

11/14/2017 09:14AM 9736381778

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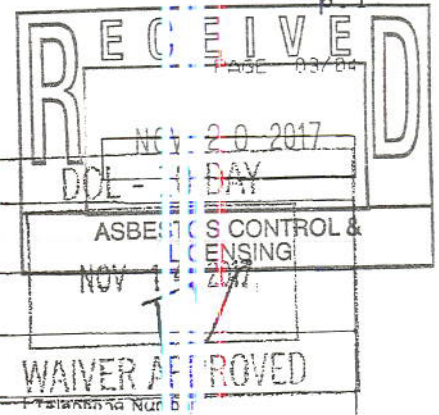
PAID

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

Date of Notification (1) 11 / 14 / 17		Name of Building Owner/Operator (2) Maureen Scott Zandanel	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Piscataway, NJ 08854	
Name of Contact Maureen Scott Zandanel		Name of Contact Maureen Scott Zandanel	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg Age	
City (5) Piscataway, NJ 08854		County Code (7) (STATE USE ONLY) Middlesex	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		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.		Telephone No. 973-638-1777	
Start Date (10) 11 / 15 / 17		License No. 01127	
Scheduled Completion Date (11) 11 / 16 / 17		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM ____ PM ____ PM ____ AM		Street Address 20-21 Wagaraw Road, Bldg # 35E	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 180 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Fair Lawn, NJ 07410	
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)	
		Yes No N/A	
Crawl space		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
Pipe insulation		15 LF	
Abatement Type			
Removal Repair Encapsulate Enclosure			
<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"/>			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	
Gr Tech LLC		0033785	
City, State		Cubic Yards of Waste	
Wayne, NJ 07470		TBD	
Disposal Date		Name of Registered Landfill	
TBD		T.R.R.F. Inc	
City, State		Tullytown, PA	
Completed By (Print or Type)		Signature	
N.Jevtic		[Signature]	
Title		Date	
Owner		11/14/17	

ASB-41
MAY 11

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



CK# 4375

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

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Date of Notification (1) <u>11-14-17</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>	
		City, State, Zip Code <u>GREENFIELD NJ 08230</u>	
		Name of Contact <u>BRUCE</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>1500</u>	
City (5) <u>LONG PORT</u>		Floors <u>2</u>	Bldg. Age <u>50+</u>
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>
Start Date (10) <u>11-24-17</u>	Scheduled Completion Date (11) <u>12-2-17</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Name of Registered Waste Hauler <u>KLEMMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>ACUA</u>
City, State <u>MAPLE SHADE NJ</u>		Disposal Date	City, State <u>PLEASANTVILLE</u>
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>11-14-17</u>

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

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NOV 20 2017

Date of Notification (1) <u>11-14-17</u>		Name of Building Owner/Operator (2) <u>PINELANDS COASTAL</u>		ESTOS CONTROL & DETECTION			
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 <u>300 77TH ST.</u> City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u> Name of Contact <u>KRANIC</u> Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter E (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)			
Street Address [REDACTED]				Square Feet <u>1500</u> # of Floors <u>1</u> Bldg. Age <u>50+</u>			
City (5) <u>SEA ISLE CITY</u>		County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) Current Use (If being demolished) <u>VIA TRAIL</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>			
Street Address		Street Address <u>369 S. SPRUCE AVE</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. <u>856-779-0472</u> License No. <u>00444</u>			
Start Date (10) <u>11-24-17</u>		Scheduled Completion Date (11) <u>12-3-17</u>		Name of OSHA Monitor <u>N/A</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address City, State, Zip Code			
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</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
<u>SIDING</u>			<u>TRANSITE</u>	<u>2500 SF</u>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste		Name of Registered Landfill <u>C.M.C. 140-A</u>	
City, State <u>MAPLE SHADE N.J. 08052</u>		Disposal Date		City, State <u>WOODBRIDGE N.J.</u>			
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>		Signature <u>[Signature]</u>		Date <u>11-14-17</u>	

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

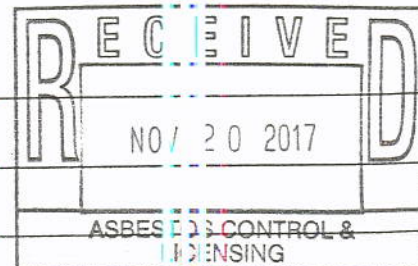
RECEIVED
NOV 20 2017

Date of Notification (1) 11-14-17		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
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 300 7TH ST.	City, State, Zip Code SEA ISLE CITY N.J. 08243
		Name of Contact KRIMM	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	# of Floors 1
City (5) SEA ISLE CITY		Bldg. Age 50+	
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 856-779-0472	License No. 00444
Start Date (10) 11-24-17	Scheduled Completion Date (11) 12-2-17	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Removable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SIDING		X	TRANSITE
Name of Registered Waste Hauler KLEMMCO INC.	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill C.M.C. W.A.
City, State MAPLE SHADE N.J. 08052	Disposal Date	City, State WOODBURY N.J.	
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 11-14-17

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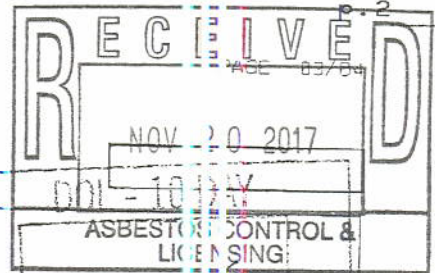
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/22/2017		Name of Building Owner/Operator (2) Bridge Development LLC							
Agencies Notified	Type Notification	Street Address 1 Gate Hall Drive, Suite 210							
<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 Parsipanny, NJ 07054							
		Name of Contact Deven Schmitt							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building #1/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 429 Delancy Street		Square Feet 1742/960	# of Floors 2						
City (5) Newark		Bldg. Age 57							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Solutions		ASCM No.	Name of Abatement Contractor (9) Incinia Contracting, Inc.						
Street Address 1130 West Chestnut Street		Street Address 1360 Clifton Avenue, Unit 365							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-450-9500						
Start Date (10) 10/2/2017		Scheduled Completion Date (11) 11/2/2017	License No. 010000						
Name of OSHA Monitor Incinia Contracting, Inc.									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Monday to Friday, 7AM - 5PM.		Street Address 1360 Clifton Avenue, Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Removable 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
Vault Roof		X	X	ACM Coating	2,600 SF	X			
3 Foundation Walls		X	X	ACM Coating	608 SF	X			
Southside Wall		X	X	ACM Coating	150 SF	X			
Vault Foundation Walls		X	X	ACM Coating	912 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641/JA464		Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Sanitary Landfill Corp.				
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Milena Zoric		Title VP		Signature 		Date 9/22/2017			

11/14/2017 09:12AM 9736381778



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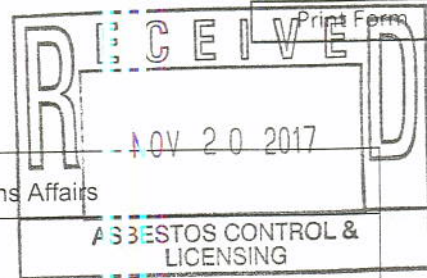
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 5.16)

Date of Notification (1) 11 / 14 / 17		Name of Building Owner/Operator (2) Velaquez, Angelo							
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 checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Hopatcong, NJ 07843 Name of Contact Ryan McClutchy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (3) Hopatcong, NJ 07843 County (6) Sussex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private 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 (5) Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No.		Name of Abatement Contractor (8) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. License No.							
Start Date (10) 11 / 15 / 17		Scheduled Completion Date (11) 11 / 16 / 17							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Laundry room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT floor tiles - two layers	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"/>
	<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 11/14/17			

ASB-41
MAY 11

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

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



NO CK

Date of Notification (1) 11/16/2017		Name of Building Owner/Operator (2) State on NJ, Dept. of Military and Veterans Affairs	
Agencies Notified	Type Notification	Street Address 101 Eggerts Crossing 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact Bill McBride	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Newton Armory		Type of Facility (4)	
Street Address 5 South Park 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) Newton	Square Feet 17,200	# of Floors 1	Bldg. Age ~55 Years
County (6) Sussex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Armory	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.	
Street Address 1253 North Church Street		Street Address 42 Ridge Road	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Phoenixville, PA 19460	
Project Manager for Monitoring Firm Jim Guilardi	Telephone No. 856-840-8800	Telephone No. 610 933-4332	Licenses No. 00036
Start Date (10) 10/24/2017	Scheduled Completion Date (11) 12/01/2017	Name of OSHA Monitor Neuber Environmental Services, Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address 42 Ridge Road	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Phoenixville, PA 19460	

Scope of Work (Check All That Apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" type="checkbox"/> Demolition | <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
See Attached Table			X	See Attached Table	See Attached	X			

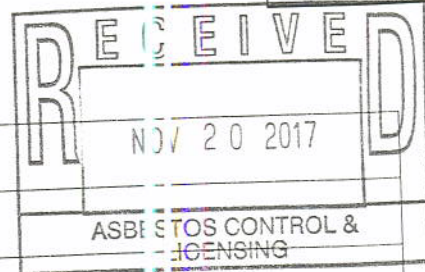
Name of Registered Waste Hauler Neuber Environmental Services, Inc.	NJDEP Waste Hauler ID No. 0035969	Cubic Yards of Waste ~ 3 Cu. Yds.	Name of Registered Landfill Sussex County Solid Waste Facility
City, State Phoenixville, PA	Disposal Date Oct-Nov 2017	City, State Lafayette Township, NJ	
Completed by Patrick Larney	Title Project Manager	Signature 	Date 11/16/2017

Newton Armory
 NJ Department of Veteran and Military Affairs
 TTI Project Number 17-1070
 August 24, 2017
 Page 6 of 43



