

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

RECEIVED
NOV 21 2017
ASBESTOS CONTROL & LICENSING

no CR

Date of Notification (1) 11/13/17

Name of Building Owner/Operator (2) E.R. APPLEBY SCHOOL

Street Address 23 VLIET ST.

City, State, Zip Code SPOTSWOOD, NJ, 08884

Name of Contact NANCY TORCHIANO

Agencies Notified

☐ EPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial
☒ Amended
Amendment # 1
☐ Emergency (including justification)
☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) APPLEBY SPOTSWOOD SCHOOL

Street Address 23 VLIET ST.

City (5) SPOTSWOOD

County (6) MIDDLESEX

County Code (7) (STATE USE ONLY) _____

Type of Facility (4)

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

Square Feet 48,000

of Floors 1

Bldg. Age 50's

Current Use (Prior if being demolished) SCHOOL

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONNECTION

ASCM No. _____

Name of Abatement Contractor (9) ARIAI

Street Address 144 MILL ST

City, State, Zip Code PATERSON NJ 07501

Project Manager for Monitoring Firm JORDAN REED

Telephone No. 609-392-4200

Licens. No. 10154

Start Date (10) 11/23/17

Scheduled Completion Date (11) 09/01/2018

Name of OSHA Monitor GORAN IGEV

Street Address 144 MILL ST

City, State, Zip Code PATERSON NJ 07501

Occupancy Status During Abatement (Check Only One)

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

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 Procedure

Location of Asbestos-Containing Material (ACM) 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>TSI / CLASSROOM</u>		<input checked="" type="checkbox"/>		<u>TSI</u>	<u>68 + 711</u>	<input checked="" type="checkbox"/>			
<u>VAT / CLASSROOM</u>		<input checked="" type="checkbox"/>		<u>VAT / MASTIC</u>	<u>1200 S</u>	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler INDIAN ARROW INDUSTRIES

NJDEP Waste Hauler ID No. 36031

Cubic Yards of Waste TBD

Name of Registered Landfill WM

City, State PATERSON NJ

Disposal Date TBD

City, State MOORESVILLE, NC

Completed by GORAN IGEV

Title CEO

Signature [Signature]

