227

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

Check # 9333

Date of Notification (1) <u>11/10/18</u>		Name of Building Owner/Operator (2) Roselle School District	
Agencies Notified	Type Notification	Street Address 710 Locust Drive	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Roselle, NJ 07203	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Kelvin White	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 908-482-1527	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Charles C. Polk Elem. School (NON-Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1100 Warren St.			Square Feet    # of Floors    Bldg. Age		
City (5) Roselle	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Envirovision Consultant's Inc.		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Rd. - Bldg.35E Fair Lawn, NJ 07410-1322			Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410-1322			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Fred Larsen		Phone Number 973-636-9145	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/07/2018		Sched. Completion Date (11) 11/08/2018	Name of OSHA Monitor B & G Restoration, 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: <input type="checkbox"/> Other-Describe: <u>Start @ 4:00 p.m. Wednesday only</u>			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input type="checkbox"/> Glovebag procedure    |
| <input 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-friable procedure |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room # 104			<input checked="" type="checkbox"/>	Pipe (Wrap & Cut)	20 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 11/8/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/07/2018



CK 9337

B &amp; G Proj. #: 2018-228

PAID

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

NOV 16 2018  
Check # 9337

Date of Notification (1) 11/10/2018		Name of Building Owner/Operator (2) Brian & Janis G. Book	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Wayne, NJ 07470	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Brian Book	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Brian & Janis G. Book			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Wayne	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973) 881-8869		
Scheduled Start Date (10) 11/10/2018		Sched. Completion Date (11) 11/10/2018	License Number 00378		
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:			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure  
☒ > 3 sf or > 2 ft ☐ ≥ 160 sf or ≥ 260 lf ☒ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encapsulate	Enclose
	Yes	No	N/A						
Garage			X	pipe insulation	10 lf	X			
Garage			X	pipe	20 lf			X	
Basement			X	pipe insulation	40 lf	X			
Basement entrance			X	pipe insulation	8 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grant Central Landfill
City, State Lincoln Park, NJ	Disposal Date 11/10/2018	City, State Perryville, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/09/2018



B &amp; G proj. #: 2018-228

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

\*\*\*Emergency\*\*\*

Check # 9337

Date of Notification (1) 11/10/18		Name of Building Owner/Operator (2) Brian & Janis G. Boak	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Wayne, NJ 07470	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Brian Boak	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Brian & Janis G. Boak			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet    # of Floors    Bldg. Age		
City (5) Wayne	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/10/2018		Sched. Completion Date (11) 11/10/2018		Name of OSHA Monitor B & G Restoration, 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: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Demolition                | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag 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-friable procedure         |

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Garage			<input checked="" type="checkbox"/>	pipe insulation	10 lf	<input checked="" type="checkbox"/>			
Garage			<input checked="" type="checkbox"/>	pipe	20 lf			<input checked="" type="checkbox"/>	
Basement			<input checked="" type="checkbox"/>	pipe insulation	40 lf	<input checked="" type="checkbox"/>			
Basement entrance			<input checked="" type="checkbox"/>	pipe insulation	6 lf	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 11/10/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 10/09/2018



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

Check#3208

Date of Notification (1) 11 / 09 / 18		Name of Building Owner/Operator (2) William Shen	
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 Waldwick, NJ 07463	
Name of Contact William Shen		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-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Waldwick, NJ 07463		# 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) [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address [REDACTED]		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	
Start Date (10) 11 / 21 / 18		License No. 01127	
Scheduled Completion Date (11) 11 / 22 / 18		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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input checked="" 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 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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT -floor tiles	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 11/09/18	



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

NOCK

RECEIVED

NOV 16 2018

Date of Notification (1)

11 / 7 / 18

Agencies Notified

Type Notification

- ☐ EPA
- ☐ DEP
- ☒ DOL
- ☒ DOH
- ☐ DCA

- ☒ Initial Notification
- ☐ Amended Notification 2
- ☐ Cancellation
- ☒ On Hold
- ☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)  
MERCK SHARP & DOHME CORP.

