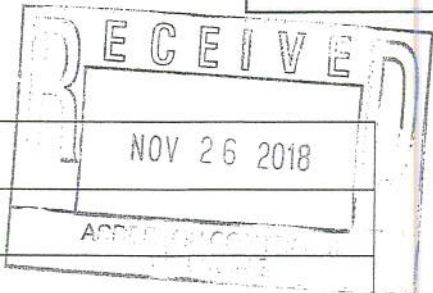


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/20/2018		Name of Building Owner/Operator (2) Newark Public School	
Agencies Notified	Type Notification	Street Address 190 Mohammed Ali Avenue Room 209	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ 07108	
		Name of Contact Benjamin Olagadeyo	Telephone Number 973-733-7200

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Malcolm X Shabazz 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 80 Johnson Avenue		Square Feet 25000	# of Floors 3
City (5) Newark NJ 07108		Bldg. Age 116	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	Name of Abatement Contractor (9) Turningpoint Contracting Corp
Street Address 7 Pleasant Hill Road		Street Address 1125 Cranbury Road	
City, State, Zip Code Cranbury NJ 08512		City, State, Zip Code Union NJ 07083	
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	Telephone No. 973-372-2177
License No. 01238			
Start Date (10) 12/01/18	Scheduled Completion Date (11) 12/05/18	Name of OSHA Monitor Metro Analytical Laboratories	
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 255 West 36th Street, Suite 101	
		City, State, Zip Code New York NY, 10018	

## Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room 106		X		floor tile/mastic	375 SF	X			
Prep. Room		X		pipe fittings	3 LF	X			

Name of Registered Waste Hauler Tri-State Transfar Associate		NJDEP Waste Hauler ID No. SW1896	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises Associates Inc.,	
City, State Bronx NY 10474		Disposal Date TBD		City, State Waynesburg, OH 44688	
Completed by Emeka Okeke	Title President	Signature 		Date 11/20/18	

Date of Notification (1) 11/15/18		Name of Building Owner/Operator (2) Roselle School District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>            NOV 26 2018            ADDITIONAL USE       </div>
Agencies Notified	Type Notification	Street Address 710 Locust Drive		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Roselle, NJ 07203		
		Name of Contact Kelvin White		
				Telephone Number 908-482-1527

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Charles C. Polk Elem. School (NON-Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1100 Warren St.			Square Feet    # of Floors    Bldg. Age		
City (5) Roselle	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Envirovision Consultant's Inc.		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Rd. - Bldg.35E Fair Lawn, NJ 07410-1322			Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410-1322			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Fred Larsen		Phone Number 973-636-9145	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 11/15/2018	Sched. Completion Date (11) 11/16/2018		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe: <u>Start @ 2:00 p.m.</u>			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						
Room # 105			<input checked="" type="checkbox"/>	Pipe (Wrap & Cut)	20 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room # 104 closet				Pipe (Wrap & Cut)	10 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<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 Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 11/16/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/15/2018

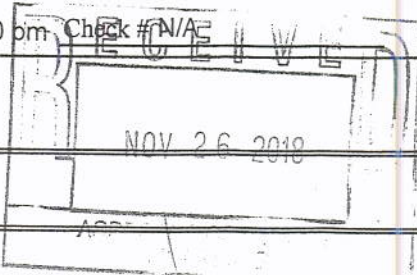
B &amp; G proj. #:

2018-236

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

due to Inclement weather project start date: 11/20/18 @ 6:00 pm

Check # N/A

Date of Notification (1) 11/16/18		Name of Building Owner/Operator (2) Roselle School District		
Agencies Notified		Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		710 Locust Drive		
Type Notification		City, State, Zip Code		
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		Roselle, NJ 07203		
		Name of Contact		Telephone Number
		Kelvin White		908-482-1527

## FACILITY INFORMATION

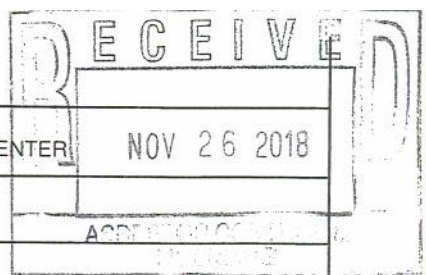
Name of facility where abatement is taking place (3) Charles C. Polk Elem. School (NON-Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 1100 Warren St.			Square Feet		
City (5) Roselle			County (6) Union	County Code (7) (State use only)	# of Floors
Name of Monitoring Firm Hired by Bldg. Owner (8) Envirovision Consultant's Inc.			ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 20-21 Wagaraw Rd. - Bldg. 35E Fair Lawn, NJ 07410-1322			Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410-1322			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Fred Larsen			Phone Number 973-636-9145	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 11/20/2018 ****			Sched. Completion Date (11) 11/21/2018		
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: 6:00 p.m. start time					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure					

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Room # 105			X	Pipe (Wrap & Cut)	20 lf	X			
Room # 104 closet			X	Pipe (Wrap & Cut)	10 LF	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 11/21/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/16/2018

\*\*\*\* due to Inclement weather project will start on 11/20/18 @ 6:00 pm \*\*\*\*

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



**Date of Notification (1)**

11 / 21 /18

**Agencies Notified**

☐ EPA  
☐ DEP  
☐ DOL  
☒ DOH  
☒ DCA

**Type Notification**

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

**Name of Building Owner/Operator (2)**  
HACKENSACK UNIVERSITY MEDICAL CENTER

NOV 26 2018

**Street Address**  
30 PROSPECT AVENUE

**City, State, Zip Code**  
HACKENSACK, NEW JERSEY 07601

**Name of Contact**  
DONALD FARRELL

**Telephone Number**  
551-996-3778

**FACILITY INFORMATION**

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

HACKENSACK UNIVERSITY MEDICAL CENTER

**Type of Facility (4)**

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

**Street Address**  
30 PROSPECT AVENUE

**Square Feet** 200,000  
**# of Floors** 5  
**Bldg. Age** 80

**City (5)**  
HACKENSACK

**County (6)**  
BERGEN

**County Code (7)**  
(STATE USE ONLY)

**Current Use (Prior if being demolished)**  
HOSPITAL

**Name of Monitoring Firm Hired by Building Owner (8)**  
LANGAN ENGINEERING & ENVIRONMENTAL

**ASCM No.**  
99

**Name of Abatement Contractor (9)**  
PAR ENVIRONMENTAL CORPORATION

**Street Address**  
300 KIMBALL DRIVE

**Street Address**  
313 SPOOK ROCK ROAD

**City, State, Zip Code**  
PARSIPPANY, NEW JERSEY 07054

**City, State, Zip Code**  
SUFFERN, NEW YORK 10901

**Project Manager for Monitoring Firm**  
VIJAY PATEL

**Telephone Number**  
973-560-4983

**Telephone Number**  
845-369-7500

**License Number**  
1101

**Expected State Date (10)**

12 / 7 /18  
Month Day Year

**Sched. Completion Date (11)**

5 / 30 /19  
Month Day Year

**Name of OSHA Monitor**  
QUALITY ENVIRONMENTAL

**Occupancy Status During Abatement (Check only one)**

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: Monday -Friday 7am -3:30pm

**Street Address**  
1376 ROUTE 9

**City, State, Zip Code**  
WAPPINGER FALLS, NY 12590

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

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

☒ Renovation

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

Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR MAIN BUILDING			X	PIPE INSULATION	70 LF	X			
BASEMENT -ST JOHN'S BLDG.			X	PIPE INSULATION	20 LF	X			

**Name of Registered Waste Hauler**  
NEWARK CARTING  
369 RAYMOND BLVD.

**NJDEP Waste Hauler ID No.**

**Cubic Yards of Waste**  
10

**Name of Registered Landfill**  
GRAND CENTRAL SANITARY LANDFILL

**City, State**  
NEWARK, NEW JERSEY 07105

**Disposal Date**  
11/26-5/30/19

**City, State**  
PLAINFIELD TOWNSHIP, PA

**Completed by (Print or Type)**  
BENJAMIN SANCHEZ

**Title**  
DIRECTOR OF OPERATIONS

**Signature**

**Date**

11/21/18

RECEIVED  
CENTER  
NOV 26 2018  
ACQUISITION

City, State  
PLAINFIELD TOWNSHIP, PA  
e Date 1/15/18

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

**RECEIVED**  
NOV 26 2018  
ASBESTOS


<b>Date of Notification (1)</b> 11 / 21 /18		<b>Name of Building Owner/Operator (2)</b> HACKENSACK UNIVERSITY MEDICAL CENTER	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 30 PROSPECT AVENUE	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> HACKENSACK, NEW JERSEY 07601	
		<b>Name of Contact</b> DONALD FARRELL	<b>Telephone Number</b> 551-996-3778

<b>Name of Facility Where Abatement is Taking Place (3)</b> HACKENSACK UNIVERSITY MEDICAL CENTER				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 30 PROSPECT AVENUE				<b>Square Feet</b> 200,000	<b># of Floors</b> 5
<b>City (5)</b> HACKENSACK				<b>Bldg. Age</b> 80	
<b>County (6)</b> BERGEN		<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> HOSPITAL	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL				<b>ASCM No.</b> 99	
<b>Street Address</b> 300 KIMBALL DRIVE				<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> PARSIPPANY, NEW JERSEY 07054				<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> VIJAY PATEL				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Telephone Number</b> 973-560-4983				<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 11 / 26 /18		<b>Sched. Completion Date (11)</b> 5 / 30 /19		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	