Asbestos-containing Materials	Locations	Approximate Amounts
Pipe Fittings	Throughout Armory	1,295 lf
9" Brown Floor Tile and mastic	Front Classroom	200 sf
Block Pipe Insulation/Debris	Throughout Armory	2,790 sf
Wall/Door Insulation	Southside Front Office Area	1,000 sf
Black Mastic and associated 12" Floor Tile	Front Offices, Corridors, Conference Room, Kitchen, Storeroom, Closets	5,560 sf
Window Caulk	Throughout Armory	300 lf
Fire Doors	Throughout Armory	90 sf
Interior Boiler Gaskets and Fire Brick /Mortar (Boiler to be dismantled under containment by Abatement Contractor)	Boiler Room	700 sf
*Material Assumed ACM Cove Base Mastic	Throughout Armory	400 lf
Amounts are estimates only. Contractor shall be responsible for the removal of all asbestos-containing materials from the Newton Armory and associated Buildings		

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




CH 2361 PAID

Date of Notification (1) 11/16/17		Name of Building Owner/Operator (2) Bryan Haczyk							
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 Nutley, NJ 07110							
Name of Contact Bryan Haczyk		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Nutley		Bldg. Age							
County (6) Essex		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	Name of Abatement Contractor (9) Academy Construction Inc.						
Street Address		Street Address 205 Rt. 46 West Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-832-4244	License No. 0155						
Start Date (10) 11/27/17	Scheduled Completion Date (11) 12/04/17	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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	110 LF	X		X	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 3	Name of Registered Landfill GROWS Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA		Date 11/16/17			
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>					

CH 4430 PAID

Table 1	
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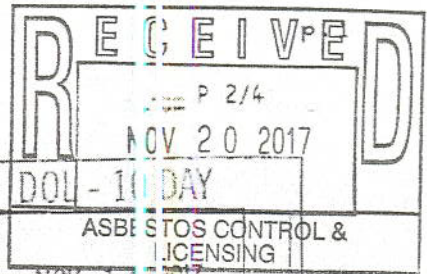
Date of Notification (1) <div style="text-align: center;">11 / 15 / 17</div>		Name of Building Owner/Operator (2) Mount Holly Township Public Schools		NOV 20 2017							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> 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 331 Levis Drive City, State, Zip Code Mount Holly, NJ 08060 Name of Contact William Buffa							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Gertrude C. Folwell Elementary School Street Address 455 Hedding-Jacksonville Road City (5) Mount Holly County (6) Burlington				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet 10,000 # of Floors 2 Bldg. Age 80 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services Street Address PO Box 341 City, State, Zip Code Chesterfield, NJ 08515		ASCM No. 609-298-4070		Name of Abatement Contractor (9) Shade Environmental, LLC Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099 License No. 00042							
Start Date (10) 11 / 24 / 17		Scheduled Completion Date (11) 11 / 24 / 17		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>											
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify Sq Ft or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Crawlspace off of Boiler Room		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Pipe Insulation		9 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1		Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ				Disposal Date 11/24/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations			Signature 			Date 11/15/17			

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Shade Environmental 1 >>

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

Date of Notification (1) 11 / 14 / 17		Name of Building Owner/Operator (2) Nicolo Martin		ASBESTOS CONTROL & LICENSING NOV 14 2017	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Little Silver, NJ 07735 Name of Contact Nicolo Martin		DOL - 10 DAY WAIVER APPROVED	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Martin Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 1,700		
City (5) Little Silver			# of Floors 3		
County (6) Monmouth			County Code (7) (STATE USE ONLY) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No. [REDACTED]		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue		City, State, Zip Code Maple Shade, NJ 08052	
City, State, Zip Code Chessterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052		License No. 00842	
Project Manager for Monitoring Firm Bill Weisgarbor		Telephone No. 609-298-4070		Telephone No. 856-755-0099	
Start Date (10) 11 / 15 / 17		Scheduled Completion Date (11) 11 / 17 / 17		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM - _____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 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"/> Mfrl-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 Removal Repair Encapsulate Enclosure
	Yes	No			
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	60 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"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15839		Cubic Yards of Waste 1	
City, State Freehold, NJ		Disposal Date 11/17/2017		Name of Registered Landfill GROWS North Landfill	
City, State Freehold, NJ		Disposal Date 11/17/2017		City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature [Signature] Date 11.14.17	

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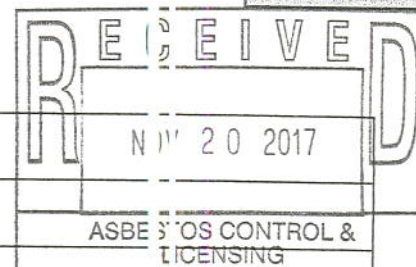
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Check # 25638

RECEIVE

Date of Notification (1) <u>11/15/2017</u>		Name of Building Owner/Operator (2) <u>St. Peters University Hospital</u>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>254 Easton Avenue</u>		City, State, Zip Code <u>New Brunswick, NJ 08901</u>							
Name of Contact <u>Ron Carvalho</u>		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>St. Peters Hospital</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address <u>254 Easton Avenue</u>		Square Feet <u>500,000</u>							
City (5) <u>New Brunswick, NJ 08901</u>		# of Floors <u>1</u>							
County (6) <u>Middlesex</u>		Bldg. Age <u>100</u>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>							
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>							
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 18101</u>							
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>							
Telephone No. <u>(609) 259-9688</u>		License No. <u>00493</u>							
Start Date (10) <u>11/16/2017</u>		Scheduled Completion Date (11) <u>12/1/2017</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7am - 3pm</u>		Name of OSHA Monitor <u>MECS</u>							
Street Address <u>PO Box 341</u>		City, State, Zip Code <u>Crosswicks, NJ 08515</u>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>L.L. Gwing Mechanical</u>	<input checked="" type="checkbox"/>			<u>Thermal Pipe Fitting</u>	<u>8</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1</u>	Name of Registered Landfill <u>Fairless Landfill</u>					
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/1/2017</u>		City, State <u>Morrisville, PA</u>					
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <u>[Signature]</u>		Date <u>11/15/17</u>			

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



Date of Notification (1) 11/15/17		Name of Building Owner/Operator (2) Monroe Township Public Schools							
Agencies Notified	Type Notification	Street Address 75 East Academy Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Williamstown NJ 08094							
		Name of Contact Dave Sullivan							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Whitehall 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 161 Whitehall Rd.		Square Feet 10000+	# of Floors 1						
City (5) Williamstown NJ 08094		Bldg. Age 35+							
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No. 003	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address 1253 North 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 James Guilardi		Telephone No. 856-840-8800	Telephone No. 856-753-9800						
Start Date (10) 11/29/17		Scheduled Completion Date (11) 12/22/17	License # 00727						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Same							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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
Admin office	<input checked="" type="checkbox"/>			Ceiling Tile	48 SF	<input checked="" type="checkbox"/>			
Main Office		<input checked="" type="checkbox"/>		Ceiling Tile	224 SF	<input checked="" type="checkbox"/>			
Room 1 Closets		<input checked="" type="checkbox"/>		Ceiling Tile	55 SF	<input checked="" type="checkbox"/>			
Nurses Area, Rooms 2,3,4,5,6,7		<input checked="" type="checkbox"/>							
& Guidance Office		<input checked="" type="checkbox"/>		Ceiling Tile	5780 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S.					
City, State Voorhees NJ			Disposal Date 12/22/17	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 11/15/17			

CK 2893

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

RECEIVED	NOV 20 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/13/17		Name of Building Owner/Operator (2) Joe	
Agency Notified x EPA X DEP X DOL X DOH DCA	Type Notification xx Initial Amended Amended # Emergency (including Justification) Cancellation	Street Addresses [REDACTED]	
		City, State, Zip Westfield NJ 07090	
		Name of Contact Joe	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) School (K-12) Subchapter 8 (Other than (K-12)) x Other (i.e. private & commercial buildings,	
Street Addresses [REDACTED]		Square Feet	# of Floors
City(5) Westfield nj		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)- J&S Environmental Laboratories, LLC		ASCM No.	Name of Abatement Contractor (9) Pezo Inc
Street Address 2333 Route 22 West		Street Address: 4 Beaverbrook Rd., #150	
City, State, Zip Code Union NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm Sherry	Telephone No. 908-206-0073	Telephone No. 973-628-7829	License No. 01141
Start Date (10) 11/14/17	Scheduled Completion Data (11) 11/15/17	Name of OSHA Monitor J & S Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other -Describe		Street Address 2333 Route 22 West	
		City, State, Zip Code Union NJ 07083	
Scope of Work (Check all apply)			
<input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Removable procedure			
Location of	Is Location Normally	Description of	Abatement Type
Asbestos-Containing material (ACM) TO BE ABATED IN Facility (13)	Used Solely by Maintenance/Custodial Staff? (12)	Asbestos Containing Material (ACM) (i.e., thermal systems insulation, Surfacing, VAT, or Other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		Removal Repair Encapsulate Enclosure
White Joint compound (Siding)	x	Joint Compound	240 SF
Grey Plaster Base Layer 2 nd Fl.	x	Grey Plaster	250 SF
White Caulk, 1 st Floor	x	White Caulk	150SF
Yellow Linoleum, 2 nd Floor	x	Yellow Linoleum	25 SF
Name of registered Waste Hauler Pezo Inc.	NJDEP Waste Hauler CS 6224	Cubic Yards of Waste	Name of Registered Landfill Waste Management of Pennsylvania
City, State Lincoln Park, NJ 07035	Disposal Date	City, State Morrisville Pennsylvania	
Completed by Ike Pezic	Title President	Signature <i>[Signature]</i>	Data 11/13/17