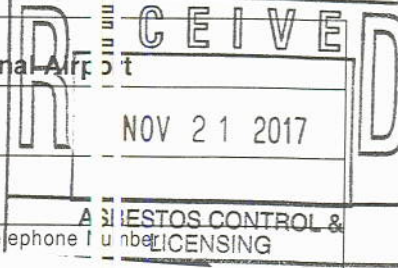

Date 11/13/17

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

PAID

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

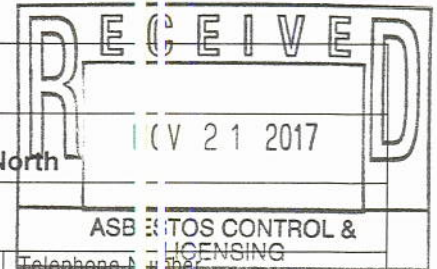
Check No. 4580

Date of Notification (1) October 30, 2017		Name of Building Owner/Operator (2) PA of NY & NJ, Newark Liberty International Airport					
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP (Not required per State Reg. 10-2004) <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 241 Erie Street					
City, State, Zip Code Jersey City, NJ 07310							
		Name of Contact Ralph Campione, Facility Supervisor, Asbestos OPS		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Newark Liberty International Airport			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address Bidges N57, N58, N59 & Utilities - FSA Demolition & Earhart Rd., Fuel Line Removal			Square Feet: N/A # of Floors: Underground Bldg. Age: 50+/-				
City (5) Newark			Current Use (Prior if being demolished) Abandoned Fuel Lines				
County (6) Essex		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) PA of NY & NJ		ASCM No. N/A		Name of Abatement Contractor (9) B&N&K Restoration Co., Inc.			
Street Address 241 Erie Street, Room 236		Street Address 223 Randolph Avenue					
City, State, Zip Code Jersey City, NJ 07310		City, State, Zip Code Clifton, NJ 07011					
Project Manager for Monitoring Firm Ralph Campione		Telephone No. 973-624-6898		License No. 00120			
Start Date (10) November 17, 2017		Scheduled Completion Date (11) March 20, 2018		Name of OSHA Monitor EMSL Analytical, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 200 Route 130 N				
			City, State, Zip Code Cinnaminson, NJ 08077-2892				
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <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
Along Earhart Road			14" OD Tar & Tar Paper Pipe Insulation	960 In ft	<input checked="" type="checkbox"/>		
Along Earhart Road			12" OD Tar & Tar Paper Pipe Insulation	2,080 In ft	<input checked="" type="checkbox"/>		
Along Earhart Road			18" OD Tar & Tar Paper Pipe Insulation	22,500 In ft	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Jimmy Byrne		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste 1571	Name of Registered Landfill Minerva Enterprises, Inc.		
City, State 1199 Randall Avenue, Bronx, NY 10474		Disposal Date 11/13/2017 - 03/31/2018		City, State Waynesburg, OH			
Completed by G. Roger Woodman		Title Project Manager		Signature 		Date 11/10/2017	

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

Check No. **4579**

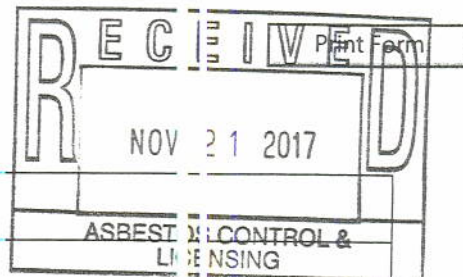
PAID



Date of Notification (1) January 11, 2017		Name of Building Owner/Operator (2) PA of NY & NJ							
Agency Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP (Not required per State Reg. 10-2014) <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 08 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Goethals Bridge, 2777 Goethal Road North City, State, Zip Code Staten Island, NY 10303-8413 Name of Contact Uday Mehta							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Goethals Bridge - New Jersey Side of Bridge		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 & commercial buildings, homes, etc.)							
Street Address 2777 Goethals Road North		Square Feet 440,758							
City (5) Staten Island, NY 10303-8413		# of Floors 1							
County (6) Union		Bldg. Age 88 +/-							
County Code (7) (STATE USE ONLY) Union		Current Use (Prior if being demolished) Bridge							
Name of Monitoring Firm Hired by Building Owner (8) Creative Environment Solutions (CES) Corp.		ASCM No. N/A							
Street Address 39 West 37th Street, 14th Floor		Name of Abatement Contractor (9) B&N&K. Restoration Company, Inc.							
City, State, Zip Code New York, NY 10018		Street Address 223 Randolph Avenue							
Project Manager for Monitoring Firm Dmitry Khusidman		City, State, Zip Code Clifton, NJ 07011							
Telephone No. 212 290 6323		Telephone No. 973-478-4681							
Start Date (10) January 23, 2017		License No. 00120							
Scheduled Completion Date (11) January 21, 2018		Name of OSHA Monitor McCabe Environmental Services, L.L.C.							
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: Non-friable exterior work		Street Address 464 Valley Brook Avenue							
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		City, State, Zip Code Lyndhurst, NJ 07071							
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 L)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
West Bound Bridge over NJ Turnpike	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Parapet) - North & South Side	100 In ft	<input checked="" type="checkbox"/>			
East of Rail Road Trestle	<input checked="" type="checkbox"/>			Concrete Encased Transite Pipe (Parapet) - South Side	50 In ft	<input checked="" type="checkbox"/>			
NJ Abutment Room	<input checked="" type="checkbox"/>			White Panel (Transite)	30 sq ft	<input checked="" type="checkbox"/>			
See 2nd Page									
Name of Registered Waste Hauler Horwith Truck Inc. Jimmy Byrne Trucking		NJDEP Waste Hauler ID No. Hazardous: 07110 Solid Waste: 16227 19551 (Jimmy Byrne)		Cubic Yards of Waste 161	Name of Registered Landfill Chemical Waste Management Minerva Enterprises, Inc				
City, State Northampton, PA / Bronx		Disposal Date 01/23/2017 - 01/21/2018		City, State Emelle, AL / Waynesboro, OH					
Completed by G. Roger Woodman		Title Project Manager		Signature 		Date 11/14/2017			

