

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

CK 60731

Date of Notification (1) 10/4/2016		Name of Building Owner/Operator (2) LINCOLN TOWERS URBAN RENEWAL			
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		500 BROAD STREET	
				City, State, Zip Code NEWARK, NJ 07102	
				Name of Contact ALICIA BIASOTTI BELOTTA	Telephone Number 1 973 885-8697 2016
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) LINCOLN TOWERS PHASE II				Type of Facility (4)	
Street Address 69-99 LINCOLN STREET TOWER II				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) NEWARK				Square Feet >50,000	# of Floors 12
				Bldg. Age 88	
County (6) ESSEX		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) LEWIS CONSULTING GROUP/BRIGGS			ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC	
Street Address 3 CROSSWICKS STREET			Street Address 1345 INDUSTRIAL BLVD.		
City, State, Zip Code BORDENTOWN, NJ 08505			City, State, Zip Code SOUTHAMPTON, PA 18966		
Project Manager for Monitoring Firm MICHAEL HOODAK		Telephone No. 1 609 298-5520		Telephone No. 215 322-2900	License No. 00783
Start Date (10) 10/18/2016		Scheduled Completion Date (11) 3/31/2017		Name of OSHA Monitor CRITERION LABS	
Occupancy Status During Abatement (Check Only One)				Street Address 3370 PROGRESS DRIVE	
<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: 7AM-11PM				City, State, Zip Code BENSALEM, PA 19020	
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
PLEASE SEE ATTACHED					X
Name of Registered Waste Hauler SERVICE TRANSPORT GRP.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State 58 PYLES LANE, NEW CASTLE, DE 19720			Disposal Date	City, State WAYNESBURG, OH 44688	
Completed by CHRISTINE DEL VISCIO		Title ASST. ADMIN	Signature <i>Christine Del Viscio</i>		Date 10/4/2016

New Jersey Department of Health
Consumer, Environmental & Occupational Health Service
PO Box 369, Trenton, NJ 08625-0369
Telephone: 609-826-4950 Fax: 609-826-4975

NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

Type of Notification (check one) and Date Submitted

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification) Date of Notification: 10 / 04 / 2016

Building Information

Name of Building Owner/Operator: LINCOLN TOWERS URBAN RENEWAL
Street Address: 500 BROAD STREET City: NEWARK State: NJ Zip: 07102
Name of Contact: DAMIAN LAVELLE Telephone No.: 215 322-2900

Facility Information

Name of Facility Where Work Activity is to Take Place: LINCOLN TOWERS PHASE II
Describe Facility Use: APARTMENTS
Street Address: 69-99 LINCOLN STREET City: NEWARK State: NJ Zip: 07103
County Name: ESSEX County Code (state use only):
Scheduled Start Date: 10 / 18 / 2016 Scheduled Completion Date: 03 / 31 / 2017

Occupancy Status During Activity (check only one):

- ☒ Facility Closed/Vacated During Entire Activity
☐ Activity Performed Outside Normal Facility Hours—Describe: _____
☐ Other—Describe: _____

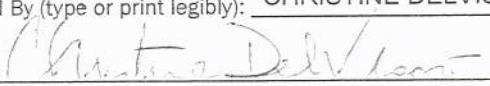
Scope of Work (check all that apply):

- ☒ Floor Tile Square Footage: 368,942 Percentage Asbestos: _____
☒ Mastic Square Footage: 245,542 Percentage Asbestos: _____
☒ Other: ROOFING Square Footage: 1,200 Percentage Asbestos: _____

Contractor Information

Company Name: DELTA/BJDS, INC Telephone No.: 215 322-2900
Street Address: 1345 INDUSTRIAL BLVD. City: SOUTHAMPTON State: PA Zip: 18966
New Jersey Asbestos License Number (if applicable): 00783
Monitoring Firm (if applicable): LEWIS CONSULTING GROUP/BRIGGS Telephone No.: 1 609-298-5520

Signature

Completed By (type or print legibly): CHRISTINE DELVISCIO Title: ADMINISTRATIVE ASST.
Signature:  Date: 10/4/2014

LINCOLN TOWERS – NEWARK, NJ

OCT - 5 2016

- B. Description of work: The Contractor shall supply all labor, materials, services and equipment required to perform all of the work as herein described.

Scope of Work: Removal and disposal of asbestos containing material from the Lincoln Towers Complex located in the City of Newark, New Jersey.