Do not Use this form for asbestos licensure exempted activities

CK-# 1951

RECEIVED
NOV 20 2017
BESTOS CONTROL &
LICENSING



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

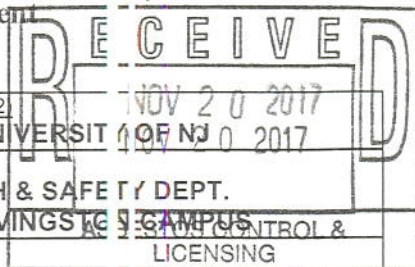
Date of Notification (1) 11/15/2017		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 Franklin Park, N.J. 07932 Name of Contact Michael Canilla	Telephone Number						
FACILITY INFORMATION									
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) Franklin Park		Square Feet 4,000	# of Floors 2						
County (6) Somerset		County Code (7) (STATE USE ONLY)	Bldg. Age 7						
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	Telephone No. 844-462-7465						
Start Date (10) 11/17/2017		Scheduled Completion Date (11) 11/24/2017	License No. 01316						
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 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) 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		Pipewrap	60LF	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 11/15/2017					

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State of New Jersey - Notification of Asbestos Abatement

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

Check # 3061



GAC Project # 060-17

Date of Notification (1) November 15, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DOUGLASS CHEMISTRY, BLDG# 8302		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 100+ years	
Street Address DOUGLASS CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 11/25/17	Scheduled Completion Date (11) 11/27/17	Name of OSHA Monitor 1 ENVIROVISION, 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 - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 8AM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
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"/> Glove bag Procedure, Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) 115 Corridor	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.) VAT	Amount (Specify SF or LF) 130 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 CY	Name of Registered Landfill G.R.O. N.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Disposal Date 11/27/2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date November 15, 2017

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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Project #

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

Check # 4126

Date of Notification (1) 11/07/2017		Name of Building Owner/Operator (2) Dwight-Englewood School		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 20 2017 ASBESTOS CONTROL & </div>	
Agencies Notified		Street Address 315 E. Palisade Ave			
<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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
		City, State, Zip Code Englewood, NJ 07631			
		Name of Contact Michael Burns		Telephone No. _____	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Dwight-Englewood School			Type of Facility (4)		
Street Address 315 E. Palisade Ave			<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Englewood, NJ			Square Feet	# of Floors	Bldg. Age
County (6) Bergen County		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) RAMM		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC		
Street Address 77 Nottingham Rd			Street Address 72 Brookside Rd		
City, State, Zip Code Fair Lawn			City, State, Zip Code Randolph NJ 07869		
Project Manager for Monitoring Firm Rodger Headrick		Telephone No. (201)475-9880	Telephone No. 973-933-2550	License No. 01133	
Start Date (10) 11/17/2017		Scheduled Completion Date (11) 11/21/2017		Name of OSHA Monitor IRIS	
Occupancy Status During Abatement (Check Only One)			Street Address 2333 RT 22		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 4pm			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st & 2nd floor		X		wrap & cut	80 LF				

Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S	
City, State Randolph, NJ 07869			Disposal Date TBD	City, State Tullytown, PA	
Completed by Elvira Mrda		Title President	Signature <i>Elvira Mrda</i>		Date 11/07/2017

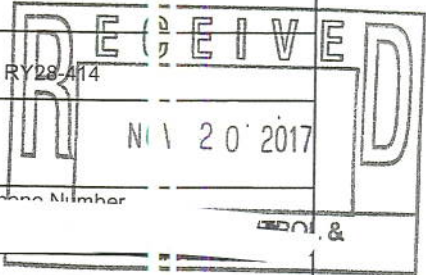
CK# 31553

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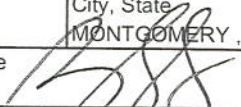
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

CK-31553

Date of Notification (1) 11 / 15 /17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 28-414	
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	



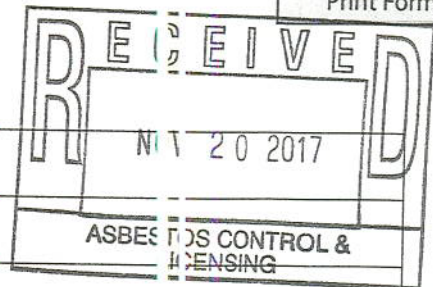
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldg., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N		Square Feet 40,000	# of Floors 1
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Bldg. Age 65
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 11 / 29 /17 Month Day Year	Sched. Completion Date (11) 11 / 15 /18 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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 5PM-1AM SATURDAY 7AM-3:30 PM		Street Address 117 EAST 30TH STREET	
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		City, State, Zip Code NEW YORK, NEW YORK 10016	
<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	At tement Type		
							REMOVAL	REPAIR	ENCAPSULE
	Yes	No	N/A						
1ST FLOOR CORRIDOR			X	ACM MASTIC	5,720 SF	X			
1ST FLOOR CORRIDOR			X	PIPE FITTINGS	489 LF	X			
1ST FLOOR CORRIDOR			X	DUCT INSULATION	400 SF	X			
1ST FLOOR CORRIDOR			X	PIPE SADDLES	6 LF	X			
1ST FLOOR CORRIDOR				DUCT SEAM MASTIC	12 SF	X			
1ST FLOOR CORRIDOR			X	PIPE INSULATION	250 LF	X			
1ST FLOOR CORRIDOR				FIRE DOORS (40)	800 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY				NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 120	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752			
Completed by (Print or Type) BENJAMIN SANCHEZ			Title DIRECTOR OF OPERATIONS		Signature 		Date 11/15/17		

CK# 0051

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

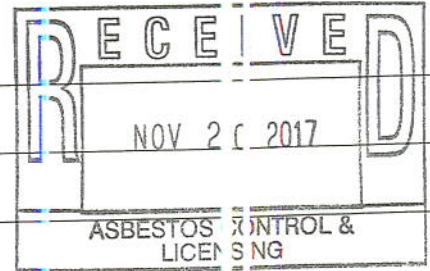


Date of Notification (1) november 15 2017 check #51		Name of Building Owner/Operator (2) CATHERINE M. RICARDO							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 River Vale, NJ 07675							
		Name of Contact Catherine corcoran							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Catherine corcoran		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 1-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) River Vale, NJ 07675		Square Feet 1000	# of Floors 2						
County (6) Bergen		Bldg. Age 35 years							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) All Solutions Contracting Inc							
City, State, Zip Code		Street Address 24 church st							
Project Manager for Monitoring Firm		City, State, Zip Code elmwood park NJ 07407							
Telephone No.		Telephone No. 201-873 9418	Licenses No. 01301						
Start Date (10) december 02 2017	Scheduled Completion Date (11) december 04 2017	Name of OSHA Monitor All Solutions 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: family home		Street Address 24 church st							
		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 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-Frictile 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
second floor				floor tile and remove plywood	650	x			
Name of Registered Waste Hauler Atlantic carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TDB	Name of Registered Landfill Grand Central Sanitary					
City, State Pen Argyl PA 18072			Disposal Date TDB	City, State Pen Argyl PA 18072					
Completed by luis Arcila		Title President	Signature <i>[Signature]</i>		Date 11/15/2017				

CK #3088

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



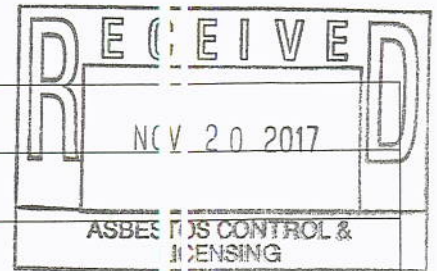
Date of Notification (1) 11/13/2017 Checnc #3088		Name of Building Owner/Operator (2) MARIST HIGH SCHOOL							
Agencies Notified	Type Notification	Street Address 1241 KENNEDY BOULEVARD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code BAYONNE, NJ 07002							
		Name of Contact Mark Lenzo							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Marist High 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 1241 Kennedy Blvd		Square Feet 20,000	# of Floors 2						
City (5) Bayonne		Bldg. Age 50+							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EA Services Corporation						
Street Address		Street Address 426-69th Street							
City, State, Zip Code		City, State, Zip Code Gutenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074						
Start Date (10) 11/25/17	Scheduled Completion Date (11) 11/27/2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting at 9 AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Facility 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		x		Pipe Insulation	5 LF		x		
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg OH					
Completed by Gina Betances		Title Office Manager		Signature 		Date 11/13/17			

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

CK # 3087

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



Date of Notification (1) 11/14/2017		Check #		Name of Building Owner/Operator (2) Corpus Christie School							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 215 Kipp Avenue City, State, Zip Code Hasbrouck Heights, NJ 07604 Name of Contact Kevin Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Corpus Christie 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 Kipp Avenue				Square Feet 15,000							
City (5) Hasbrouck Heights				# of Floors 2							
County (6) BERGEN				Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School									
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation							
Street Address		Street Address 426 69th Street									
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093									
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700							
Start Date (10) 11/25/2017		Scheduled Completion Date (11) 11/27/17		License No. 01074							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Starting 11:30 AM				Name of OSHA Monitor Same as above							
Street Address				City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Facile 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
Basement-Boy's Room		x		Pipe Insulation-wrap & cut		20 LF		x			
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste tbd		Name of Registered Larrifill Minerva Enterprise					
City, State Bronx, NY		Disposal Date tbd		City, State Waynesburg, OH							
Completed by Gina Betances		Title Office Manager		Signature <i>Blues</i>		Date 1/08/2017					

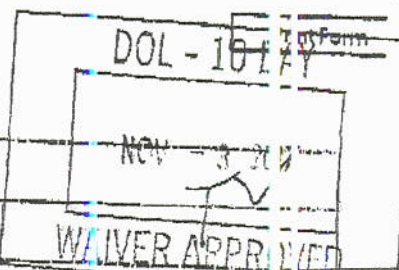
Nov.03.2017 08:49 AM ACADEMY CONSTRUCTION INC 9738324243