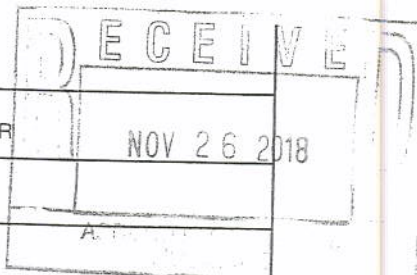
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm		<b>Street Address</b> 1376 ROUTE 9
		<b>City, State, Zip Code</b> WAPPINGER FALLS, NY 12590

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X			
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF	X			
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X			

<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD.	<b>NJDEP Waste Hauler ID No.</b>	<b>Cubic Yards of Waste</b> 80	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL
<b>City, State</b> NEWARK, NEW JERSEY 07105		<b>Disposal Date</b> 11/26-5/30/19	<b>City, State</b> PLAINFIELD TOWNSHIP, PA
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 11/21/18

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



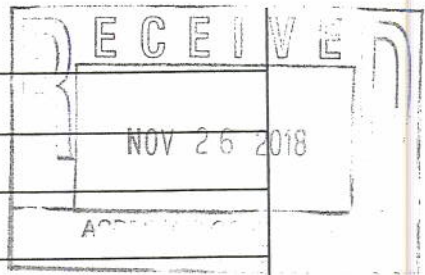
<b>Date of Notification (1)</b> 11 / 15 /18		<b>Name of Building Owner/Operator (2)</b> HACKENSACK UNIVERSITY MEDICAL CENTER	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 30 PROSPECT AVENUE  <b>City, State, Zip Code</b> HACKENSACK, NEW JERSEY 07601	
<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Name of Contact</b> DONALD FARRELL	
		<b>Telephone Number</b> 551-996-3778	

<b>Name of Facility Where Abatement is Taking Place (3)</b> HACKENSACK UNIVERSITY MEDICAL CENTER				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>Street Address</b> 30 PROSPECT AVENUE				<b>Square Feet</b> 200,000	<b># of Floors</b> 5	<b>Bldg. Age</b> 80
<b>City (5)</b> HACKENSACK	<b>County (6)</b> BERGEN	<b>County Code (7) (STATE USE ONLY)</b>		<b>Current Use (Prior if being demolished)</b> HOSPITAL		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> LANGAN ENGINEERING & ENVIRONMENTAL				<b>ASCM No.</b> 99	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 300 KIMBALL DRIVE				<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> PARSIPPANY, NEW JERSEY 07054				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> VIJAY PATEL		<b>Telephone Number</b> 973-560-4983		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 11 / 26 /18		<b>Sched. Completion Date (11)</b> 5 / 30 /19		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL		
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am -3:30pm				<b>Street Address</b> 1376 ROUTE 9		
				<b>City, State, Zip Code</b> WAPPINGER FALLS, NY 12590		
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		
<input checked="" type="checkbox"/> Renovation						

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR MAIN BUILDING			X	VAT & MASTIC	2,100 SF	X			
ST. JOHNS BUILDING BASEMENT			X	VAT & MASTIC	4,000 SF	X			
ST. JOHNS BUILDING BASEMENT			X	GLUE & CEILING TILE	740 SF	X			

<b>Name of Registered Waste Hauler</b> NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105	<b>NJDEP Waste Hauler ID No.</b>	<b>Cubic Yards of Waste</b> 80	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL
<b>Disposal Date</b> 11/26-5/30/19		<b>City, State</b> PLAINFIELD TOWNSHIP, PA	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 11/15/18

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



Date of Notification (1)

11 / 21 /18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #5  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

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

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 33

Square Feet  
98,230

# of Floors  
7

Bldg. Age  
71

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

17

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

460

Expected State Date (10)

11 / 1 /18  
Month Day Year

Sched. Completion Date (11)

6 / 30 /19  
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: SATURDAY & SUNDAY 7AM-3PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☐ Full Containment with Negative Pressure

☐ Mini-Enclos.  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

☒ WET WIPE HEPA VACUUM

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

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

NJDEP Waste Hauler ID No.  
15939

Cubic Yards of Waste  
50

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

City, State  
FREEHOLD, NEW JERSEY

Disposal Date  
11/01-6/30/19

City, State  
MONTGOMERY, PA 17752

Completed by (Print or Type)  
BENJAMIN SANCHEZ

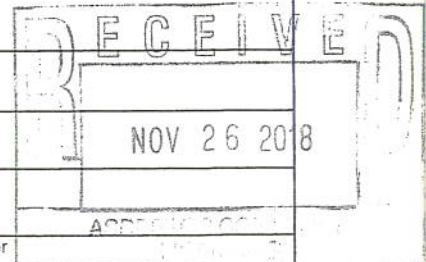
Title  
DIRECTOR OF OPERATIONS

Signature

Date

11/21/18

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



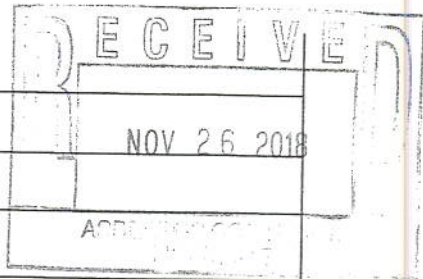
<b>Date of Notification (1)</b> 11 / 8 /18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/>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

<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33		<b>Square Feet</b> 98,230	<b># of Floors</b> 7
<b>City (5)</b> RAHWAY		<b>County Code (7) (STATE USE ONLY)</b>	
<b>County (6)</b> UNION		<b>Current Use (Prior if being demolished)</b> COMMERCIAL	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>License Number</b> 460
<b>Expected State Date (10)</b> 11 / 1 /18		<b>Sched. Completion Date (11)</b> 6 / 30 /19	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM Sunday 7am-5pm		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				CONTROL	REPAIR	ENCAPSUL	ENCLOSUR	
3RD FLOOR ROOM 305	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 303	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 304	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 319	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 320	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 321	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 323	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 325	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 326	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 327	X	FIRE PROOFING DUST	10 SF	X				
3RD FLOOR ROOM 332	X	FIRE PROOFING DUST	10 SF	X				
6TH FLOOR ROOM 614	X	FIRE PROOFING DUST	10 SF	X				
ADDITION TO SCOPE:	X							
2ND FLOOR ROOM 227	X	FIRE PROOFING DUST	10 SF	X				

<b>Name of Registered Waste Hauler</b> FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 50	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15
<b>City, State</b> FREEHOLD, NEW JERSEY	<b>Disposal Date</b> 11/01-6/30/19	<b>City, State</b> MONTGOMERY, PA 17752	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 11/8/18

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



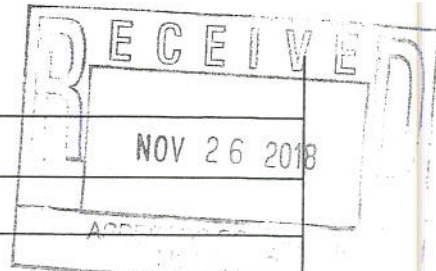
<b>Date of Notification (1)</b> 11 / 2 /18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
<b>Name of Contact</b> PATRICIA JOHNSON		<b>Telephone Number</b> 732-594-7746	

<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33				<b>Square Feet</b> 98,230	<b># of Floors</b> 7
<b>City (5)</b> RAHWAY				<b>County (6)</b> UNION	
<b>County Code (7) (STATE USE ONLY)</b>				<b>Current Use (Prior if being demolished)</b> COMMERCIAL	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 655 WEST SHORE TRAIL				<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871				<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH				<b>Telephone Number</b> 973-729-5649	<b>License Number</b> 460
<b>Expected State Date (10)</b> 11 / 1 /18		<b>Sched. Completion Date (11)</b> 6 / 30 /19		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM Sunday 7am-5pm				<b>Street Address</b> 117 EAST 30TH STREET	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF <input checked="" type="checkbox"/> Renovation				<b>Full Containment with Negative Pressure</b> <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A	<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b> DUST CONTROL REPAIR ENCAPSUL ENCLOSUR

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)	DUST CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332	X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614	X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:	X						
2ND FLOOR ROOM 227		FIRE PROOFING DUST	10 SF	X			

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

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



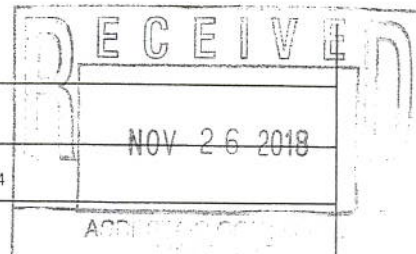
<b>Date of Notification (1)</b> 11 / 2 / 18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/>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

<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 33		<b>Square Feet</b> 98,230	<b># of Floors</b> 7
<b>City (5)</b> RAHWAY		<b>Bldg. Age</b> 71	
<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> COMMERCIAL	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH	<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 460
<b>Expected State Date (10)</b> 11 / 1 / 18	<b>Sched. Completion Date (11)</b> 6 / 30 / 19	<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM SATURDAY 7AM-5 PM		<b>Street Address</b> 117 EAST 30TH STREET	
<b>Scope of Work (Check all that apply)</b> <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<b>City, State, Zip Code</b> NEW YORK, NEW YORK 10016	
<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	