RECEIVED
NOV 21 1917

[illegible]



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

CH5310

PAID

Date of Notification (1) 11-15-17		Name of Building Owner/Operator (2) Bergen County Utility Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 287 Mehrhof Rd City, State, Zip Code Little Ferry NJ 08643 Name of Contact Dennis Oury Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bergen County Utility Authority		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 287 Mehrhof Rd		Square Feet 2000	# of Floors 1 Bldg. Age 50+						
City (5) Little Ferry NJ	County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Maintenance Building						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Active Environmental Technologies Inc						
Street Address		Street Address 203 Pine St							
City, State, Zip Code		City, State, Zip Code Mt Holly NJ							
Project Manager for Monitoring Firm		Telephone No. 609-702-1500	License No. 01299						
Start Date (10) 11/28/17	Scheduled Completion Date (11) 12/5/17	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"/> 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
Floor	X			ACM 9x9 Floor Tiles	2000APPROX	X			
Name of Registered Waste Hauler Active Environmental Technologies Inc		NJDEP Waste Hauler ID No. 25704	Cubic Yards of Waste 1-2	Name of Registered Landfill WAS					
City, State Mt Holly, NJ		Disposal Date 12/6/17		City, State Mertown, Pa					
Completed by Patrick Daurin		Title Project Manager		Signature [Signature]		Date 11/15/17			

PAID

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

Check # 25641

Date of Notification (1) <u>11/18/2017</u>		Name of Building Owner/Operator (2) <u>Piantino</u>		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED NOV 21 2017 ASBESTOS CONTROL & LICENSING </div>			
Agencies Notified <input checked="" 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]					
City, State, Zip Code <u>Maplewood, NJ 07040</u>		Name of Contact <u>Paul Piantino</u>		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-2) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address [REDACTED]			Square Feet <u>1800</u>				
City (5) <u>Maplewood, NJ 07040</u>			# of Floors <u>2</u>		Bldg. Age <u>90</u>		
County (6) <u>Essex</u>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No.		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 08501</u>					
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>		License No. <u>00493</u>			
Start Date (10) <u>11/28/2017</u>		Scheduled Completion Date (11) <u>12/1/2017</u>		Name of OSHA Monitor <u>MECS</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address <u>PO Box 341</u>				
			City, State, Zip Code <u>Crosswicks, NJ 08515</u>				
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
<u>Basement</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insul.</u>	<u>130 lf</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>2</u>		Name of Registered Landfill <u>Fairless Landfill</u>	
City, State <u>Allentown, NJ</u>		Disposal Date <u>12/1/17</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>11/18/17</u>	

MD 23780037161 PAID

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

RECEIVED
NOV 21 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/17/2017		Name of Building Owner/Operator (2) John J Schuster						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pequannock, nj, 07440						
		Name of Contact John Schuster	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 N/A	# of Floors N/A					
City (5) Pequannock		Bldg. Age N/A						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC					
Street Address		Street Address 89 FRANKLIN STREET						
City, State, Zip Code		City, State, Zip Code PATERSON, NJ 07524						
Project Manager for Monitoring Firm		Telephone No. 973-333-5144	License No. 01274					
Start Date (10) 11/29/2017	Scheduled Completion Date (11) 11/30/2017	Name of OSHA Monitor EHW ABATEMENT 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 89 FRANKLIN STREET						
		City, State, Zip Code PATERSON, NJ 07524						
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-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) 150SF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT		X			X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 111946	Cubic Yards of Waste N/A	Name of Registered Landfill TRY STATE TRANSFER				
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY				
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER		Signature <i>[Signature]</i>		Date 11/17/2017		