PAGE. 2/ 4

CK# 0344

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

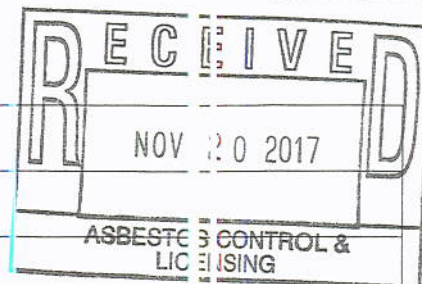


Date of Notification (1) 11/01/17		Name of Building Owner/Operator (2) Perth Amboy Board of Education					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address 178 Barracks St.		City, State, Zip Code Perth Amboy, NJ 08861					
Name of Contact Nicholas Crupi		Telephone Number					
Name of Facility Where Abatement is Taking Place (3) Perth Amboy High School							
Street Address 300 Eagle Ave.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, etc.)					
City (5) Perth Amboy		Square Feet					
County (6) Middlesex		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants Inc.		ASCM No. 0057					
Street Address P.O. Box 385		Name of Abatement Contractor (9) Academy Construction Inc.					
City, State, Zip Code Oceanville, NJ 08231-0385		Street Address 205 Rt. 46 West Suite 14					
Project Manager for Monitoring Firm John Smoyer		City, State, Zip Code Totowa, NJ 07512					
Telephone No. 609-662-1833		Telephone No. 973-832-4244					
Start Date (10) 11/03/17		License No. 01155					
Scheduled Completion Date (11) 11/10/17		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 100 sf or ≥ 250 lf		City, State, Zip Code					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Guidance Area			X	Door/Wall Partition Caulk	300 LF	X	X
Guidance Area			X	Partition Glazing	250 LF	X	X
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 4		Name of Registered Landfill Fairless Landfill	
City, State Totowa, NJ		Disposal Date TBD		City, State Tullytown, PA			
Completed by John Geleski		Title PM		Signature <i>[Signature]</i>		Date 11/01/17	

ASB-41 (R-03-08)

Do not use this form for asbestos license exempted activities

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



CK# 2088

PAID

Date of Notification (1) 10-27-2017		Name of Building Owner/Operator (2) Jim Valanzola							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input 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 Clinton, NJ 08833							
		Name of Contact Jim Valanzola	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1515	# of Floors 1						
City (5) Clinton		Bldg. Age 60 Years							
County (6) Hunterdon	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Altomonte Environmental Services LLC		ASCM No. [REDACTED]	Name of Abatement Contractor (9) Pro Service Environmental						
Street Address 2200 Paterson Pland Rd.		Street Address 3143 Bordentown Ave.							
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Parlin, NJ 08859							
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201-647-4056	Telephone No. 908-456-2900						
Start Date (10) 11-10-2017		Scheduled Completion Date (11) 11/20/2017	License No. 105086						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Altomonte Environmental Services LLC							
		Street Address 2200 Paterson Pland Rd.							
		City, State, Zip Code North Bergen, NJ 07047							
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 type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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
Attic			X	Insulation	1800 SF				
Basement			X	Floor Tile	700 SF				
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. NJ-860	Cubic Yards of Waste 11,500 Cubic Ft.	Name of Registered Landfill T.R.R.F					
City, State Elizabeth, NJ		Disposal Date 12/20/2017		City, State Tullytown, PA					
Completed by Tom Re		Title Owner	Signature 			Date 11/14/2017			

CK # 0756

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

RECEIVED	NOV 20 2017
ASBESTOS CONTROL & LICENSING	
Telephone Number	

Date of Notification (1) 11-15-2017		Name of Building Owner / Operator (2) Kennedy University Hospital	
Agencies Notified	Type Notification	Street Address 2201 Chapel Hill Campus	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Cherry Hill, NJ 08002	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Jim Uricchio	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency		
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kennedy University Hospital-Hexagon 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 (i.e. private & commercial buildings, homes, etc.)	
Street Address 2201 Chapel Hill Campus		Square Feet 250,000	# of Floors 2
City (5) Cherry Hill, NJ	County (6) Camden	County Code (7)	Bldg. Age 52
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCN No.	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 3370 Progress Drive, Suite J		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Bensalem, PA, 19020		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Mike Panepresso	Telephone Number 215-244-1300	Telephone Number 609-914-4279	Licenses Number 01185
Scheduled Start Date (10) 11-15-2017	Scheduled Completion Date (11) 12-08-2017	Name of OSHA Monitor J&S Environmental Laboratories, Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours Describe: Project to be conducted 2 nd shift 4:00pm to 12:30am <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input checked="" 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"/> Glove Bag Procedures	
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hexagon Building	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	9,876	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney	Title President	Signature	Date 11-15-2017

Nov 15 17 01:36p

Resource Management Group

6099144651

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

DOL - 10114

NOV 15 2017

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NOV 20 2017

ASBESTOS CONTROL & REMEDIATION

Date of Notification (1)

11-15-2017

Name of Building Owner / Operator (2)

Kennedy University Hospital

Agencies Notified

- ☒ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amended
☒ Emergency
☐ Cancellation

Street Address

2201 Chapel Hill Campus

City, State & Zip Code

Cherry Hill, NJ 08002

Name of Contact

Jim Uricchio

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Kennedy University Hospital-Hexagon Building

Street Address

2201 Chapel Hill Campus

City (5)

Cherry Hill, NJ

County (6)

Camden

County Code (7)

Type of Facility (4)

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

Square Feet

250,000

of Floors

2

Bldg. No.

52

Current Use (Prior if being demolished)

Hospital

Name of Monitoring Firm Hired by Building Owner (8)

Criterion Laboratories

ASCM No.

Street Address

3370 Progress Drive, Suite 1

City, State & Zip Code

Bensalem, PA, 19020

Name of Abatement Contractor (9)

Resource Management Group, LLC

Street Address

2115 Hamilton Ave, Suite 202

City, State & Zip Code

Trenton, NJ 08619

Telephone Number

609-914-4279

License Number

01 85

Scheduled Start Date (10)

11-15-2017

Scheduled Completion Date (11)

12-08-2017

Name of OSHA Monitor

J&S Environmental Laboratories, Inc

Street Address

2333 Route 22 West

City, State & Zip Code

Union, NJ 07083

Occupancy Status During Abatement (Check only one)

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

Describe: Project to be conducted 2nd shift 4:00pm to 12:30am☐ Facility Occupied During Abatement

Scope of Work (Check all that apply)

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

- ☐ Renovation
☒ Demolition

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

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

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

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

Amount (Specify SF or LF)

Abatement Type

Removal	Repair	Encapsulate	Enclosure
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hexagon Building

Yes

No

N/A

Mastic

9,875

Name of Registered Waste Hauler

Resource Management Group, LLC

City, State

Trenton, NJ

NJDEP Waste Hauler ID No.

0035218

Cubic Yards of Waste

TBD

Name of Registered Landfill

Grows Landfill

Disposal Date

TBD

City, State

Morrisville, PA

Completed By (Print or Type)

Mr. Brian J. Haney

Title

President

Signature

[Signature]

Date

11-15-2017

CK# 4374

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

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Date of Notification (1) <u>11-13-17</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENT</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>601 W. CLARKS LANDING RD</u>	City, State, Zip Code <u>EGG HARBOR N.J. 08218</u>				
		Name of Contact <u>TOM</u>	Telephone No. <u></u>				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>[REDACTED]</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>				
City (5) <u>VENTNOR</u>		Bldg. Age <u>50+</u>					
County (6) <u>ATLANTIC</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC.</u>					
Street Address		Street Address <u>369 S. Spruce Ave.</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>#06144</u>				
Start Date (10) <u>11-23-17</u>	Scheduled Completion Date (11) <u>11-31-17</u>	Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	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) <u>3000 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>	<u>X</u>	<u>TRANSITE</u>	<u>3000 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>ACVA</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE N.J.</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUPERVISOR</u>	Signature <u>[Signature]</u>	Date <u>11-13-17</u>				

CK# 4374

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

RECEIVED
NOV 20 2017

Date of Notification (1) 10-13-17		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION	
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 300 7TH ST.	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code SEA ISLE CITY N.J. 08243	
		Name of Contact FRANK	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) AVALON	Square Feet 1500	# of Floors 1	Bldg. Age 50+
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC.	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 08052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	Licenses No. 20444
Start Date (10) 11-23-17	Scheduled Completion Date (11) 11-31-17	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
SIDING		X	TRANSITE
			1750 SF
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Name of Registered Licensure C.M.C.M.C.A.
City, State MAPLE SHADE N.J. 08052		Disposal Date	City, State WOODBURY N.J.
Completed By MICHAEL KLEMM	Title SUP.	Signature [Signature]	Date 11-13-17

CK#1849

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

RECEIVED	NOV 20 2017
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Date of Notification (1) 11/13/17		Name of Building Owner/Operator (2) Sharp Management							
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 160 Essex Street,						
			City, State, Zip Code Lodi, NJ 07644						
		Name of Contact Tom Verbeke	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned 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 (i.e., private 8 commercial buildings, homes, etc.)							
Street Address 637-641 3rd Avenue		Square Feet 2200 SF	# of Floors 2						
City (s) Cherry Hill		Bldg. Age 40yrs							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Building							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AEi2, LLC						
Street Address		Street Address 361 E. Fleming Pike							
City, State, Zip Code		City, State, Zip Code Hammonton, NJ 08037							
Project Manager for Monitoring Firm		Telephone No. 609-481-2122	License No. 00689						
Start Date (10) 11/23/17	Scheduled Completion Date (11) 11/30/17	Name of OSHA Monitor AEi2, 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 361 E. Fleming Pike							
		City, State, Zip Code Hammonton, NJ 08037							
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	Encapsulation	Enclosure
Outside			X	Window Caulking	465 LF	X			
Inside			X	Floor Tile & Mastic	630 SF	X			
Outside			X	Roof Flashing	10 SF	X			
Crawl Space			X	Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler AEi2, LLC		NJDEP Waste Hauler ID No. 21376	Cubic Yards of Waste 4	Name of Registered Landfill TBD					
City, State Hammonton, NJ		Disposal Date TBD	City, State TBD						
Completed By Wm. Minnick		Title Program Mgr.	Signature 	Date 11/13/17					