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

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

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



Date of Notification (1) 10 / 31 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		Telephone Number 732-594-7746	

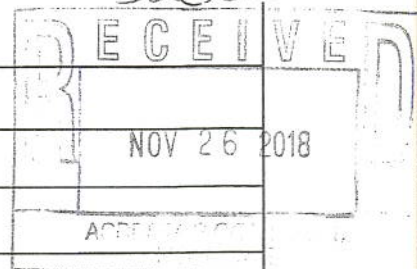
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33		Square Feet 98,230	# of Floors 7
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 11 / 1 /18		Sched. Completion Date (11) 6 / 30 /19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 6PM-1:30 AM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Street Address 117 EAST 30TH STREET		City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclos. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				CONTROL	REPAIR	ENCAPSUL	ENCLOSUR
3RD FLOOR ROOM 305	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 303	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 304	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 319	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 320	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 321	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 323	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 325	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 326	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 327	X	FIRE PROOFING DUST	10 SF	X			
3RD FLOOR ROOM 332	X	FIRE PROOFING DUST	10 SF	X			
6TH FLOOR ROOM 614	X	FIRE PROOFING DUST	10 SF	X			
ADDITION TO SCOPE:	X						
2ND FLOOR ROOM 227		FIRE PROOFING DUST	10 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY	Disposal Date 11/01-6/30/19	City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 10/31/18

32836

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



Date of Notification (1) 10 / 22 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		NOV 26 2018	
Agencies Notified		Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414  City, State, Zip Code RAHWAY, NEW JERSEY 07065			
Type Notification		Name of Contact		Telephone Number	
<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		PATRICIA JOHNSON		732-594-7746	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)  MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 33			Square Feet 98,230	# of Floors 7	Bldg. Age 71
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 460	
Expected State Date (10) 11 / 1 /18 Month Day Year		Sched. Completion Date (11) 6 / 30 /19 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 6PM-1:30 AM			Street Address 117 EAST 30TH STREET		
			City, State, Zip Code NEW YORK, NEW YORK 10016		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure <input checked="" type="checkbox"/> WET WIPE HEPA VACUUM		

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

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 50	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SERVICES 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 10/27/18	

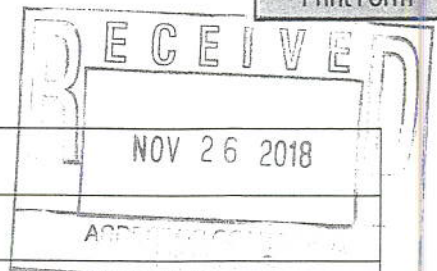
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

PAL JOB# 18-1559 New Start Date

<b>RECEIVED</b>	
NOV 26 2018	
ASBESTOS CONTROL	

Date of Notification (1) 11/21/2018		Name of Building Owner/Operator (2) Jonathan & Taylor Ingis							
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 checked="" 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 Upper Saddle River, NJ 07458							
		Name of Contact John Curran	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Upper Saddle River		Square Feet 2,460	# of Floors 3						
County (6) Berger		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Services						
Street Address		Street Address 11-02 Queens Plaza South							
City, State, Zip Code		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 718-349-0900						
Start Date (10) 11/27/2018		Scheduled Completion Date (11) 2/26/2019	License No. 00853						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Wojciech Kowalczyk							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 133 Beach 98th Street							
		City, State, Zip Code Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
3rd Floor		X		Floor Tile & Mastic	300	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 11/28/2018	City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin	Signature [Signature]	Date 11/21/2018					

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)  
PAL JOB# 18-1559



Date of Notification (1) 11/15/2018		Name of Building Owner/Operator (2) Jonathan & Taylor Ingis	
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 checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Upper Saddle River, NJ 07458	
		Name of Contact John Curran	Telephone Number _____

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 2,460	# of Floors 3
City (5) Upper Saddle River		Bldg. Age 64	
County (6) Berger	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Services
Street Address		Street Address 11-02 Queens Plaza South	
City, State, Zip Code		City, State, Zip Code Long Island City, NY 11101	
Project Manager for Monitoring Firm		Telephone No. 718-349-0900	License No. 00853
Start Date (10) 11/26/2018	Scheduled Completion Date (11) 2/26/2019	Name of OSHA Monitor Wojciech Kowalczyk	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 133 Beach 98th Street	
		City, State, Zip Code Rockaway Park, NY 11694	

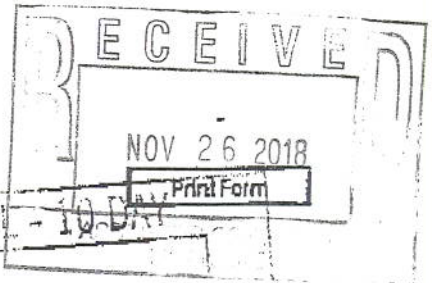
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> 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
3rd Floor		X		Floor Tile & Mastic	300	X			

Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 20 Yards	Name of Registered Landfill Minerva Enterprises
City, State Shirley, NY 11967		Disposal Date 11/28/2018		City, State Waynesburg, OH 44688
Completed by Ann A. Ali	Title Compliance Admin	Signature 		Date 11/15/2018

CH1244

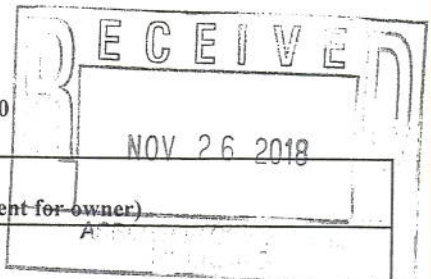
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:26)

Date of Notification (1) 9/24/2018		Name of Building Owner/Operator (2) Saul Rubenstein							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL	<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 Belle Mead, NJ 08502							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Saul Rubenstein	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S or Other than K-12 <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address		Square Feet	Edg. Age						
City (5) Belle Mead		Current Use (Prior to being demolished)							
County (6) Somerset	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 9/25/2018		Scheduled Completion Date (11) 9/28/2018							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		EnviroVision Consultants							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Street Address							
<input type="checkbox"/> Other - Describe:		20-21 Wagaraw Road							
		City, State, Zip Code							
		Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 23 sf or 28 lf		<input checked="" type="checkbox"/> Renovation							
<input checked="" type="checkbox"/> ≥160 sf or ≥250 lf		<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 (i.e. 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
First Floor (entire)			X	traces - previously removed VAT	1BD				X
Second Floor - 3 Bedrooms, Hallway			X	traces - previously removed VAT	1BD				X
Basement			X	traces - previously removed VAT	1BD				X
Name of Registered Waste Hauler		NADER Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
G S C Services Corp		0036309		TRRF					
City, State		Disposal Date	City, State						
Wayne, NJ			Pullytown, Pa.						
Completed by		Title	Signature	Date					
Daniela Antic		Owner		9/24/2018					

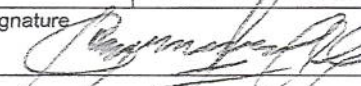
**PAID**  
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120) Check # 1720



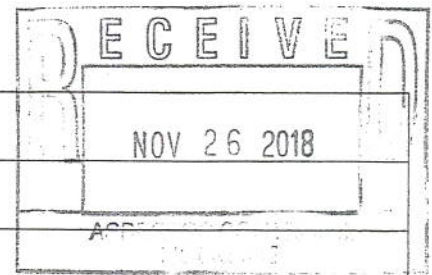
Date of Notification (1) <b>11/19/2018</b>		Name of Building Owner/Operator (2) <b>Ricasoli &amp; Santin Contracting Co., Inc. (agent for owner)</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	STREET ADDRESS <b>4 Ferndal Avenue</b> City, State, Zip Code <b>Mercerville, NJ 08619</b> Name of Contact <b>Bob Hearn</b> Telephone Number <b>609-588-9539</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Mercer County Workhouse</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings)							
Street Address <b>1750 River Road (Rt. 29)</b>		Square Feet							
City (5) <b>Washington Crossing, NJ</b>		# of Floors Bldg. Age							
County <b>Mercer County Workhouse</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>							
Street Address		Street Address <b>15 BLACK FOREST ROAD</b>							
City, State, Zip Code		City, State, Zip Code <b>Hamilton, NJ 08691</b>							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>609-890-7110</b>	License No. <b>00676</b>						
Start Date (10) <b>11/26/2018</b>	Scheduled Completion Date (11) <b>11/26/2018</b>	Name of OSHA Monitor <b>MECS</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Street Address <b>P.O. BOX 341</b> City, State, Zip Code <b>CROSSWICKS, NJ 08515</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & 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
Dep. Warden Office, 1st. Flr.		X		NFVAT & adhesive	120 s.f.	X			
Name of Registered Waste Hauler <b>J. Vinch &amp; Sons, Inc.</b>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste <b>1 YD.</b>	Name of Registered Landfill <b>GROWS</b>					
City, State <b>TRENTON, NJ</b>		Disposal Date <b>11/28/2019</b>		City, State <b>MORRISVILLE, PA.</b>					
Completed By <b>DAVID D'ANDREA</b>	Title <b>PRESIDENT</b>	Signature <i>David D'Andrea</i>			Date <b>11/19/2018</b>				