- I. The following is a detailed scope of work:

Location	Materials	Quantity	Abatement Method
1 st floor community, laundry and kitchen areas	12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	1,142 sf	Non-Friable Procedures
See above	Associated mastic	1,142 sf	Non-Friable Procedures
Throughout lobby, corridors, units, common areas and elevators	12x12 beige/tan floor tile	61,700 sf	Non-Friable Procedures
See above	12x12 blue floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	61,700 sf	Non-Friable Procedures
Throughout corridors, units, maintenance and office as top layer	12x12 brown/tan floor tile	48,600 sf	Non-Friable Procedures
See above	Associated mastic	48,600 sf	Non-Friable Procedures
Throughout lobby, elevators and elevator lobbies	12x12 light tan/beige over 12x12 beige/tan, 9x9 dark brown floor tile	36,000 sf	Non-Friable Procedures
See above	Associated mastic	36,000 sf	Non-Friable Procedures
See above	12x12 white/tan w/speckles floor tile over 12x12 beige/tan, 9x9 dark brown floor tile	36,000 sf	Non-Friable Procedures
See above	Associated mastic	36,000 sf	Non-Friable Procedures
Throughout units and corridors – top layer	12x12 light brown/tan over 12x12 beige/tan, 9x9 dark brown floor tile	61,700 sf	Non-Friable Procedures
See above	Associated mastic	61,700 sf	Non-Friable Procedures
Throughout some units as original tile, bottom and 2 nd layer in corridors, units etc.	9x9 dark brown floor tile, as original tile, under 12x12 light brown/tan, over 12x12 beige/tan floor tile	61,700 sf	Non-Friable Procedures
See above	Associated mastic	61,700 sf	Non-Friable Procedures

LINCOLN TOWERS – NEWARK, NJ

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Location	Materials	Quantity	Abatement Method
Throughout basement sealed room. Adjacent to chillers	9x9 beige/tan floor tile	400 sf	Non-Friable Procedures
See above	Associated mastic	400 sf	Non-Friable Procedures
Exterior entrance foyers at flat roof areas as top layer	Asphalt rolled roofing material	1,200 sf	Exterior Abatement
See above	Associated asphalt built up roofing material	1,200 sf	Exterior Abatement
See above	Associated roofing felt material	1,200 sf	Exterior Abatement

2. Preparation: The Contractor shall prepare the work areas in the following manner

a.) Floor Tile/Mastic (Non-Friable Procedures): The Contractor shall prepare the work area in accordance with project specifications and applicable state and federal regulations. This shall include, but not be limited to the following procedures:

- 1) Non-friable abatement areas shall be isolated by applying critical barriers to all openings inside the work area. The critical barriers shall consist of two layers of six-mil fire retardant polyethylene plastic.
- 2) Negative Air Filtration Devices shall be installed into the work area to maintain a constant negative air flow. The Negative Air Filtration Devices shall be equipped with High Efficiency Particulate Air (HEPA) filters capable of 99.97% efficiency down to 0.3 microns.
- 3) A centralized shower facility shall be constructed for worker decontamination. Workers shall wear two tyvek suits inside the work area. Prior to exiting the work area and proceeding to the shower, the workers shall remove the exterior suit and dispose of it as contaminated.
- 4) Abatement shall be conducted using non-friable procedures. This consists of utilizing a heating appliance or other adequate non-friable procedure prior to scraping the tiles. The contractor shall insure the tiles are completely loose prior to scraping to insure breakage is limited to a minimum.
- 5) Mastic shall be removed utilizing chemicals and scrape methods. The chemicals MSDS sheets shall be submitted to the project supervisor for approval prior to the start of the project. Negative air filtration devices shall remain in operation until all residue odors are exhausted from the work area.
- 6) Work Areas shall be cleared by Phase Contrast Microscopy or if necessary by Transmission Electron Microscopy.

LINCOLN TOWERS - NEWARK, NJ

b.) Roof Material Removal: The Contractor shall dispose roofing material in accordance with applicable state and federal regulations. Roofing materials shall be disposed off in a lined dumpster to an approved landfill. The contractor shall utilize safe working procedures during the removal of roofing materials. Abatement procedures shall ensure that the roofing material remains an EPA Category I Non-friable material.

C. General Notes for Work Area

1. Contractor shall install critical barriers on doorways and entrances to hallways, classrooms, offices, and maintenance rooms to seal the work area(s).
2. Contractor shall apply a tinted, approved encapsulant to all surfaces from which asbestos-containing pipe insulation material has been removed.
3. Electrical connections for power shall be made by a licensed electrical contractor subcontracted by the Contractor.
4. Contractor shall be responsible for requesting that the Owner deactivate the fire/heat detection system, if any, and the electrical systems in each work area and the confirmation of same prior to the start of this work.
5. Contractor shall provide proper negative pressure engineering controls in accordance with Section 01513 - Temporary Pressure Systems.