CK #1189

PAID

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

RECEIVED
NOV 20 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/13/17		Name of Building Owner/Operator (2) DONALD & RONALD	
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 [REDACTED]		City, State, Zip Code BRICK, NJ, 08724	
Name of Contact DONALD & RONALD COLASURDO			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) DONALD & RONALD'S 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 1200	# of Floors 1
City (5) BRICK		Bldg. Age 1964	
County (6) OCCEAL	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) ARIAI	
Street Address		Street Address 144 MILL ST.	
City, State, Zip Code		City, State, Zip Code PATERSON NJ 07650	
Project Manager for Monitoring Firm		Telephone No. 9736538652	License No. 1257
Start Date (10) 11/26/17	Scheduled Completion Date (11) 12/01/17	Name of OSHA Monitor GORDON 1604	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 144 MILL ST	
		City, State, Zip Code PATERSON NJ 07650	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Frict Procedure			
Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13) SIDING INTERIOR	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) SURFACING
			Amount (Specify SF or LF) 1200 SF
			Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/>
Name of Registered Waste Hauler INDIAN ARROW INDUSTRIES		NJDEP Waste Hauler ID No. 36031	Cubic Yards of Waste TBD
City, State PATERSON NJ		Disposal Date TBD	Name of Registered Lessor (if applicable) WN
Completed by GORDON 1604		Title CEO	Signature [Signature]
			Date 11/13/17

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

11/15/2017 12:25PM 2013297440

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CK#4352

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

ASBESTOS CONTAINING MATERIAL
 LICENSING

Date of Notification (1) 11/15/17		Name of Building Owner/Operator (2) MS. RITA STRICKLAND	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code EAST ORANGE, NJ. 07011	
Name of Facility Where Abatement is Taking Place (3) MS. RITA STRICKLAND		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 1800	
City (5) EAST ORANGE		# of Floors 2	
County (6) ESSEX		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc.	
Street Address		Street Address 450 South River Street	
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	
Start Date (10) 11/16/17		Scheduled Completion Date (11) 11/17/17	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Name of OSHA Monitor Omega Environmental	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 250 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT	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) THERMAL SYSTEM INSULATION
	Yes	No	
Amount (Specify SF or LF) 60 LF	Abatement		Enclosure
	Removal	Repair	
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 cys	Name of Registered Landfill Minerva Enterprises, LLC
City, State Hackensack, NJ 07601	Disposal Date 11/17/17	City, State Waynesburg, OH 44683	
Completed by J. Maiorano	Title Estimator	Signature [Signature]	Date 11/17/17

11/14/2017 10:36

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State of New Jersey
DEPARTMENT OF ASBESTOS ABATEMENT
Permit to NJAC 17:27 and 17:28

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Date of Modification (1)		Name of Building Owner/Operator (2)		ASBESTOS CONTROL & ABATEMENT	
11/14/17		AFFILIATED		MANUVE LACERATION	
Agency Modified		Street Address		301 S. LIVINGSTON AVE	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DEL <input type="checkbox"/> DOM <input type="checkbox"/> DOR		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency Declaration <input type="checkbox"/> Justification <input type="checkbox"/> Consultation		City, State, Zip Code LIVINGSTON, N.J. 07034	
		Name of Contact		Telephone No.	
		RICHARD SHAWWEN			
Name of Facility (Name of Building or Facility) (3)		Type of Facility (4)		ASBESTOS CONTROL & ABATEMENT	
NEW MILFORD ESTATES		<input type="checkbox"/> School <input type="checkbox"/> Church <input type="checkbox"/> Other (to be specified in comments)		<input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential	
Street Address		City, State, Zip Code		County (5)	
932 PACIFIC ST.		NEW MILFORD		BERGEN	
City, State, Zip Code		County (5)		County Code (7)	
NEW MILFORD		BERGEN		NJAC 17:27	
Name of Abatement Firm hired by Building Owner (8)		ASBESTOS CONTROL & ABATEMENT		Name of Abatement Contractor (9)	
Street Address		Street Address		Street Address	
185 WINDFORD AVE		185 WINDFORD AVE		185 WINDFORD AVE	
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code	
MILFORD PARK, NJ 07032		MILFORD PARK, NJ 07032		MILFORD PARK, NJ 07032	
Project Manager for Abatement Firm		Telephone No.		Telephone No.	
		(201) 262-5841		CS158	
Date of Completion (10)		Substantial Completion Date (11)		Name of OSHA Monitor	
11/14/17		11/24/17		Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One)		Street Address		City, State, Zip Code	
<input type="checkbox"/> Facility Closed/Unoccupied During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Occupied Facility Hours <input type="checkbox"/> Other - Describe:		200 HAYDEN STREET		HACKENSACK, NJ 07601	
Scope of Work (Check All That Apply)		<input type="checkbox"/> Removal <input type="checkbox"/> Encapsulation <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Other (to be specified in comments)		<input type="checkbox"/> Full Enclosure <input type="checkbox"/> Other (to be specified in comments)	
<input type="checkbox"/> ASBESTOS <input type="checkbox"/> Lead <input type="checkbox"/> PCBs <input type="checkbox"/> Other (to be specified in comments)		<input type="checkbox"/> Removal <input type="checkbox"/> Encapsulation <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Other (to be specified in comments)		<input type="checkbox"/> Full Enclosure <input type="checkbox"/> Other (to be specified in comments)	
Location of Asbestos Containing Material (ACM) to be Abated in Facility (12)		In Location Abatement Used Safety by Workmen/Contractor (13)		Description of Asbestos Containing Material (ACM) (e.g., thermal system insulation, roofing, VAT, or other miscellaneous)	
932 A CRAWL SPACE		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		PIPE INSULATION	
Name of Registered Waste Handler		NJ DEP Waste Handler ID No.		Name of Registered Landfill	
Newark Carting Inc.		04500		Grand Central Sanitary Landfill	
City, State		Disposal Date		City, State	
Newark, NJ 07102		11/14/17 On		Penn Argyl, PA 08702	
Completed by		Title		Signature	
Joseph Vaccaro		Vice President		J. Vaccaro	

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ASBESTOS CG (ROL 8)
LICENSES (K)

Date of Notification (1)		Name of Building Owner/Operator (2)	
11/14/17		AFFILIATED MANAGE NOV 1 2017	
Agency Notified		Street Address	
EPA DEP DOH DCA		301 S. LIVINGSTON AVE LIVINGSTON, N.J. 07039	
Type Modification		City, State, Zip Code	
<input type="checkbox"/> Initial <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including) <input type="checkbox"/> Justification <input type="checkbox"/> Construction		Name of Contact RICHARD SHARWELL	
		Telephone No.	
Facility Identification			
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (6)	
NEW MILFORD ESTATES		<input type="checkbox"/> Factory <input type="checkbox"/> School <input type="checkbox"/> Other (Please specify & attach drawings, business card)	
Street Address		County Code (7) (WRITE IN FULL)	
930 PACIFIC STREET		BERGEN	
City, State, Zip Code		Consent (Yes) (Prior to taking action)	
NEW MILFORD		RESIDENTIAL	
County (8)		Consent (No) (If not, explain why)	
BERGEN			
Name of Monitoring Firm Hired by Building Owner (9)		Name of Abatement Contractor (5)	
ABCM Inc.		A MAC Consulting Inc.	
Street Address		Street Address	
		195 Woodland Ave	
City, State, Zip Code		City, State, Zip Code	
		Midland Park, NJ 07432	
Principal Manager for Monitoring Firm		Telephone No.	
		(201) 282-5841	
Street Name (10)		License No.	
11/14/17		00156	
Scheduled Completion Date (11)		Name of OSHA Monitor	
11/24/17		Omega Environmental Services 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 type="checkbox"/> Other - Describe:		280 Haxford Blvd	
		City, State, Zip Code	
		Hackensack, NJ 07601	
Reason of Work (Check All That Apply)			
<input checked="" type="checkbox"/> As of or after 12/15/92	<input type="checkbox"/> Renovation/Alteration	<input type="checkbox"/> Full Compliance with Negative Pressure <input type="checkbox"/> Air Filtration System <input type="checkbox"/> Gloving Protocol <input type="checkbox"/> Risk Assessment and Air Filtration	
Location of Activities Requiring Abatement (ACAP) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
930 D CRAW SPACE		Yes No NA	
Description of Activity Causing Material PCB (i.e., thermal systems installation, surfacing, VAT, or other miscellaneous)		Amount Released (lb or LF)	
PIPE INSULATION		115 LB	
Name of Registered Waste Handler		Cubic Yards of Waste	Name of Registered Landfill
Newark Carling Inc.	NJ DEP Waste Handler ID No. 04508	3	Grand Central Sanitary Landfill
City, State		Disposal Date	City, State
Newark, NJ 07105		11/14/17 On	Pon Arrow, PA 08702
Completed by	Title	Signature	Date
Joseph Vaccaro	Vice President	J. Vaccaro	11/14/17

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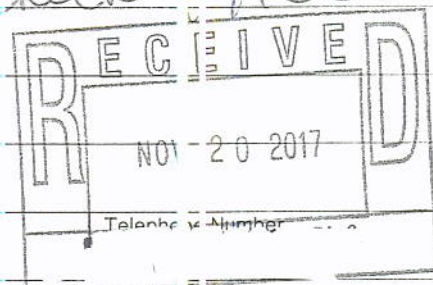
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
Pursuant to NJAC 8:60 and 12:120