ASB-41

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

11/10/2018		Edgewood Properties Inc.							
Agencies Notified <span style="float:right">Type Notification</span> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ Emergency (including justification) <input type="checkbox"/> Cancellation <input type="checkbox"/>							
Street Address 1260 SHELTON RD. City, State, Zip Code PISCATAWAY NJ. Name of Contact NEHA GAUTAM		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          NOV 26 2018          Telephone Number          732 - 985 - 1900 X. 3006       </div>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City (5) SOUTH PLAINFIELD NJ. County (6) Middlesex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 236,000 # of Floors 3 Bldg. Age 43 Current Use (Prior if being demolished) yes							
Name of Monitoring Firm Hired by Building Owner (8) IRIS ENVIRONMENTAL LAB Street Address 2333 RT. 22 W. City, State, Zip Code UNION NJ. 07083 Project Manager for Monitoring Firm  Start Date (10) 11/19 /2018		ASCM No.  Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC. Street Address 1126 51 ST. City, State, Zip Code NORTH BERGEN NJ. 07047 Telephone No. 201 -776 - 0642 License No. 01300 Name of OSHA Monitor IRIS ENVIRONMENTAL LAB Street Address 2333 RT. 22 W. City, State, Zip Code UNION NJ. 07083							
Scheduled Completion Date (11) 11/27 /2018									
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____									
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf  <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf         </div> <div> <input type="checkbox"/> Renovation  <input checked="" type="checkbox"/> Demolition         </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ROOF		X		ROOFING MATERIAL	6,500 SF.	X			
EXTERIOR		X		CAULKING	3,780. L.F	X			
Oosite in front of the building		X		TRANSITE PIPE	12 LF.	X			
Name of Registered Waste Hauler NEWARK CARTING INC. City, State NEWARK NJ. P.O. BOX. 5670		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill IESI BETHLEHEM LANDFILL City, State 2335 . BETHLEHEM, PA. 18015					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 11/10/2018					

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:20)



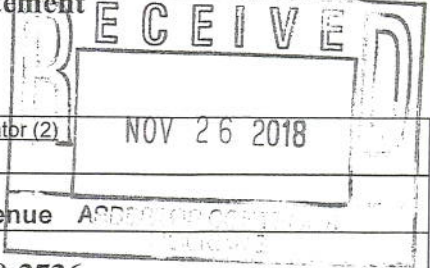
Date of Notification (1) 11/19/2018		Name of Building Owner/Operator (2) PROTREAPLUS LLC.		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  NOV 26 2018 </div>					
Agencies Notified	Type Notification	Street Address 3. BURNHAM CT.							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SCOTCH PLAINS NJ. 07076		Name of Contact SURESH RABESS					
				Telephone Number 908 - 494 -3008					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) ROSELLE NJ. 07023			Square Feet 940 SF.	# of Floors 1	Bldg. Age 96				
County (6)		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) N/A					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.					
Street Address				Street Address 1126 51 ST.					
City, State, Zip Code				City, State, Zip Code NORTH BERGEN NJ. 07047					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 -776 0642	License No. 01300				
Start Date (10) 11/20/2018		Scheduled Completion Date (11) 11/20/2018		Name of OSHA Monitor ENVIRO PROBE INC					
Occupancy Status During Abatement (Check Only One)				Street Address 108 LIBERTY ST.					
<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 METUCHEN NJ. 07083					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
GARAGE		X		Pick Up & Clean Up	80 SF.	x			
				duct Insulation (Paper cell)					
Name of Registered Waste Hauler TRI STATE ASSOCC INC.		NJDEP Waste Hauler ID No. 19951		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC				
City, State BRONX NY.				Disposal Date TBD	City, State WAYNESBURG, OHIO				
Completed by CARLOS ESQUIVEL		Title SAFETY MANGER		Signature 		Date 11/19/2018			

# State of New Jersey - Notification of Asbestos Abatement

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

CH13343

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Date of Notification (1) <b>November 19, 2018</b>		Name of Building Owner/Operator (2) <b>The Valley Hospital</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification)	
Street Address <b>223 North Van Dien Avenue</b>		City, State, Zip Code <b>Ridgewood, NJ 07450-2736</b>	
Name of Contact <b>William Stasiak</b>		Telephone Number <b>201-447-8141</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>The Valley Hospital Warehouse</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>599 Valley Health Plaza</b>		Sq. Feet: <b>Unknown</b> # of Floors: <b>4</b> Bldg. Age: <b>50+ years</b>	
City (5) <b>Paramus</b>	County (6) <b>Bergen</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Colden Corporation</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>28 Washington Street</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>Ballston Spa, NY 12020</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Jim Miades</b>	Telephone Number <b>347.435.3561</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>December 3, 2018</b>	Scheduled Completion Date (11) <b>March 31, 2019</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Street Address <b>1056 Stelton Road</b>	
		City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$		Renovation Demolition	
		x Full Containment with Negative Pressure Mini-Enclosure x Glovebag Procedure x Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Warehouse</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>TSI VAT &amp; Mastic</b>	Amount (Specify SF or LF) <b>500 LF 5,000 sf</b>
		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: <b>80</b>
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> NJ DEP # 12561		Disposal Date <b>March 31, 2019</b>	
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>November 19, 2018</b>

GAC # 2018-665

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

**CONTINUATION OF SCOPE OF WORK**

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
Building 720 – 2nd FI		X		Fire Door	25 SF	X			
Building 720 – 3rd FI		X		Fire Door	25 SF	X			
Building 720 – Exterior		X		Transite Panels	15,677 SF	X			
Building 720 – Exterior		X		Built up Roof under EPDM	2960 SF	X			

PAID

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

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NOV 29 2018

Date of Notification (1) 11/21/18		Name of Building Owner/Operator (2) Christine Dall	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Christine Dall	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) Maplewood, NJ 07040		Square Feet 1700	# of Floors 2
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Bldg. Age 96	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Residential	
Street Address		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
City, State, Zip Code		Street Address 32 Willow Way	
Project Manager for Monitoring Firm		City, State, Zip Code Woodland Park, NJ 07424	
Telephone No.		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 12/04/18	Scheduled Completion Date (11) 12/05/18	Name of OSHA Monitor Envirovision Consultants, 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: 07:00 AM Start		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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 Fair Lawn, NJ 07410	

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Asbestos containing Pipe Insulation	120 LF	X			
Basement		X		Vinyl Asbestos tile	300 SF	X			
						X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Zhivko Nikolov	Title President	Signature [Signature]	Date 11/21/18

Nov 20 18:11:48a

Resource Management Group

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## State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

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

NOV 20 2018

Date of Notification (1) 11-20-2018		Name of Building Owner / Operator (2) AH & AM Realty LLC		Telephone Number 973-769-8752	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 645 Boulevard City, State & Zip Code Westfield, NJ 07090 Name of Contact Jeff Silverberg		TV	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Street Address [REDACTED]		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.)			
City (5) Westfield, NJ	County (6) Union	County Code (7)	Square Feet 1,201	# of Floors 1.8	Bldg. Age 108
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address P.O. Box 385			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Berlin, NJ 08008			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 956-452-1311	Telephone Number 609-814-4279		License Number 01185
Scheduled Start Date (10) 11-26-2018	Scheduled Completion Date (11) 11-29-2018	Name of OSHA Monitoring Laboratory, 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 during Normal Hours: Describe: 8:30am-5:30pm <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 if <input type="checkbox"/> ≥ 180 of ≥ 280 if		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Gove 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) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VA or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal Repair Encapsulate Enclosure	
1 <sup>st</sup> Floor	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Crawl Space	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	10 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"/>
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 08619			Disposal Date TBD	City, State Mortonsville, PA	
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature [Signature]	Date 11/20/2018	

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

RECEIVED  
 NOV 20 2018

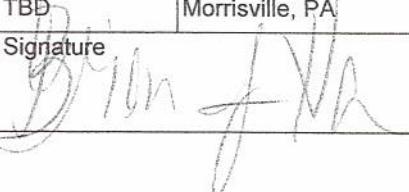
Date of Notification (1) 11-20-2018		Name of Building Owner / Operator (2) AH & AM Realty LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 845 Boulevard	
		City, State & Zip Code Westfield, NJ 07090	
		Name of Contact Jeff Silverberg	
		Telephone Number 973-769-8752	

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 & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 1,201	# of Floors 1.5	Bldg. Age 108
City (5) Westfield, NJ	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address P.O. Box 365			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279	License Number 01185	
Scheduled Start Date (10) 11-26-2018	Scheduled Completion Date (11) 11-29-2018		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 during Normal Hours: Describe: 8:30am-5:30pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	10 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 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 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 11/20/2018

2018-11-20 12:18

Shade Environmental 1 &gt;&gt; 609 633 1664

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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:18)