PAID
MO 23780037172

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

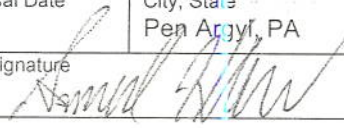
Print Form
RECEIVED
NOV - 21 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/17/2017		Name of Building Owner/Operator (2) Felyoren Tajon	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Belleville, NJ, 07109	
		Name of Contact FELYORE TAJON	Telephone Number [REDACTED]
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A
City (5) BELLVILLE, NJ		Bldg. Age N/A	
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC	
Street Address		Street Address 89 FRANKLIN STREET	
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-333-5144	License No. 01274
Start Date (10) 11/27/2017	Scheduled Completion Date (11) 11/28/2017	Name of OSHA Monitor EHW ABATEMENT 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: Occupied		Street Address 89 FRANKLIN STREET	
		City, State, Zip Code PATERSON, NJ, 07524	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement		X	Pipe Insulation
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 111946	Cubic Yards of Waste TBD
City, State PATERSON, NJ		Disposal Date TBD	Name of Registered Landfill TRY STATE TRANSFER
Completed by VICTOR ESPIRITU		Title PROJECT MANAGER	Signature <i>[Signature]</i>
			Date 11/17/2017

CH 243676

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

RECEIVED	
NOV 21 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) November 17, 2017		Name of Building Owner/Operator (2) NJDOT						
Agencies Notified	Type Notification	Street Address 1035 Parkway Ave; P.O. Box 600						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625						
		Name of Contact Karl Bevans	Telephone No. _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) NJDOT - Route 280, Route 21 Interchange Improvements		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 Rt 21 / Rt 280		Square Feet N/A	# of Floors Bldg. Age					
City (5) Newark								
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Bridge Structures						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) George Harms Construction Co., Inc.					
Street Address		Street Address 62 Yellowbrook Road						
City, State, Zip Code		City, State, Zip Code Howell, NJ 07731						
Project Manager for Monitoring Firm		Telephone No. 732-751-2089	License No. 01055					
Start Date (10) November 27, 2017	Scheduled Completion Date (11) December 1, 2017	Name of OSHA Monitor _____						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Bridge Reconstruction / Demolition		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Repair	Encapsulate	Enclosure
Bridge Abutments			X	Asbestos Roofing Cement				
Name of Registered Waste Hauler Recovery Environmental Services		NJDEP Waste Hauler ID No. 32475	Cubic Yards of Waste 5	Name of Registered Landfill Waste Management				
City, State Augusta, NJ		Disposal Date TBD		City, State Penn Argyl, PA				
Completed by Sam Hahn		Title Project Engineer		Signature 		Date 11/17/2017		

PAID

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



Date of Notification (1) <u>11</u> / <u>16</u> / <u>17</u>		Name of Building Owner/Operator (2) Rutgers University / Job # 1711-2253 Chk. # 4882							
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 33 Knightsbridge Road City, State, Zip Code Piscataway, NJ 08854 Name of Contact Joan Stanton, PE Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Russel Apartments & 11 Bartlet Road		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 142-162 Bevier Road & 11 Bartlet Road		Square Feet Varies # of Floors 2 each Bldg. Age 1960's							
City (5) Piscataway & New Brunswick		County Code (7)(STATE USE ONLY) Middlesex Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No. _____ Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 400 Street Road		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Mike Panepresso		Telephone No. 215-244-1300	Telephone No. 609-702-0400 License No. 00862						
Start Date (10) <u>11</u> / <u>27</u> / <u>17</u>	Scheduled Completion Date (11) <u>2</u> / <u>10</u> / <u>18</u>	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 U.S. 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"/> Renovation <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Negative Pressure Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Champion		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Hainesport, NJ		Disposal Date 2/10/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 11-16-17			