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

City, State, Zip Code  
RAHWAY, NEW JERSEY 07065

Name of Contact  
PATRICIA JOHNSON

Telephone Number  
732-594-7746

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address  
126 EAST LINCOLN AVENUE - BUILDING 80 M

City (5)  
RAHWAY

County (6)  
UNION

County Code (7)  
(STATE USE ONLY)

ASCM No.  
104

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address  
655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm  
WILLIAM S. KERBEL, CIH

Telephone Number  
973-729-5649

Expected State Date (10)  
11 / 8 / 18

Sched. Completion Date (11)  
12 / 31 / 18

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

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

Type of Facility (4)

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

Square Feet  
39,400

# of Floors  
2

Bldg. Age  
54

Current Use (Prior if being demolished)  
RESEARCH LABORATORY AND OFFICE FACILI

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Telephone Number  
845-369-7500

License Number  
1101

Name of OSHA Monitor  
AMERISCI LABORATORIES INC

#11480

Street Address  
117 EAST 30TH STREET

City, State, Zip Code  
NEW YORK, NEW YORK 10016

Location of Asbestos-containing Material (ACM)  
**TO BE ABATED**  
in Facility (13)

Is Location normally used solely by Maint/Custodial Staff (12)  
Yes No N/A

Description of Asbestos-Containing Material (ACM)  
(ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type

REMOVAL REPAIR ENCAPSUL ENCLUSUR

1st Floor labs 108b,112b,112c,114a,124

Yes No N/A

Floor tile and Mastic

535sf

X

1st Floor labs 108,112,114,120,124

Yes No N/A

Duct Mastic

36sf

X

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
20

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

825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Disposal Date  
11/7/18-12/31/18

Signature

City, State  
MONTGOMERY, PA 17752

Date

11/7/18



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

Date of Notification (1)

10 / 29 /18

Name of Building Owner/Operator (2)  
MERCK SHARP & DOHME CORP.

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

City, State, Zip Code  
RAHWAY, NEW JERSEY 07065

Name of Contact  
PATRICIA JOHNSON

Telephone Number  
732-594-7746

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification 1  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Square Feet 39,400 # of Floors 2 Bldg. Age 54

Street Address  
126 EAST LINCOLN AVENUE - BUILDING 80 M

City (5)  
RAHWAY

County (6)  
UNION

County Code (7)  
(STATE USE ONLY)

ASCM No.  
104

Current Use (Prior if being demolished)  
RESEARCH LABORATORY AND OFFICE FACILI

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Name of Monitoring Firm Hired by Building Owner (8)  
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address  
655 WEST SHORE TRAIL  
City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number  
973-729-5649

Expected State Date (10)

11 / 8 /18  
Month Day Year

Sched. Completion Date (11)

12 / 31 /18  
Month Day Year

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Telephone Number 845-369-7500 License Number 1101

Name of OSHA Monitor  
AMERISCI LABORATORIES INC #11480

Street Address  
117 EAST 30TH STREET

City, State, Zip Code  
NEW YORK, NEW YORK 10016

Occupancy Status During Abatement (Check only one)

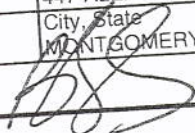
☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☐ Other - Describe: MONDAY-FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

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

☒ Renovation

☒ Full Containment with Negative Pressure  
☒ Mini Encl.  
☐ 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	ENCAPSUL	ENCLOSUR
1st Floor labs 108b,112b,112c,114a,124			X	Floor tile and Mastic	535sf	X			
1st Floor labs 108,112,114,120,124			x	Duct Mastic	36sf	X			
Name of Registered Waste Hauler 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY				NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15			
Completed by (Print or Type) BENJAMIN SANCHEZ				Title DIRECTOR OF OPERATIONS	Disposal Date 11/7/18-12/31/18	City, State MONTGOMERY, PA 17752	Date 10/29/18		
				Signature 					



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

Date of Notification (1)

10 / 23 /18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)  
MERCK SHARP & DOHME CORP.

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Square Feet  
39,400

# of Floors  
2

Bldg. Age  
54

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 M

City (5)

RAHWAY

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

ASCM No.  
104

Current Use (Prior if being demolished)  
RESEARCH LABORATORY AND OFFICE FACILI

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

11 / 6 /18  
Month Day Year

Sched. Completion Date (11)

12 / 31 18  
Month Day Year

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of  
Asbestos-containing  
Material (ACM)  
**TO BE ABATED**  
in Facility (13)

Is Location  
normally used  
solely by  
Maint/Custodial  
Staff (12)

Yes No N/A

Description of Asbestos-  
Containing Material (ACM)  
(ie. Thermal systems  
insulation, surfacing, VAT,  
or other miscellaneous)

Amount  
(Specify  
SF or LF)

Abatement Type

REMOVAL REPAIR ENCAPSULE ENCLOSURE

1st Floor labs 108b,112b,112c,114a,124

☒

Floor tile and Mastic

535sf

☒

1st Floor labs 108,112,114,120,124

☒

Duct Mastic

36sf

☒

Name of Registered Waste Hauler

825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)  
BENJAMIN SANCHEZ

NJDEP Waste  
Hauler ID No.  
15939

Cubic Yards of Waste  
20

Disposal Date  
11/7/18-12/31/18

Signature

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

City, State  
MONTGOMERY, PA 17752

Date

10/23/18