NOV 20 2018

Date of Notification (1) 11 / 20 / 18		Name of Building Owner/Operator (2) Diocese of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-5)	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 631 Market Street City, State, Zip Code Camden, NJ 08102 Name of Contact Pat Williams Telephone Number 856-583-2847							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Saint Teresa School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 27 E. Evesham Road		Square Footage 10,000							
City (5) Runnemede		# of Floors 2							
County (6) Camden		Bldg. Age 80							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.							
Street Address 1000 Maplewood Drive, Suite 207		Name of Abatement Contractor (9) Shade Environmental LLC							
City, State, Zip Code Maple Shade, NJ 08052		Street Address 623 Cutler Avenue							
Project Manager for Monitoring Firm Chris Macri		City, State, Zip Code Maple Shade, NJ 08052							
Telephone No. 856-755-9300		Telephone No. 856-755-0099							
Start Date (10) 11 / 24 / 18		License No. 00842							
Scheduled Completion Date (11) 11 / 26 / 18		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Street Address 200 Route 130 North							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥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		City, State, Zip Code Cinnaminson, NJ 08047							
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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	8 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 Freshhold Cartage		NJDEP Waste Hauler ID No. 16939		Cubic Yards of Waste 1	Name of Registered Landfill Fertile Landfill				
City, State Freshhold, NJ		Disposal Date 11/28/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 11/20/18			

ASB-41  
JAN 13

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

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

419

Date of Notification (1) 11/19/18		Name of Building Owner/Operator (2) James Santoro	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	[REDACTED]	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment # _____	Maplewood, NJ 07040	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	James Santoro	


NOV 20 2018

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12)	
City (5) Maplewood, NJ 07040		<input type="checkbox"/> Subchapter 8 (Other than K-12)	
County (6) Essex		<input checked="" type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
County Code (7) (STATE USE ONLY) _____	Square Feet 3,166	# of Floors 2	Bldg. Age 78
Name of Monitoring Firm Hired by Building Owner (8)	Current Use (Prior if being demolished) Home	Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address	Street Address 32 Willow Way	City, State, Zip Code Woodland Park, NJ 07424	
City, State, Zip Code	Telephone No. 973-333-9176	License No. 01331	
Project Manager for Monitoring Firm	Scheduled Completion Date (11) 12/06/18	Name of OSHA Monitor Envirovision Consultants, Inc.	
Start Date (10) 12/03/18	Occupancy Status During Abatement (Check Only One)	Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours	City, State, Zip Code Fair Lawn, NJ 07410	
<input checked="" type="checkbox"/> Other - Describe: 7AM START	Scope of Work (Check All That Apply)		
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) 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		Duct Insulation	760 SF	X			

Name of Registered Waste Hauler Unicorn Contracting Corp.	NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills Landfill
City, State Woodland Park, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Zhivko Nikolov	Title President	Signature 	Date 11/19/18

**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;">11 / 19 / 18</div>		Name of Building Owner/Operator (2) <b>NJ Department of Military and Veterans Affairs</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>PO Box 340</b> City, State, Zip Code <b>Trenton, NJ 08625</b> Name of Contact <b>Josh Levy</b> Telephone Number <b>609-313-1785</b>							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Cherry Hill Armory</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>2001 Park Boulevard</b>		Square Feet <b>50,000</b>							
City (5) <b>Cherry Hill</b>		# of Floors <b>3</b>							
County (6) <b>Camden</b>		Bldg. Age <b>100</b>							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Government Office</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No. <b>00003</b>							
Street Address <b>1253 N. Church Street</b>		Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>							
City, State, Zip Code <b>Moorestown, NJ 08057</b>		Street Address <b>623 Cutler Avenue</b>							
Project Manager for Monitoring Firm <b>Jim Guilari</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Telephone No. <b>856-840-8800</b>		Telephone No. <b>856-755-0099</b>							
Start Date (10) <div style="text-align: center;">10 / 16 / 18</div>		License No. <b>00842</b>							
Scheduled Completion Date (11) <div style="text-align: center;">12 / 28 / 18</div>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM</b> / ____ PM - ____ AM		Street Address <b>200 Route 130 North</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Storage Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's & Ladies' Latrines	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	180 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men's & Ladies' Latrines & Shower	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Fairless Landfill</b>				
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/28/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>11/19/18</b>			

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 / 26 / 18</div>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> NOV 26 2018 </div>					
Agencies Notified <input 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 checked="" type="checkbox"/> Amended Amendment #1-11/21/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>15 East Maple Avenue</b> City, State, Zip Code <b>Merchantville, NJ 08109</b> Name of Contact <b>Brian Tilton</b>					
				Telephone Number <b>215-640-4563</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Merchantville C.O.</b>				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>15 East Maple Avenue</b>									
City (5) <b>Merchantville</b>				Square Feet <b>33,000</b>	# of Floors <b>4</b>				
				Bldg. Age <b>+50</b>					
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Verzion</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>8436 Enterprise Ave</b>				Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Philadelphia, PA 19153</b>				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone No. <b>215-365-5870</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) <b>11 / 13 / 18</b>		Scheduled Completion Date (11) <b>ON HOLD</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>5:00PM-2:00AM</b>				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	75 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 <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE</b>				Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>				
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillan DeCaro / jhl</i>		Date <b>11/21/18</b>			

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

*NOCK*

*CHK #3457*

Date of Notification (1) <b>10 / 26 / 18</b>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>15 East Maple Avenue</b>	
		City, State, Zip Code <b>Merchantville, NJ 08109</b>	
		Name of Contact <b>Brian Tilton</b>	Telephone Number <b>215-640-4563</b>

<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Merchantville C.O.</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>15 East Maple Avenue</b>		Square Feet <b>33,000</b>	# of Floors <b>4</b>
City (5) <b>Merchantville</b>		Bldg. Age <b>+50</b>	
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Verizon</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>8436 Enterprise Ave</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Philadelphia, PA 19153</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		Telephone No. <b>215-365-5870</b>	License No. <b>00509</b>
Start Date (10) <b>11 / 13 / 18</b>	Scheduled Completion Date (11) <b>11 / 24 / 18</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <b>5:00 PM - 2:00 AM</b>		Street Address <b>1123 BEAVER STREET</b>	
		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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 Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	75 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"/>

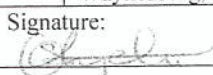
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>		
Completed By (Print or Type) <b>Dillan DeCaro</b>	Title <b>Estimator</b>	Signature <i>Dillan DeCaro/gm</i>	Date <b>10-26-18</b>		

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State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

Date of Notification (1): 11/20/2018		Name of Building Owner/Operator (2): Paramount Assets						
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 142 Broad Street 2 <sup>nd</sup> Floor City, State, Zip Code: Elizabeth, NJ 07201 Name of Contact: Javier Vera Telephone Number: 201-455-4576						
	<div style="text-align: right;">NOV 20 2018</div>							
	<div style="text-align: right;">RECEIVED</div>							
<b>FACILITY INFORMATION</b>								
Name of Facility: 208 Chamber Street		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.) Square Feet: _____ # of Floors: _____ Bldg. Age _____ Current Use: Warehouse						
City/ (5) Trenton	County (6): Mercer	County Code (7): 08609	<div style="text-align: right;">NOV 20 2018</div>					
Name of Monitoring Firm Hired by Building Owner: Apex Development, Inc.		ASCM No.:	Name of Abatement Contractor (9): <b>Apex Development, Inc.</b>					
Street Address: 358 Broadway		Street Address: <b>358 Broadway</b>						
City, State, Zip Code: Newark, NJ 07104		City, State, Zip Code: <b>Newark, NJ 07104</b>						
Project Manager for Monitoring Firm: Inno Obiorah		Telephone No.: 201-954-6359	Telephone No.: <b>(973) 350-0101</b> License No.: <b>01215</b>					
Start Date (10): 11/23/18	Scheduled Completion Date (11): 11/27/18		Name of OSHA Monitor: Metro Analytical Laboratories					
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 type="checkbox"/> Other Describe: _____		Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b> City, State, Zip Code: <b>New York, New York, 10018</b>						
Scope of Work (Check all that apply):  <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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	Encapsulat
<b>BOILER ROOM</b>		X		<b>BOILER INSULATION</b>	<b>100 SF</b>	*		*
<b>BOILER ROOM</b>		X		<b>PIPE INSULATION</b>	<b>45 LF</b>	*		*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Chinyelu Oraegbunam		Title: Vice President	Signature: 	Date: 11/20/2018				

CK 5446, 5447 PAID

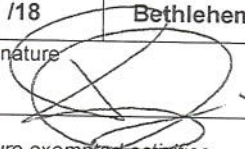
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 11-21-18		Name of Building Owner/Operator (2) BRISTOL MYERS SQUIBB						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 SQUIBB DRIVE City, State, Zip Code NEW BRUNSWICK, NJ 08903 Name of Contact PHIL DESPIRITO Telephone Number 732-227-7163				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) BRISTOL MYERS SQUIBB-BLDG 65				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 1 SQUIBB DRIVE				Square Feet 20,000 # of Floors 2 Bldg. Age +/-100				
City (5) NEW BRUNSWICK				Current Use (Prior if being demolished) PHARMACEUTICAL PLANT				
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.		Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.				
Street Address 655 WEST SHORE TRAIL		Street Address 2251 FRALEY STREET						
City, State, Zip Code SPARTA, NJ 07871		City, State, Zip Code PHILADELPHIA, PA 19137						
Project Manager for Monitoring Firm BILL KERBER		Telephone No. 973-729-5649		Telephone No. 215-533-5155 License No. 01166				
Start Date (10) 11-28-18		Scheduled Completion Date (11) 3-31-19		Name of OSHA Monitor EHI, INC.				
Occupancy Status During Abatement (Check Only One)				Street Address 655 WEST SHORE TRAIL				
<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 SPARTA, NJ 07871				
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 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
			**SEE ATTACHED SHEET**					
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No. 10416		Cubic Yards of Waste		Name of Registered Landfill WASTE MGMT GROWS LANDFILL		
City, State TRENTON, NJ		Disposal Date		City, State FAIRLESS HILLS, PA				
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS		Signature		Date 11-21-18		