Roofs

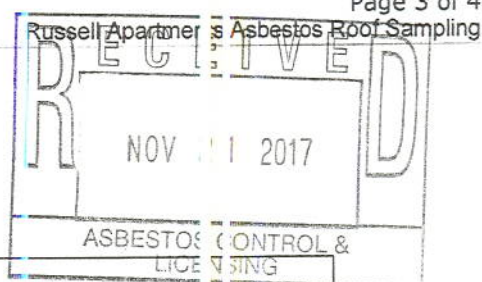


Table 1 - Bulk Sample Analysis Results
Limited Asbestos -Containing Roofing Survey
Russell Apartments, Building Nos. 3726-3732
Busch Campus, Piscataway, New Jersey

Sample No.	Material Description	Sample Location(s)	ACM Quantity	Results
01	Roof Shingle Upper Layer	Building 3732	N/A	None Detected
02	Roof Shingle Upper Layer	Building 3732	N/A	None Detected
03	Roof Shingle Bottom Layer	Building 3732	N/A	None Detected
04	Roof Shingle Bottom Layer	Building 3732	N/A	None Detected
05	White Flashing Caulk	Building 3732	N/A	None Detected
06	White Flashing Caulk	Building 3732	N/A	None Detected
07	Roof Shingle Upper Layer	Building 3731	N/A	None Detected
08	Roof Shingle Upper Layer	Building 3731	N/A	None Detected
09	Roof Shingle Bottom Layer	Building 3731	N/A	<0.28% Chrysotile
10	Roof Shingle Bottom Layer	Building 3731	N/A	None Detected
11	Tar Paper	Building 3731	N/A	None Detected
12	Tar Paper	Building 3731	N/A	None Detected
13	Roofing Tar	Building 3731	12 SF Total	8% Chrysotile
14	Roofing Tar	Building 3731	12 SF Total	8% Chrysotile
15	Roof Shingle Upper Layer	Building 3730	N/A	None Detected
16	Roof Shingle Upper Layer	Building 3730	N/A	None Detected
17	Roof Shingle Bottom Layer	Building 3730	N/A	None Detected
18	Roof Shingle Bottom Layer	Building 3730	N/A	None Detected
19	Tar Paper	Building 3730	N/A	None Detected
20	Tar Paper	Building 3730	N/A	None Detected
21	Roofing Tar	Building 3730	36 SF Total	7% Chrysotile
22	Roofing Tar	Building 3730	36 SF Total	10% Chrysotile
23	Replacement Shingle	Building 3730	N/A	None Detected
24	Roof Shingle Upper Layer	Building 3729	N/A	None Detected
25	Roof Shingle Upper Layer	Building 3729	N/A	None Detected
26	Roof Shingle Bottom Layer	Building 3729	N/A	<0.27% Chrysotile
27	Roof Shingle Bottom Layer	Building 3729	N/A	None Detected
28	Tar Paper	Building 3729	N/A	None Detected
29	Tar Paper	Building 3729	N/A	None Detected
30	Black/Gray Caulk	Building 3729	12 SF Total	7% Chrysotile
31	Black/Gray Caulk	Building 3729	12 SF Total	7% Chrysotile
32	Roof Shingle	Building 3728	N/A	None Detected
33	Roof Shingle	Building 3728	N/A	None Detected

Russell Apartments Asbestos Roof Sampling

RECEIVED

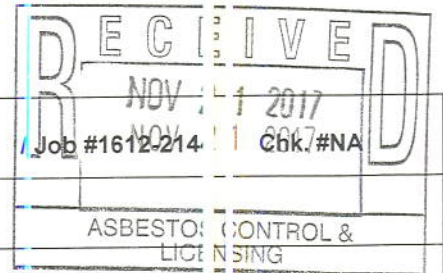
NOV 21 2017

ASBESTOS CONTROL & LICENSING

Table 1 - Bulk Sample Analysis Results
Limited Asbestos -Containing Roofing Survey
Russell Apartments, Building Nos. 3726-3732
Busch Campus, Piscataway, New Jersey