Check 17117

Date of Notification (1) 11/14/17		Name of Building Owner/Operator (2) Dagit Group/Action Construction Management, Inc.						
Agencies Notified	Type Notification	Street Address 15 E Uwchlan Avenue, Suite 404						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Exton, PA 19341						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Kevin						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) McDonald's		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 6048 Harding Highway		Square Feet 4,200	# of Floors 1					
City (5) Mays Landing		Bldg. Age 65						
County (6) Atlantic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) fast food restaurant						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive						
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418						
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	Lic. # No. 703					
Start Date (10) 11/16/17	Scheduled Completion Date (11) 12/16/17	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other -- Describe: _____		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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)		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
Roof			X	780 SF	X			
Roof			X	200 SF	X			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill				
City, State Freehold NJ		Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 11/14/17		



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



CK#17100

Date of Notification (1) 11/13/17		Name of Building Owner/Operator (2) Louis Brucker							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Louis							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Morristown		Square Feet 2300	# of Floors 2						
County (6) Morris		Bldg. Age 71							
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) 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	Lic. No. 703						
Start Date (10) 11/17/17	Scheduled Completion Date (11) 11/30/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Living Room			x	ceiling plaster & vermiculite	330 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold NJ		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President		Signature 		Date 11/13/17			

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State of New Jersey - Notification of Asbestos Abatement

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

check # 3062

GAC Project # 00-17

Date of Notification (1) November 16, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY, NJ		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 20 2017 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854		
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number ASBESTOS CONTROL & REMEDIATION		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) SCHOOL OF DENTAL MEDICINE, BLDG# 7253		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years		
Street Address RBHS NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC		
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCN No. 0098		
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET		
Project Manager for Monitoring Firm BRIAN KEARNEY		Telephone Number 973-492-0477	License Number 00840	
Scheduled Start Date (10) 12/1/17	Scheduled Completion Date (11) 01/08/2018	Name of OSHA Monitor 1 ENVIROVISION, 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 - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD		
Scope of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure (Wrap & Cut) <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code FAIRLAWN, NJ		
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
C-Level Various Locations	<input checked="" type="checkbox"/>	VAT	7500 SF	<input checked="" type="checkbox"/>
C-Level Various Locations	<input checked="" type="checkbox"/>	TSI	<9 LF	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40 CY	Name of Registered Landfill G.R.O.V. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 01/08/2018	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date November 16, 2017	

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

GAC Project # 060-17

Date of Notification (1) November 7, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT.	
		City, State, Zip Code 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SCHOOL OF DENTAL MEDICINE, BLDG# 7253		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 3 Bldg. Age: 60+ years	
Street Address RBHS NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 11/17/17		Scheduled Completion Date (11) 12/4/17	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, 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 type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
C-Level Various Locations	<input checked="" type="checkbox"/>	VAT	7500 SF
C-Level Various Locations	<input checked="" type="checkbox"/>	TSI	<9 LF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date 12/4/2017	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509		Name of Registered Landfill G.R.O.V. North Landfill	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>
		Date November 7, 2017	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

CK# 1202

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

Print Form
RECEIVED
NOV - 20 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11-15-17		Name of Building Owner/Operator (2) [REDACTED]	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 123 Town Square Place Unit # 231		City, State, Zip Code Jersey City, NJ 07310	
Name of Contact Tim Kang		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 _____ Bldg. Age _____	
City (5) Jersey City		County Code (7) (STATE USE ONLY) _____	
County (6) Hudson		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) Delfa Contracting LLC	
City, State, Zip Code		Street Address 522 7th St.	
Project Manager for Monitoring Firm		City, State, Zip Code Union City NJ 07087	
Telephone No.		Telephone No. 201 216-9603	
License No. 01206		Start Date (10) 11-18-17	
Scheduled Completion Date (11) 11-19-17		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.	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Union City NJ 07087	
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)	
Roof		Roofing Materials	
1800 SF			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	
Cubic Yards of Waste 20		Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 11-17-17	
City, State Tullytown, PA		Signature <i>Jaime Delgado</i>	
Date 11-18-17		Title Proj. Manager.	

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



Date of Notification (1) 11-14-17		Name of Building Owner/Operator (2) Concord States						
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 217 Brook Ave.		City, State, Zip Code Passaic, NJ 07055						
Name of Contact Joseph Muller		Telephone Number						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 217 Brook Ave		Square Feet	# of Floors					
City (5) Passaic		Bldg. Age						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address		Street Address 522 7th St.						
City, State, Zip Code		City, State, Zip Code Union City NJ 07087						
Project Manager for Monitoring Firm		Telephone No. 201 216-9603	License No. 01206					
Start Date (10) 11-24-17	Scheduled Completion Date (11) 12-18-17	Name of OSHA Monitor Delfa Contracting LLC						
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: 7:00 Am - 5:00 Pm		Street Address 522 7th St.						
		City, State, Zip Code Union City NJ 07087						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Repair	Encapsulate	Enclosure
1st Floor		x		Pipe Insulation	540 LF	x		
2nd Floor		X		Pipe Insulation	420 LF	x		
3rd Floor		X		Pipe Insulation	360 LF	x		
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ		Disposal Date 12-19-17		City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 11-14-17		

CK 9712/9737

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

Date of Notification (1) 11 / 16 / 17		Name of Building Owner/Operator (2) SJ Gas / Job #1710-5230 Check #9712/4727							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 South Jersey Plaza City, State, Zip Code Folsom, NJ 08037 Name of Contact Caitlin Bast Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Glassboro, NJ		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Residential							
County (6) Gloucester		Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services							
ASCN No.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	License No. 00529						
Start Date (10) 11 / 17 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chimney flashing/sealants	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	linoleum beneath ceramic tile	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile beneath linoleum	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 11/30/17	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature [Signature]			Date 11/16/17			

CK 9710/9711

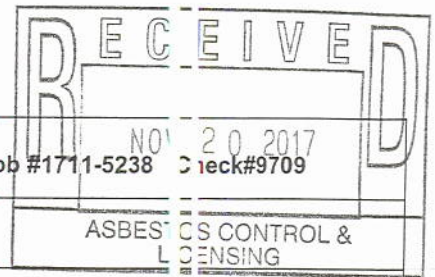
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
NOV 20 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11 / 16 / 17		Name of Building Owner/Operator (2) SJ Gas / Job #1710-5230 Check #9710/9711							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 South Jersey Plaza City, State, Zip Code Folsom, NJ 08037 Name of Contact Caitlin Bast Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K 1:) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Glassboro, NJ		County (6) Gloucester							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311							
Start Date (10) 11 / 17 / 17		Scheduled Completion Date (11) 11 / 30 / 17							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Name of OSHA Monitor EMSL Analytical							
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		Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure wrap duct <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	chimney flashing/sealants	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	cement shingle siding	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	7 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 11/30/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature [Signature]		Date 11/16/17			

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



CK9109

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Date of Notification (1) 11 / 15 / 17		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1711-5238		NOV 20 2017 Check #9709					
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address One Robert Wood Johnson Place City, State, Zip Code New Brunswick, NJ 08901 Name of Contact William Kelly					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital			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 One Robert Wood Johnson Place			Square Feet						
City (5) New Brunswick			# of Floors		Bldg. Age				
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Hospital					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700		Telephone No. 609-265-2107					
License No. 00529									
Start Date (10) 11 / 16 / 17		Scheduled Completion Date (11) 11 / 20 / 17		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input 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
Tower Building- 9th Fl. Patient Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2X layer floor tile & mastic	200 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 25		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 11/20/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 11/15/17			

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

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NOV 20 2017
Check # 9677
ASBESTOS CONTROL & LICENSING

CKA 11/15/17 PAID

Date of Notification (1)
11 / 15 / 17

Name of Building Owner/Operator (2)
JCP&L/FirstEnergy Company / Job #1711-5237

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA (NJAC 5:23-8)

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

Street Address
10 Legion Place- Building A

City, State, Zip Code
Morristown, NJ 07960

Name of Contact
John Greco

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
JCP&L

Street Address
16 Sunset Road

City (5)
Pompton Plains, NJ

County (6)
Morris

County Code (7)(STATE USE ONLY)

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K 1:1)
☒ Other (i.e., private and commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
Substation

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

ASCM No.

Name of Abatement Contractor (9)
AbateTech, Inc.

Street Address
30 Maple Ave. PO Box 25

City, State, Zip Code
Lumberton, NJ 08048

Project Manager for Monitoring Firm

Telephone No.

Telephone No.
609-265-2107

License No.
00529

Start Date (10)
11 / 16 / 17

Scheduled Completion Date (11)
11 / 16 / 17

Name of OSHA Monitor
EMSL Analytical

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: AM-PM/PM-AM

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Scope of Work (Check all that apply)
☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Process

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Pole#BTE34006PK	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos cement pole riser conduit	12 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
AbateTech, Inc.