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

CK# 763

Date of Notification (1) 11 / 21 / 18		Name of Building Owner/Operator (2) General Growth Properties							
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 585 From Road City, State, Zip Code Paramus, NJ 07652 Name of Contact Lynee S. Stella Telephone Number 312-420-5719							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Sears Auto Center		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 585 Form Road		Square Feet 10,000							
City (5) Paramus, NJ 07652		# of Floors 2							
County (6) Bergen		Bldg. Age 45							
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							
Street Address 1600 Route 22 East		Name of Abatement Contractor (9) JVN Restoration Inc							
City, State, Zip Code Union NJ 07083		Street Address 47 Foster Road							
Project Manager for Monitoring Firm Tammy Lomax		City, State, Zip Code Staten Island NY 10309							
Telephone No. 908-577-6171		Telephone No. 718-605-6256							
Start Date (10) 12 / 01 / 18		License No. 00774							
Scheduled Completion Date (11) 12 / 03 / 18		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: AM- PM/7:00PM-7:00 AM		Street Address 10 59 Jackson 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 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		City, State, Zip Code LIC NY 11101							
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
Battery Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT and Mastic	450 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 100	Name of Registered Landfill IESI				
City, State Newark, NJ		Disposal Date 05/31 /18		City, State Bethlehem, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 11/21			

B &amp; G proj. #: 2018-243

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

Check # 9002

Date of Notification (1) 11/21/18		Name of Building Owner/Operator (2) Gerard Bueno & Mina De La Rosa	
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"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Montville, NJ 07045	
Name of Contact Gerard Bueno & Mina De La Rosa		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Gerard Bueno & Mina De La Rosa			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 [REDACTED]		
City (5) Long Branch, NJ 07740			County (6) Monmouth County		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			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) 12/10/2018		Sched. Completion Date (11) 12/15/2018			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

## Scope of Work (check all that apply)

- ☐ Demolition      ☒ Renovation      ☒ Full Containment w/negative pressure      ☐ Glovebag procedure  
☐ >3 sf or >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						
throughout the apartment			<input checked="" type="checkbox"/>	asbestos popcorn ceiling	1,200 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 8	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/15/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 11/21/2018

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

D&S Proj. #: 18-253

CK7400

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Date of Notification (1) 11/12/18		Name of Building Owner/Operator (2) kevin yan	
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"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code LIVINGSTON, NJ 07039	
		Name of Contact kevin yan	Telephone Number ---

FACILITY INFORMATION

Name of facility where abatement is taking place (3) kevin yan			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		
City (5) LIVINGSTON			County (6) essex	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]			Street Address 20 California Ave.	
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 11/30/18		Sched. Completion Date (11) 12/12/18	Name of OSHA Monitor D & S Restoration, 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: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	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		X		foundation block insulation	20 sq ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 12/03/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [REDACTED]	Date 11/20/2018

CH 2826

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

Print Form

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NOV 26 2018

ASBESTOS ABATEMENT

Date of Notification (1) 11/20/2018		Name of Building Owner/Operator (2) Residence	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City NJ 07305  Name of Contact Valentina Baldessarre	
		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) Jersey City		Square Feet 5,285	# of Floors 4
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 102
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services
Street Address PO Box 354		Street Address 1256 Liberty Avenue	
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205	
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316
Start Date (10) 11/21/2018	Scheduled Completion Date (11) 12/04/2018	Name of OSHA Monitor A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code South Orange, NJ 07079	

Scope of Work (Check All That Apply)

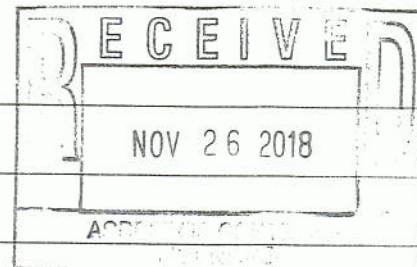
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<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
Cafeteria		X		Pipe wrap	200 LF	x			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill	
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA	
Completed by Alison Lamers		Title Office Manager	Signature 	Date 11/20/2018	

Ch 2757

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



Date of Notification (1) 11/19/18		Name of Building Owner/Operator (2) Julie Karcich		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>          NOV 26 2018          ASBESTOS ABATEMENT       </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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address [REDACTED]			
		City, State, Zip Code Hillsdale, NJ 07642							
		Name of Contact Julie Karcich		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private House			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) Hillsdale			Square Feet	# of Floors	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) Competent Supervisor		ASCM No.		Name of Abatement Contractor (9) Academy Construction Inc.					
Street Address		Street Address 205 Route 46 Suite 14							
City, State, Zip Code		City, State, Zip Code Totowa, NJ, 07512							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-832-4244	License No. 01379				
Start Date (10) 11/30/18		Scheduled Completion Date (11) 12/7/18		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe insulation	50 LF	x		x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Filip Geleski		Title Supervisor		Signature <i>Filip Geleski</i>			Date 11/19/18		

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

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GAC Project #060-18

Date of Notification (1) <b>November 16, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>RU GYM, BLDG# 3097</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>11/16/18</b>		Scheduled Completion Date (11) <b>11/20/18</b>	
Name of OSHA Monitor <b>ENVIROVISION, INC.</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>			
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Room 036</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES    NO    NA <b>[X] YES</b>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Thermal System Insulation</b>	Amount (Specify SF or LF) <b>&lt;9 LF</b>
Abatement Type Remove    Repair    Encap    Enclose <b>[X] Enclose</b>			
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>
Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>11/20/2018</b>	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b> <b>215-736-1700</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>November 16, 2018</b>

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

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

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**GAC Project # 060-18**

Date of Notification (1) <b>November 5, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>
			City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	Telephone Number <b>848-445-2550</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>RU GYM, BLDG# 3097</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>COLLEGE AVENUE CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b>	
City (5) <b>NEW BRUNSWICK</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>11/16/18</b>	Scheduled Completion Date (11) <b>11/20/18</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Room 036</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES   NO   NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Thermal System Insulation</b>	Amount (Specify SF or LF) <b>&lt;9 LF</b>
			Abatement Type Remove   Repair   Encap   Enclose <input checked="" type="checkbox"/> Remove
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>	NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Disposal Date <b>11/20/2018</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>November 5, 2018</b>

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

**State of New Jersey - Notification of Asbestos Abatement**

(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

CH3197

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NOV 26 2018

<u>Date of Notification (1)</u> <b>November 20, 2018</b>			<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS</b>	
				<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>	
		<u>Name of Contact</u> <b>Michael Smith ENV HEALTH &amp; SAFETY</b>		<u>Telephone Number</u> <b>848.445.2550</b>	
<b>FACILITY INFORMATION</b>					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>Stanley Bergen Bldg # 7252</b>			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> <b>Unknown</b> <u># of Floors:</u> <b>16</b> <u>Bldg. Age:</u> <b>80 years</b>		
<u>Street Address</u> <b>RBHS Newark Campus</b>			<u>Current Use (prior if being demolished):</u> <b>Academic</b>		
<u>City (5)</u> <b>Newark</b>	<u>County (6)</u> <b>Essex</b>	<u>County Code (7)</u> (State Use Only)			
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>ATC ASSOCIATES</b>		<u>ASCM No.</u> <b>0098</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Street Address</u> <b>511 MAIN STREET</b>			
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>City, State, Zip Code</u> <b>Butler, NJ 07405</b>			
<u>Project Manager for Monitoring Firm</u> <b>BRIAN KEARNY</b>		<u>Telephone Number</u> <b>609-386-8800</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>	
<u>Scheduled Start Date (10)</u> <b>November 30, 2018</b>		<u>Scheduled Completion Date (11)</u> <b>December 3, 2018</b>		<u>Name of OSHA Monitor</u> <b>Envirovision, Inc.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: <b>5pm - 5am - (24 hrs &amp; Weekends as Needed)</b>			<u>Street Address</u> <b>20-21, Bldg E Wagaraw Road</b>		
			<u>City, State, Zip Code</u> <b>Fairlawn, NJ</b>		
<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> <math>\geq 3</math> sf or <math>\geq 3</math> lf  <input checked="" type="checkbox"/> <math>\geq 160</math> sf or <math>\geq 260</math> </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition           </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure           </div> </div>					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>GB-49A</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES    NO    NA <input checked="" type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>VAT</b>	<u>Amount (Specify SF or LF)</u> <b>250 sf</b>	<u>Abatement Type</u> Remove    Repair    Encap    Enclose <input checked="" type="checkbox"/>	
<u>Name of Reg. Waste Hauler</u> See Hauler Below # 1 & 2		<u>NJDEP Waste Hauler ID #</u> See Below	<u>Cubic Yards of Waste:</u> <b>40 CYDS</b>	<u>Name of Registered Landfill</u> <b>GROWS North Landfill</b>	
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>			<u>Disposal Date</u> <b>December 3, 2018</b>	<u>City, State</u> <b>100 New Ford Mill Road, Morrisville, PA 19067</b> <b>215-736-1700</b>	
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>					
<u>Completed by (Print or Type)</u> <b>Raymond C. Pedalino</b>		<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>		<u>Date</u> <b>November 20, 2018</b>