Sample No.	Material Description	Sample Location(s)	ACM Quantity	Results
34	Tar Paper	Building 3728	N/A	None Detected
35	Tar Paper	Building 3728	N/A	None Detected
36	White Flashing Caulk	Building 3728	N/A	<0.12% Chrysotile
37	White Flashing Caulk	Building 3728	N/A	None Detected
38	Roof Shingle Upper Layer	Building 3727	N/A	None Detected
39	Roof Shingle Upper Layer	Building 3727	N/A	None Detected
40	Roof Shingle Bottom Layer	Building 3727	N/A	None Detected
41	Roof Shingle Bottom Layer	Building 3727	N/A	None Detected
42	Tar Paper	Building 3727	N/A	None Detected
43	Tar Paper	Building 3727	N/A	None Detected
44	Black Roofing Tar	Building 3727	36 SF Total	7% Chrysotile
45	White Flashing Caulk	Building 3727	N/A	None Detected
46	Roof Shingle Upper Layer	Building 3726	N/A	None Detected
47	Roof Shingle Upper Layer	Building 3726	N/A	None Detected
48	Roof Shingle Bottom Layer	Building 3726	N/A	<0.35% Chrysotile
49	Roof Shingle Bottom Layer	Building 3726	N/A	None Detected
50	Tar Paper	Building 3726	N/A	None Detected
51	Tar Paper	Building 3726	N/A	None Detected
52	White Flashing Caulk	Building 3726	N/A	None Detected
53	Black Roofing Tar	Building 3726	36 SF Total	7% Chrysotile

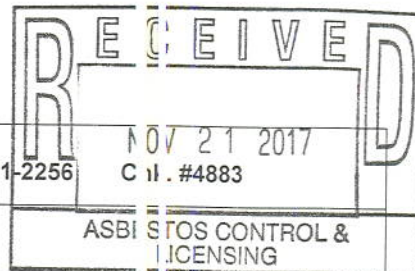
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">10 / 13 / 17</div>		Name of Building Owner/Operator (2) A&H Partnership, 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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 69 King Street City, State, Zip Code Dover, NJ 07801 Name of Contact Kirk Harpell							
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 and commercial buildings, homes, etc.)							
Street Address 69 King Street		Square Feet 217,800	# of Floors 4						
City (5) Dover		Bldg. Age 107							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		ASCM No.							
Street Address 3370 Progress Drive, Suite J		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Bensalem, PA 19020		Street Address 3859 Sylon Boulevard							
Project Manager for Monitoring Firm Mike Panepresso		City, State, Zip Code Hainesport, NJ 08036							
Telephone No. 215-244-1300		Telephone No. 609-702-0400	License No. 00862						
Start Date (10) <div style="text-align: center;">10 / 23 / 17</div>	Scheduled Completion Date (11) <div style="text-align: center;">11 / 17 / 17</div>	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 U.S. Route 130 North							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077							
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 Brick Boiler	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation & Debris	100 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"/>	Transite Panels on Wooden Chute	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor - Book Store	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 11/17/17		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 				Date 11-15-17	

PAID

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



Date of Notification (1) 11 / 17 / 17		Name of Building Owner/Operator (2) Lakeland Bank / Job #1711-2256		NOV 21 2017 C.L. #4883	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 250 Oak Ridge Road City, State, Zip Code Oak Ridge NJ Name of Contact Tim Clegg Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Lakeland Bank			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 3 Broad Street			Square Feet 2250		
City (5) Branchville			# of Floors 1		Bldg. Age 1980
County (6) Sussex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 140 Boulevard		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Mountain Lakes, NJ 07046		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Leon Shereshevsky		Telephone No. 973-769-6946		License No. 00862	
Start Date (10) 11 / 27 / 17		Scheduled Completion Date (11) 12 / 1 / 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 U.S. 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 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)
	Yes	No	N/A		
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Elbows/Fittings	4 each
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breeching Insulation	13 SF
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Furnace Insulation	60 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
City, State Lafayette, NJ		Disposal Date 12/2/17		Name of Registered Landfill Grand Central	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	