NJDEP Waste Hauler ID No.
18750

Cubic Yards of Waste
2

Name of Registered Landfill
G.R.O.W.S. Landfill

City, State
Lumberton, NJ

Disposal Date
11/16/17

City, State
Tullytown, PA

Completed By (Print or Type)
Gwen Trumbetti

Title
Operations Coordinator

Signature
Gwen Trumbetti

Date
11/15/17

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

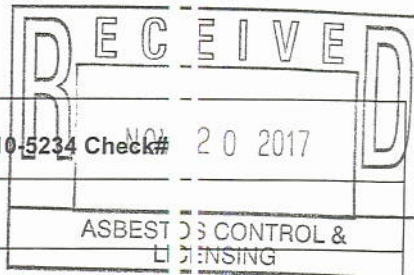
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NOV 20 2017	CHECK #9708
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11 / 15 / 17		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1709-5224		Check #9708	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact John Greco	
Telephone Number _____					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) JCP&L- Substation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K 1:) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 300 Madison Ave.			Square Feet		
City (5) Morristown, NJ 07960			# of Floors		
County (6) Morris			County Code (7)(STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & health, Inc.			ASCM No.		
Street Address 140 S. Village Ave. Suite 130			Name of Abatement Contractor (9) AbateTech, Inc.		
City, State, Zip Code Exton, PA 19341			Street Address 30 Maple Ave. PO Box 25		
Project Manager for Monitoring Firm Brian Hovendon			City, State, Zip Code Lumberton, NJ 08048		
Telephone No. 610-524-5525			Telephone No. 609-265-2107		
Start Date (10) 9 / 25 / 17			License No. 00529		
Scheduled Completion Date (11) 12 / 31 / 17			Name of OSHA Monitor EMSL Analytical		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ 3:30PM-12AM			Street Address 200 Route 130 North		
			City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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)	
		Yes No N/A		Amount (Specify SF or LF)	
3 rd Floor Plenum Area		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		4200 SF	
Microwave Room Basement		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		3 LF	
Fire Control Panel Room- Basement		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		10 LF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 20	
City, State Lumberton, NJ		Disposal Date 12/31/17		Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature <i>Gwen Trumbetti</i>	
				Date 11/15/17	

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



Date of Notification (1) 11 / 13 / 17		Name of Building Owner/Operator (2) Resorts International Casinos /Job#1710-5234 Check#	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1133 Boardwalk City, State, Zip Code Atlantic City, NJ 08401-7329	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resorts Office 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 (i.e., private and commercial buildings, homes, etc.)	
Street Address 198 South Chalfonte Ave.		Square Feet	# of Floors
City (5) Atlantic City		Bldg. Age	
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Hotel & Casino	
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 11 / 6 / 17	Scheduled Completion Date (11) 11 / 17 / 17	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

<input 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

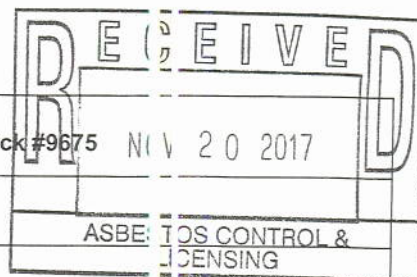
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	1,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ		Disposal Date 11/17/17	City, State Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 11/13/17

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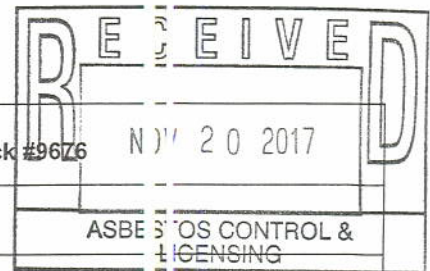
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 11 / 7 / 17		Name of Building Owner/Operator (2) SJ Gas / Job #1710-5230 Check #9675		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 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 1 South Jersey Plaza City, State, Zip Code Folsom, NJ 08037 Name of Contact Caitlin Bast Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (<-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet: # of Floors: Bldg. Age:						
City (5) Glassboro, NJ			County Code (7) (STATE USE ONLY)						
County (6) Gloucester			Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25		City, State, Zip Code Lumberton, NJ 08048					
City, State, Zip Code Berlin, NJ 08009		Telephone No. 856-452-1311		License No. 00529					
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-265-2107		License No. 00529					
Start Date (10) 11 / 10 / 17		Scheduled Completion Date (11) 11 / 30 / 17		Name of OSHA Monitor EMSL 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 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥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
Living Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	150 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 20		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 11/30/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 11/17/17			

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



Date of Notification (1) 11 / 7 / 17		Name of Building Owner/Operator (2) SJ Gas / Job #1710-5230 Check #9676	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 South Jersey Plaza City, State, Zip Code Folsom, NJ 08037 Name of Contact Caitlin Bast Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K 12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Glassboro, NJ		# of Floors	
County (6) Gloucester		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	
Street Address PO Box 365		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State, Zip Code Berlin, NJ 08009		Street Address 30 Maple Ave. PO Box 25	
Project Manager for Monitoring Firm Jim Proctor		City, State, Zip Code Lumberton, NJ 08048	
Telephone No. 856-452-1311		Telephone No. 609-265-2107	
License No. 00529		Name of OSHA Monitor EMSL Analytical	
Start Date (10) 11 / 10 / 17		Scheduled Completion Date (11) 11 / 30 / 17	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

<input 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
Under Capping	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	700 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Linoleum	125 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.V.S. Landfill	
City, State Lumberton, NJ		Disposal Date 11/30/17		City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>			Date 11/17/17

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

CH# 1766

Date of Notification (1) 11/11/2017		Name of Building Owner/Operator (2) Middlesex County College		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 20 2017 CONTROL & INSURING </div>					
Agencies Notified	Type Notification	Street Address 260 Woodbridge Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison NJ 08818 Name of Contact Donald Drost							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Main Hall Science Wing				Type of Facility (4)					
Street Address 2600 Woodbridge Avenue				<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than I - 2) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Edison				Square Feet	# of Floors				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc		ASCM No. 0030	Name of Abatement Contractor (9) VMC Company Inc						
Street Address 120 N. Warren Street		Street Address 208 Piaget Avenue							
City, State, Zip Code Trenton NJ 08608		City, State, Zip Code Clifton NJ 07011							
Project Manager for Monitoring Firm Roland C. Jones		Telephone No. 609-392-4200	Telephone No. 973-253-8828	License No. 00704					
Start Date (10) 12/27/2017	Scheduled Completion Date (11) 1/3/2018		Name of OSHA Monitor VMC Company 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			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Lobby		x		Soffit plaster	200 SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark NJ		Disposal Date		City, State Pensacola, FL					
Completed by Voytek Roszkowski		Title President		Signature <i>Voytek Roszkowski</i>		Date 11/11/2017			

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

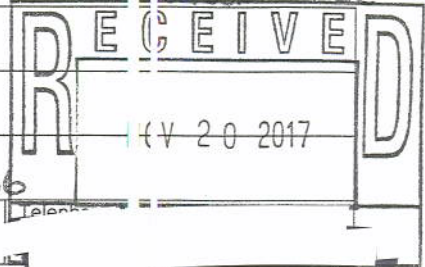
CH# 4-66

Date of Notification (1) 11/15/2017		Name of Building Owner/Operator (2) RAMAPO COLLEGE OF		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED NOV 20 2017 ASBESTOS CONTROL & REMEDIATION </div>			
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 505 RAMAPO VALLEY RD. City, State, Zip Code MAHWAH, NJ 07430 Name of Contact CHARLES BIGOLOSO	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) TAMARAK APARTMENTS				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 505 RAMAPO VALLEY RD				Square Feet	# of Floors		
City (5) MAHWAH				Bldg. Age			
County (6) BERGEN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL		ASCM No.		Name of Abatement Contractor (9) VMC Company, Inc			
Street Address 344 W. STATE STR				Street Address 208 PIAGET AVE			
City, State, Zip Code TRENTON				City, State, Zip Code CLIFTON, NJ 07011			
Project Manager for Monitoring Firm WILLIAM WEISGARBER		Telephone No.		Telephone No. 973-253-8828	License No. 00704		
Start Date (10) 11/28/2017		Scheduled Completion Date (11) 11/28/2017		Name of OSHA Monitor VMC Co. Inc			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 2 PM - 11 PM				Street Address			
				City, State, Zip Code			
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
BATHROOM		X	DRYWALL	25 SF			
Name of Registered Waste Hauler Newark Carting, Inc		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste	Name of Registered Landfill GROWS		
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA			
Completed by Voytek Roszkowski		Title President		Signature V. Roszkowski	Date 11/15/2017		

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

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CHECK # 1022



Date of Notification (1) 11/14/17		Name of Building Owner/Operator (2) TOWNSHIP OF TEANECK	
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 818 TEANECK RD	
		City, State, Zip Code TEANECK, N.J. 07666	
		Name of Contact KEVIN ARATHU	

Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K 12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) TEANECK	Square Feet 1600	# of Floors 2	Bldg. Age 150
County (6) BELDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	License No. 00156
Start Date (10) 11/27/17	Scheduled Completion Date (11) 11/30/17	Name of OSHA Monitor Omega Environmental Services	
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 280 Huyler Street	
		City, State, Zip Code Hackensack, NJ 07606	

Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input 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
CLOSET 1ST FLOOR			<input checked="" type="checkbox"/>	PIPE INSULATION	16 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date 11/27/17		City, State Pen Argyl, PA 08702	
Completed by Joseph Vocaturo		Title Vice President	Signature <i>J. Vocaturo</i>		Date 11/14/17

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

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NOV 20 2017	
ASBESTOS CONTROL & LICENSING	

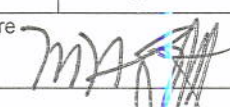
Date of Notification (1) 11 / 14 / 17			Name of Building Owner/Operator (2) Sunoco Pipeline, LP		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 525 Fritztown Rd. City, State, Zip Code Sinking Springs, PA 19608 Name of Contact Daniel Kershner Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Weeks Marine - Whites Basin Street Address 112 Hansons Row Rd. City (5) Logan Township, NJ 08014				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) Square Feet N/A Outside # of Floors N/A Bldg. Age N/A	
County (6) Gloucester		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Outside Lay-Down Yard	
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. NA		Name of Abatement Contractor (9) Alliance Environmental Systems	
Street Address 700 Turner Way City, State, Zip Code Aston, PA 19014		Street Address 550 East Union St. City, State, Zip Code West Chester, PA 19382			
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902		Telephone No. 610-701-9000 License No. 00508	
Start Date (10) 11 / 28 / 17		Scheduled Completion Date (11) 12 / 22 / 17		Name of OSHA Monitor AET	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30PM- AM				Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063	
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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Exterior Pipe in Lay-Down Yard		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Tar Coating on 12" Pipe	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Name of Registered Waste Hauler Horwith Trucking		NJDEP Waste Hauler ID No. SW1998		Cubic Yards of Waste	
City, State Northampton, PA		Disposal Date TBD		Name of Registered Landfill Modern Landfill City, State York, PA	
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature MA [Signature] Date 11/14/17	