GAC # 2018-060

CH2825

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

Print Form

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NOV 26 2018

ADDRESS


Date of Notification (1) NOVEMBER 19, 2018		Name of Building Owner/Operator (2) CITY OF ATLANTIC CITY							
Agencies Notified	Type Notification	Street Address 803 FISHER AVENUE							
<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 ATLANTIC CITY, NJ 08401							
		Name of Contact LOIS ANDERSON	Telephone Number 609-347-5390						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,100	# of Floors 2						
City (5) ATLANTIC CITY		Bldg. Age 65							
County (6) ATLANTIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) WAS PRIVATE RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) A. SEINE LIGHTHOUSE SOLUTIONS		ASCM No.	Name of Abatement Contractor (9) BRINKS TANK SERVICES, INC.						
Street Address PO BOX 354		Street Address 1256 LIBERTY AVE							
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) 12/03/2018		Scheduled Completion Date (11) 12/07/2018	License No. 01316						
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 A. SEINE LIGHTHOUSE SOLUTIONS							
		Street Address PO BOX 354							
		City, State, Zip Code SOUTH ORANGE, NJ 07079							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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
Stairs rear R BR, 2nd Fl. hallway		X		9x9 floor tile & mastic	213 SF	x			
Roof		X		roof underlayment	420 SF	x			
Roof		X		roof flashing	86 LF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL					
City, State EAST ORANGE, NJ			Disposal Date	City, State PENN ARGYLE, PA					
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature <i>Alison Lamers</i>			Date 11/19/2018			

CH 058123

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 9:60 and 12:120)

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NOV 26 2018
ADDRESS

Date of Notification (1) NOVEMBER 19, 2018		Name of Building Owner/Operator (2) CITY OF ATLANTIC CITY							
Agencies Notified	Type Notification	Street Address 807 FISHER AVENUE							
<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 ATLANTIC CITY, NJ 08401							
		Name of Contact LOIS ANDERSON	Telephone Number 609-347-5390						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE RESIDENCE		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) ATLANTIC CITY		Square Feet 2,100	# of Floors 2						
County (6) ATLANTIC		Bldg. Age 65							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) WAS PRIVATE RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) A. SEINE LIGHTHOUSE SOLUTIONS		ASCM No.	Name of Abatement Contractor (9) BRINKS TANK SERVICES, INC.						
Street Address PO BOX 354		Street Address 1256 LIBERTY AVE							
City, State, Zip Code SOUTH ORANGE, NJ 07079		City, State, Zip Code HILLSIDE, NJ 07205							
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 12/03/2018	Scheduled Completion Date (11) 12/07/2018	Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS							
Occupancy Status During Abatement (Check Only One)		Street Address PO BOX 354							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code SOUTH ORANGE, NJ 07079							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Living room		X		glue dots @ sheetrock ceiling	30 SF	x			
Stairs		X		white stair tread marble linoleum	39 SF	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 	Date 11/19/2018					

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 State of New Jersey  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 2:60 and 12:120)

**RECEIVED**  
 NOV 26 2018  
 ASBESTOS ABATEMENT

Date of Notification (1) 11-19-2018		Name of Building Owner/Operator (2) Labash Investments		<div style="border: 1px solid black; padding: 5px; text-align: center;">NOV 26 2018</div>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1201 Foster Terrace			
		City, State, Zip Code South Plainfield NJ			
		Name of Contact Herbie Banks		Telephone Number 908-672-5462	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Dwelling			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	Bldg. Age N/A
City (5) Maplewood NJ 07040			Current Use (Prior if being demolished) Private Dwelling		
County (6) Essex		County Code (7) (STATE USE ONLY) _____			
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No. _____	Name of Abatement Contractor (9) Amax Contracting LLC		
Street Address 1208 Fulton St, Suite 2A		Street Address PO BOX 734			
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. _____	Telephone No. 973-692-6298	License No. 01266	
Start Date (10) 11-30-2018		Scheduled Completion Date (11) 01-30-2019		Name of OSHA Monitor Amax Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address PO BOX 734		
			City, State, Zip Code Woodland Park NJ 07424		

Scope of Work (Check All That Apply)

☐ ≥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) 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	VAT	400 SF	x			
Basement			x	Pipe Insulation	60 LF	x			

Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 7 cy	Name of Registered Landfill Forest Hills	
City, State Woodland Park NJ 07424		Disposal Date 02-08-2019	City, State Morrisville PA		
Completed by Tome Maslarkov		Title Project Manager	Signature 	Date 11-19-2018	

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

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Date of Notification (1) 11 / 21 / 18		Name of Building Owner/Operator (2) Louise Arkel	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Maplewood, NJ 07040	
Name of Contact Louise Arkel		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet    # of Floors    Bldg. Age	
City (5) Maplewood, NJ 07040		County Code (7) (STATE USE ONLY)	
County (6) Essex		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address				Street Address 576 Valley Rd #283	
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 12 / 02 / 18		Scheduled Completion Date (11) 12 / 03 / 18		License No. 01127	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
				City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

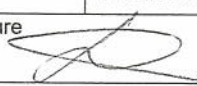
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470				Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 11/21/18	

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

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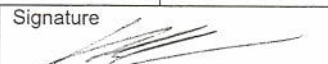
*Chk # 1047*

Date of Notification (1) 11/06/2018		Name of Building Owner/Operator (2) Mary Cooper							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07108							
		Name of Contact Mary Cooper	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential 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 [REDACTED]		Square Feet 2,529	# of Floors 3						
City (5) Newark		Bldg. Age 1911							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 11/16/2017	Scheduled Completion Date (11) 11/23/2018	Name of OSHA Monitor Iris Environmental Laboratories							
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 2333 Route 22 West							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 37574	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature 			Date 11/06/2018			

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


Check 2471

Date of Notification (1) 11/16/18		Name of Building Owner/Operator (2) Norman Kanefsky							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cherry Hill, NJ 08002  Name of Contact Norman Kanefsky							
		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Kanefsky 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) Cherry Hill		Square Feet 3,160	# of Floors 2						
		Bldg. Age 53							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections		ASCM No. _____	Name of Abatement Contractor (9) Plymouth Environmental Co., Inc.						
Street Address PO Box 11645		Street Address 923 Haws Ave.							
City, State, Zip Code Philadelphia, PA 19116		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Jason Dua		Telephone No. 267-787-4693	Telephone No. 610-239-9920						
		License No. _____							
Start Date (10) 11/19/18	Scheduled Completion Date (11) 12/7/18	Name of OSHA Monitor Plymouth Environmental							
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 923 Haws Ave.							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Shingle	575 SF	X			
Throughout			X	Sheetrock	2430 SF	X			
Living Room			X	VAT	425 SF	X			
Name of Registered Waste Hauler Robinson		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill Groves					
City, State Voorhees Township, NJ			Disposal Date 12/7/18	City, State Tullytown, Pa					
Completed by James Kelly		Title VP	Signature 			Date 11/16/18			

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

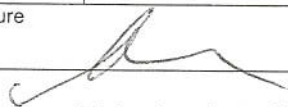
PAID

Check 18258

Date of Notification (1) 11/19/18		Name of Building Owner/Operator (2) Ronald Montefusco							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Caldwell, NJ 07006							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Ronald	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Caldwell		Bldg. Age 80							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 11/29/18	Scheduled Completion Date (11) 12/7/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>garage</u>		Street Address [REDACTED]							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
garage			x	pipe insulation	65 LF	x			
Name of Registered Waste Hauler Freehold Carting		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 11/19/18			

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

**CK18257 PAID** **Check 18257**


Date of Notification (1) 11/19/18		Name of Building Owner/Operator (2) Lee Stadele							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Branchburg, NJ 08876							
		Name of Contact Raphael Rodriguez	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Branchburg		Square Feet 2000	# of Floors 2						
County (6) Somerset		Bldg. Age 70							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 11/28/18	Scheduled Completion Date (11) 12/7/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>basement</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	68 LF	x			
Name of Registered Waste Hauler Freehold Carting		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 11/19/18		