B & G proj. #:

2017-172

PAID

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

Check # 694

Date of Notification (1) 11/11/17/11/17		Name of Building Owner/Operator (2) Lois Jacobs		
Agencies Notified	Type Notification	Street Address [REDACTED]		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Harrington Park, NJ 07640		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Karen/ServPRO		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number		
<input checked="" type="checkbox"/> DOH				ENVIRONMENTAL CONTROL & LICENSING
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Lois Jacobs			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of floors Bldg. Age		
City (5) Harrington Park, NJ 07640	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if 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		
Scheduled Start Date (10) 11/28/2017		Sched. Completion Date (11) 11/29/2017	License Number 00378		
Name of OSHA Monitor B & G Restoration, Inc.		Street Address 105 Ryerson Road			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		City, State, Zip Code Lincoln Park, NJ 07035			

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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
lower level & basement area			<input checked="" type="checkbox"/>	VAT (no mastic)	635 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 9	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 11/30/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/17/2017

CH 2314

PAID

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

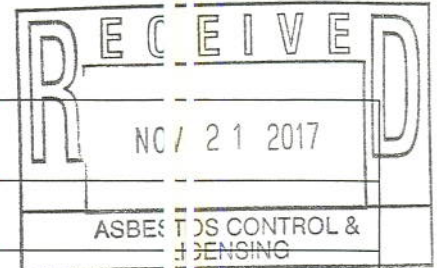
RECEIVED	NOV 21 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 11 / 17 / 17		Name of Building Owner/Operator (2) Sunrise Development Inc.					
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 7902 Westpark City, State, Zip Code McLean, VA 22102 Name of Contact Andy Coelho	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 766 Broad Street		Square Feet	# of Floors				
City (5) Shrewsbury		Bldg. Age					
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		Street Address 27 Outwater Lane					
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 11 / 27 / 17	Scheduled Completion Date (11) 12 / 11 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<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	Repair	Encapsulate
Basement- Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Air Cell Pipe Coverings & Debris	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
South Basement Wall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flue Pipe Cement	3 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"/>
Name of Registered Waste Hauler All Pro Management, LLC	NJDEP Waste Hauler ID No. 0034860	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Landfill / C.R.O.W.S. North Landfill / Fairless Landfill				
City, State Garfield, NJ	Disposal Date TBD	City, State Bethlehem, PA / Morrisville, PA					
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature Allen Monchik	Date 11/17/17				

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

Ch 2313

PAID



Date of Notification (1) 11 / 17 / 17		Name of Building Owner/Operator (2) The Church of Latter Day Saints							
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 50 Eat North Temple Street City, State, Zip Code Salt Lake City, UT 84160 Name of Contact Dave Olcott							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc)							
Street Address 220 Hopkins Avenue									
City (5) Jersey City		Square Feet	# of Floors						
County (6) Hudson		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.							
		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 11 / 28 / 17	Scheduled Completion Date (11) 12 / 12 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input 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
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Debris	40 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 Century Waste LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill G.R.O.W.S. North Landfill / Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 11/17/17			

B & G proj. #: 2017-171

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

PAID

Check # 92

Date of Notification (1) 11/17/17		Name of Building Owner/Operator (2) Betsy Ertmann	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Allendale, NJ 07401	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Betsy Ertmann	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH		[REDACTED]	
<input type="checkbox"/> DCA		[REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Betsy Ertmann			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Allendale, NJ 07401	County (6) Bergen	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		License Number 00378
Scheduled Start Date (10) 12/04/2017		Sched. Completion Date (11) 12/08/2017		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: [REDACTED] <input type="checkbox"/> Other-Describe: [REDACTED]		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 ☒ Govebag 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement gas meter closet			<input checked="" type="checkbox"/>	pipe insulation	1 1/2 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lower level attic			<input checked="" type="checkbox"/>	vermiculite	700 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 12	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 12/11/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/17/2017