CH 15149

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

RECEIVED	
NOV 20 2017	
ASBESTOS CONTROL & REMEDIATION	

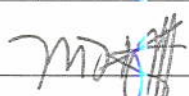
Date of Notification (1) 11 / 14 / 17		Name of Building Owner/Operator (2) MIPC, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 920 Cherry Tree Road City, State, Zip Code Aston, PA 19014 Name of Contact Julie Anderson Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Weeks Marine - Whites Basin		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 112 Hansons Row Rd.		Square Feet N/A Outside							
City (5) Logan Township, NJ 08014		# of Floors N/A	Bldg. Age N/A						
County (6) Gloucester	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Outside Lay-Down Yard							
Name of Monitoring Firm Hired by Building Owner (8) Vertex	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 700 Turner Way		Street Address 550 East Union St.							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. 610-558-8902	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 11 / 28 / 17	Scheduled Completion Date (11) 12 / 22 / 17	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30PM- AM		Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063							
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 Pipe in Lay-Down Yard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar Coating on 8" Pipe	240 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 Horwith Trucking		NJDEP Waste Hauler ID No. SW1998	Cubic Yards of Waste	Name of Registered Landfill Republic Services Corporation - Morgantown Landfill					
City, State Northampton, PA		Disposal Date TBD	City, State Morgantown, PA						
Completed By (Print or Type) Mark Griffin	Title Estimator	Signature 				Date 11/14/17			

CH 15158

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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 / 16 / 17		Name of Building Owner/Operator (2) 610 Sewall Avenue, LLC							
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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 80 Main Street, Suite 160 City, State, Zip Code West Orange, NJ 07052 Name of Contact Jay Murnick Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Munroe Towers		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than 1-2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 610 Sewall Ave.									
City (5) Asbury Park		Square Feet 198,000	# of Floors 15 Bldg. Age 43						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartments							
Name of Monitoring Firm Hired by Building Owner (8) AET	ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems							
Street Address 28 N. Pennell Rd.		Street Address 550 East Union St.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code West Chester, PA 19382							
Project Manager for Monitoring Firm Eric Houseknecht	Telephone No. 908-218-1108	Telephone No. 610-701-9000	License No. 00508						
Start Date (10) 12 / 4 / 17	Scheduled Completion Date (11) 12 / 8 / 17	Name of OSHA Monitor AET							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM- PM/3:30PM- AM		Street Address 28 N. Pennell Road City, State, Zip Code Media, PA 19063							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	85 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 David Geppert Recycling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2	Name of Registered Landfill Western Berks Community Landfill					
City, State Hatboro, PA		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature 		Date 11/14/17			

CH1300

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

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Date of Notification (1) 11/14/17		Name of Building Owner/Operator (2) Kenneth Feiler							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code River Edge, NJ 07661							
		Name of Contact Dr. Feiler							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Feiler Dental Associates		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 1060 Main St.		Square Feet 4200	# of Floors 3						
City (5) River Edge		Bldg. Age 65 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Dental Office							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 11/15/17	Scheduled Completion Date (11) 11/20/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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	1,666 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 CU	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA 18072					
Completed by Richard Cristofol		Title President	Signature 			Date 11/14/17			

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

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Date of Notification (1) 11/15/17		Name of Building Owner/Operator (2) B & R Uniform	
Agencies Notified	Type Notification	Street Address 147 Main St.	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackettstown, NJ 07840	
		Name of Contact John Blehl	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) B & R Uniform		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 147 Main St.		Square Feet 6500	
City (5) Hackettstown		# of Floors 2	
County (6) Warren		Bldg. Age 85 +/-	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Uniform Store	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCN No.	
Street Address		Name of Abatement Contractor (9) All Stages Abatement	
City, State, Zip Code		Street Address 280 N. Midland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663	
Telephone No.		Telephone No. 201-600-3184	
Start Date (10) 11/27/17		Scheduled Completion Date (11) 12/4/17	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address	
		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
1st Fl	x	Plaster Walls	3,110 SF
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 20 YD
City, State Newark, NJ		Disposal Date TBD	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Pen Argyl, PA 18072			
Completed by Richard Cristofol	Title President	Signature 	Date 11/15/17

B & G proj. #: 2017-169

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(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 8390

Date of Notification (1) 11/16/17		Name of Building Owner/Operator (2) Alfreda Armstrong		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 20 2017 ASBESTOS CONTROL & REMEDIATION </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code East Orange, NJ 07017		
		Name of Contact Alfreda Armstrong		
		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Alfreda Armstrong			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./Houses, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) East Orange, NJ 07017	County (6) Essex	County Code (7) (State use only)	Current Use (Prior to being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		Licenses Number 00378
Scheduled Start Date (10) 11/27/2017		Sched. Completion Date (11) 11/28/2017		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)

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

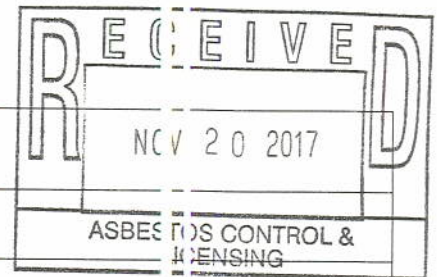
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)		R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A							
basement			<input checked="" type="checkbox"/>	pipe insulation	93 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/28/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 11/17/2017

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

CK149

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Date of Notification (1) 11 / 17 / 17		Name of Building Owner/Operator (2) Santander Bank, N.A.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 75 State Street City, State, Zip Code Boston, MA Name of Contact Susan Peck							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Santander Bank		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)							
Street Address 4261 Route 9		Square Feet 2,000	# of Floors 2						
City (5) Howell, NJ 07731		Bldg. Age 45							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting	ASCM No. 62252	Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 1600 Route 22 East		Street Address 47 Foster Road							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Tammy Lomax	Telephone No. 908-577-6171	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 12 / 02 / 17	Scheduled Completion Date (11) 12 / 10 / 17	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-2:00PM/10:30PM-</u> <u> </u> AM		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carpet Mastic	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 Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State Newark, NJ		Disposal Date 12/05/17	City, State Bethlehem, PA						
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager		Signature 		Date 11-17-2017				

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/17/17		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JOHN BRADLEY	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G		Type of Facility (4)							
Street Address 341 MOUNT PLEASANT AVE.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) WEST ORANGE		Square Feet 7200	# of Floors 2						
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Bldg. Age APPRX 96 YRS.						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
Start Date (10) 12/1/17		Scheduled Completion Date (11) 12/11/17	License No. 0111						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
<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>necessary operators only</u>		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flammable 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
2ND FLOOR		X		ACM TILE & MASTIC	746	X			
CONTROL ROOM		X		TRANSITE PANELS	432	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPRX 10	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MANAGER	Signature Carol Raimo	Date 11/09/17					

CK# 8560

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

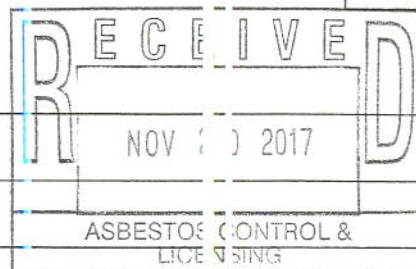
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NOV	20 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11/16/17		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JOHN BRADLEY							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G		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 341 MOUNT PLEASANT AVE.		Square Feet 7200	# of Floors 2						
City (5) WEST ORANGE		Bldg. Age APPX 96 yrs.							
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
Start Date (10) 12/1/17		Scheduled Completion Date (11) 12/11/17	Licenses No. 011						
Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA									
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: necessary operators only		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Exempted Procedure							
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
2ND FLOOR		X		ACM TILE & MASTIC	746 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 10	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MANAGER		Signature Carol Raimo		Date 11/16/17			

CL# 8561

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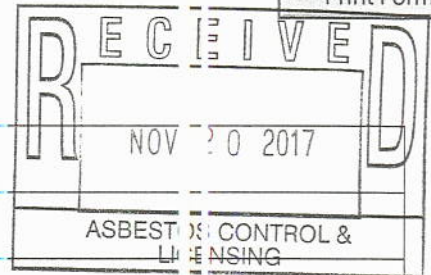
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/17/17		Name of Building Owner/Operator (2) PSE&G	
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080	
		Name of Contact DENNIS WAKULA	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PSE&G		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 195 W. 63RD ST.		Square Feet 1700	# of Floors 1
City (5) BAYONNE		Bldg. Age Appx 65yrs	
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Switch Station	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.	
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882	
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350
Start Date (10) 12/6/17		Scheduled Completion Date (11) 12/8/17	Licenses No. 0111
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: OUTDOORS		Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA	
		Street Address 396 WHITEHEAD AVE.	
		City, State, Zip Code SOUTH RIVER, NJ 08882	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flammable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
OUTSIDE		X	TRANSITE PIPE
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste Appx 6
City, State ELIZABETH, NJ		Disposal Date TBD	Name of Registered Landfill GROWS NORTH
Completed by CAROL RAIMO		Title OFFICE MANAGER	Signature Carol Raimo
			Date 11/17/17

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



Date of Notification (1) 11/17/17		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<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 South Plainfield, NJ							
		Name of Contact Achilles Kotzias							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Lyndhurst Substation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Page Ave & Orient Way		Square Feet N/A							
City (5) Lyndhurst		# of Floors 1	Bldg. Age N/A						
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Electrical Switching yard							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Rd							
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11930							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111						
Start Date (10) 11/27/17		Scheduled Completion Date (11) 12/31/17	License No. 01136						
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: Electrical control house		Name of OSHA Monitor WRS Environmental Services, Inc.							
		Street Address 17 Old Dock Rd							
		City, State, Zip Code Yaphank, NY 11980							
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 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
Switching Station			x	Transite Pipe	50 SF	x			
Switching Station			x	Stucco	750 SF	x			
Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, NJ			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Amanda Vallone		Title Admin Operations Manager	Signature <i>Amanda Vallone</i>			Date 11/17/17			