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

CK5782e

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NOV 20 2018

Date of Notification (1) <b>11 / 20 / 18</b>		Name of Building Owner/Operator (2) <b>New Jersey Turnpike Authority</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>581 Main Street</b>							
		City, State, Zip Code <b>Woodbridge, NJ 07095</b>							
		Name of Contact <b>Dan Wenger</b>	Telephone Number <b>732-750-5300</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Union Trades Building - Union Toll Plaza</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>601 Glenwood Avenue</b>									
City (5) <b>Hillside</b>		Square Feet <b>5,000</b>	# of Floors <b>2</b>						
		Bldg. Age <b>80</b>							
County (6) <b>Union</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Offices</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>BEM Systems</b>		ASCM No.	Name of Abatement Contractor (9) <b>Shade Environmental, LLC</b>						
Street Address <b>100 Passaic Avenue</b>		Street Address <b>623 Cutler Avenue</b>							
City, State, Zip Code <b>Chatham, NJ 07928</b>		City, State, Zip Code <b>Maple Shade, NJ 08052</b>							
Project Manager for Monitoring Firm <b>Venkat Balasubramanian</b>		Telephone No. <b>908-598-2600</b>	License No. <b>00842</b>						
Start Date (10) <b>12 / 03 / 18</b>	Scheduled Completion Date (11) <b>12 / 04 / 18</b>	Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00AM-5:00PM/</b> _____ PM-_____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Vibration Dampers	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Freehold Cartage</b>		NJDEP Waste Hauler ID No. <b>15939</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Fairless Landfill</b>					
City, State <b>Freehold, NJ</b>		Disposal Date <b>12/04/2018</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Christina Lynch</b>		Title <b>Vice President of Operations</b>		Signature 		Date <b>11/20/18</b>			

**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT**

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

Date of Notification (1) 11-20-2018		Name of Building Owner / Operator (2) Project Freedom, Inc.	
Agencies Notified	Type Notification	Street Address 1 Freedom Boulevard	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Lawrence, NJ 08648	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Tim Doherty-Executive Director	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 609-278-0075	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

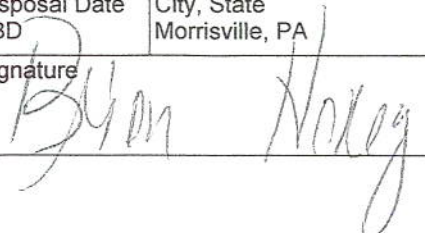
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Freedom Village at Gibbsboro - <b>Commercial Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 47 Lakeview Drive		Square Feet 2,990	# of Floors 1
City (5) Gibbsboro, NJ	County (6) Camden	Bldg. Age 38	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 12-4-2018	Scheduled Completion Date (11) 12-11-2018	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 during Normal Hours: Describe: 8:00am-4:30pm <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 checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | <input 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) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 11/20/2018

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

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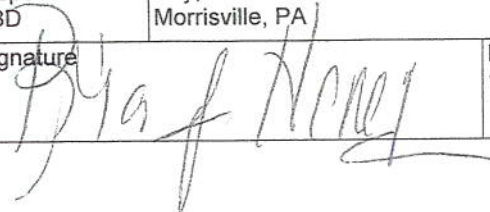
NOV 26 2018

Date of Notification (1) 11-20-2018		Name of Building Owner / Operator (2) Project Freedom, Inc.	
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"/> Emergency <input type="checkbox"/> Cancellation		Street Address 1 Freedom Boulevard
			City, State & Zip Code Lawrence, NJ 08648
		Name of Contact Tim Doherty-Executive Director	Telephone Number 609-278-0075

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Freedom Village at Gibbsboro - Residential 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 47 Lakeview Drive		Square Feet 1,170	# of Floors 1
City (5) Gibbsboro, NJ	County (6) Camden	Bldg. Age 48	
County Code (7)		Current Use (Prior if being demolished) Housing	
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279
License Number 01185			
Scheduled Start Date (10) 12-6-2018	Scheduled Completion Date (11) 12-11-2018	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 during Normal Hours: Describe: 8:00am-4:30pm <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 checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input 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	Encapsulat	Enclosure
1 <sup>st</sup> Floor Bedroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney	Title President	Signature 	Date 11/20/2018

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

CK 4854

Date of Notification (1) 11/21/18		Name of Building Owner/Operator (2) MR. TOM LOUGHLIN							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SUMMIT, NJ, 07001							
		Name of Contact MR LOUGHLIN	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) MR. TOM LOUGHLIN		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) SUMMIT	Square Feet 2500	# of Floors 2	Bldg. Age 1910						
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Best Removal Inc.							
City, State, Zip Code		450 South River Street							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-329-7444	00388						
Start Date (10) 12/5/18	Scheduled Completion Date (11) 12/6/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM to 5:00PM		280 Huyler Street							
		City, State, Zip Code							
		South Hackensack, NJ 07606							
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
BASMENT			✓	THERMAL SYSTEM INSULATION	198 LF	✓			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
Best Removal Inc		17109	3 1/2 cy	Minerva Enterprises, LLC					
City, State		Disposal Date		City, State					
Hackensack, NJ 07601		12/6/18		Waynesburg, OH 44688					
Completed by		Title	Signature	Date					
J. Maiorano		Estimator	J. Maiorano	11/21/18					

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

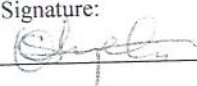
CK4853

Date of Notification (1) 11/21/18		Name of Building Owner/Operator (2) Mr. ANTHONY RIOS							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code SOUTH AMBOY, NJ 08879							
		Name of Contact Mr. Rios							
		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Mr. ANTHONY RIOS		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) SOUTH AMBOY	Square Feet 2000	# of Floors 2	Bldg. Age 1960						
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
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	License No. 00388						
Start Date (10) 12/4/18	Scheduled Completion Date (11) 12/5/18	Name of OSHA Monitor Omega Environmental							
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		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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			✓	THERMAL SYSTEM INSULATION	25 LF	✓			
BASEMENT			✓	THERMAL SURFACING INSULATION	48 SF	✓			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 12/5/18		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator		Signature J. Maiorano		Date 11/21/18			

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

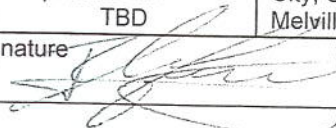
CK0900 PAID

Date of Notification (1): 11/20/2018		Name of Building Owner/Operator (2) Newark Public 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 190 Muhammad Ali Avenue Room 209 City, State, Zip Code: Newark, NJ 07108 Name of Contact: Mr. Benjamin Olagadeyo						
	Telephone Number: 973-733-7200							
	<b>FACILITY INFORMATION</b> Name of Facility 13 <sup>th</sup> Avenue School 359 13 <sup>th</sup> Avenue City/ (5) Newark County (6): Essex County Code (7): 07103 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.) Square Feet: _____ # of Floors: _____ Bldg. Age _____ Current Use: School							
	Name of Monitoring Firm Hired by Building Owner: WHITMAN ASCM No.: 00110 Name of Abatement Contractor (9): <b>Apex Development, Inc.</b> Street Address: <b>358 Broadway</b> City, State, Zip Code: <b>Newark, NJ 07104</b> Telephone No.: <b>(973) 350-0101</b> License No.: <b>01215</b>							
Street Address: 17 Pleasant Hill Road City, State, Zip Code: Cranbury, NJ 08512 Project Manager for Monitoring Firm: Kevin Lovely Telephone No.: 732-644-5418		Name of OSHA Monitor: Metro Analytical Laboratories Street Address: <b>255 West 36<sup>th</sup> Street, Suite 203</b> City, State, Zip Code: <b>New York, New York, 10018</b>						
Start Date (10): 11/21/18 Scheduled Completion Date (11): 11/23/18 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 type="checkbox"/> Other Describe:		Scope of Work (Check all that apply): <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <b>ROOM 204</b>	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>FLOOR TILE AND MASTIC</b>	Amount (Specify SF or LF) <b>290 SF</b>	Abatement Type Removal Repair Encapsulat Enclosure *			
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC. INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Chinyelu Oraegbunam		Title: Vice President		Signature: 		Date: 11/20/2018		

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

RECEIVED  
NOV 26 2018

Date of Notification (1) 11/21/18		Name of Building Owner/Operator (2) Ashland Incorporated							
Agencies Notified	Notification Type	Street Address 500 Hercules Road							
(X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	( ) Initial Notification (X) Amended Amendment # 2 ( ) Emergency (including justification) ( ) Cancellation	City, State, Zip Code Wilmington, DE 19805							
		Name of Contact Edward Meeks	Tel. Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Drew Chemical Facility		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1000 Harrison Ave		Square Feet	# of Floors						
City (5) Kearny, NJ 07032		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Bldg. Owner		ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC						
Street Address		Street Address 300-2 State Route 17 South - Suite #3							
City, State, Zip Code		City State, Zip Code Lodi, NJ 07644							
Project Manager for Monitoring Firm (8)	Telephone Number	Telephone Number (973)685-9791	License Number 01191 "A"						
Scheduled Start Date (10) 10/29/2018	Scheduled Completion Date (11) 11/22/2019	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe:		Street Address							
		City, State, Zip Code							
Source of Work (Check all that apply) (X) ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf ( ) Renovation (X) Demolition ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glove bag Procedure (X) Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 720 - 3rd Fl		X		Pipe Insulation	320 LF	X			
Building 720 - 3rd Fl		X		Vessel Insulation	40 SF	X			
Building 720 - 1st Fl		X		Fire Door	25 SF	X			
Name of Reg. Waste Hauler Cid Construction Services, LLC		NJDEP Waste Hauler ID # 32905		Cubic Yards of Waste TBD	Name of Reg. Landfill 110 Sand Company Landfill				
City, State Garfield, NJ				Disposal Date TBD	City, State Melville, NY				
Completed by Roque G Schipilliti	Title Project Manager			Signature 	Date 11/21/2018				