D. Related Work

1. OSHA compliance personnel air monitoring is required during all asbestos abatement work.
2. Contractor shall comply with applicable federal, state and local fire protection codes. Only fire-rated construction materials shall be used for all isolation/enclosure work on this project.
3. Contractor shall repair or replace all wall, floor, ceiling or other existing finishes and fixtures damaged as a result of abatement activities.
4. Contractor shall be responsible for the security of all materials, equipment, etc. left at the site during the course of the project.
5. Contractor shall provide fire extinguishers for use throughout the active work area. Fire extinguishers shall be of the appropriate class for materials present in the work area.
6. Contractor shall comply with all rules, directives, and requirements of the City of Newark.
7. The Owner and the Owner's security personnel and representatives shall have the right to investigate theft or allegations of theft and search the Contractor, and the Contractor's employees, subcontractors, equipment, and vehicles as deemed necessary.
8. Quantities of materials and descriptions of conditions are provided for information only. The Owner and ASCM assume no responsibility for their accuracy. Contractor must field verify all information and conditions prior to submitting his bid.

1.4 DRAWING SCHEDULE: N/A

OCT - 5 2016

1.5 ASBESTOS-CONTAINING MATERIALS:

- A. The Work of this contract involves activities that will disturb asbestos-containing materials (ACM). The location and type of ACM known to be present at the worksite is set forth in the Scope of Work at the beginning of this section. If any other ACM or PACM is found, notify the owner, other employers and employees about the location and quantity of the ACM or PACM within 24 hours of the discovery.

1.6 ASBESTOS HEALTH RISK:

- A. The disturbance or dislocation of ACM may cause asbestos fibers to be released into the building's atmosphere, thereby creating a potential health risk to workers and building occupants. Apprise all workers, supervisory personnel, subcontractors and consultants who will be at the job site of the seriousness of the risk and of proper work procedures which must be followed.
- B. Where in the performance of the work, workers, supervisory personnel, subcontractors, or consultants may encounter, disturb, or otherwise function in the immediate vicinity of any identified ACM, take appropriate continuous measures as necessary to protect all building occupants from the risk of exposure to airborne asbestos. Such measures shall include the procedures and methods described herein, and compliance with regulations of applicable federal, state and local agencies.

1.7 QUALITY ASSURANCE:


- A. Use adequate number of skilled workmen who are thoroughly trained and experienced in asbestos abatement and who are completely familiar with the specified requirements and the methods needed for proper performance of the work of this Section. All workers must have a valid asbestos worker permit issued by the New Jersey Department of Labor.
- B. All work shall be performed as described herein and as indicated on the accompanying drawings. All work shall be performed in strict accordance with all applicable federal, state and local regulations, including the New Jersey Asbestos Hazard Abatement Subcode N.J.A.C. 5:23-8 (Subchapter 8), as revised. Work area isolation shall be as specified in Section 01526, and as indicated on the accompanying drawings. Worker protection, asbestos removal, work area decontamination and waste disposal are as specified herein. Work area clearance is as specified in Section 01714.

1.8 CONTRACTOR USE OF PREMISES

- A. General: During the construction period the Contractor shall have full use of the premises for construction operations, including use of the site. The Contractor's use of the premises is limited only by the Owner's right to perform work or to retain other contractors on portions of the Project.
 - B. Use of the Site: Limit use of the premises to work in areas indicated. Confine operations to areas within contract limits indicated. Do not disturb portions of the site beyond the areas in which the Work is indicated.
 - C. Use of the Existing Building: Maintain the existing building in a weather tight condition throughout the construction period. Repair damage caused by construction operations. Take all precautions necessary to protect the building and its occupants during the construction period.
- 1. Smoking: Smoking or open fires will not be permitted within the building enclosure or on the premises.

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

Check 7705

Date of Notification (1) October 02, 2016		Name of Building Owner/Operator (2) Mr. Dominic Natale							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; height: 20px; width: 100%;"></div>							
		City, State, Zip Code Cherry Hill, NJ 08034							
		Name of Contact Dominic Natale	Telephone Number <div style="background-color: black; height: 20px; width: 100%;"></div>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential 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 <div style="background-color: black; height: 20px; width: 100%;"></div>		<div style="float: right; text-align: right;">OCT - 5 2016</div>							
City (5) Cherry Hill	Square Feet 1800	# of Floors BiLevel	Bldg. Age 45 yrs						
County (6) Camden	County Code (7) (SPACE USE ONLY) _____	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Quality Environmental Concepts		ASCM No. None	Name of Abatement Contractor (9) Quality Environmental Concepts						
Street Address 1053 North Tuckahoe Road		Street Address 1053 North Tuckahoe Road							
City, State, Zip Code Williamstown, New Jersey 08094		City, State, Zip Code Williamstown, New Jersey 08094							
Project Manager for Monitoring Firm Edward Knorr		Telephone No. 856-629-1166	Telephone No. 856-629-1166						
License No. 01086									
Start Date (10) 10-13-16	Scheduled Completion Date (11) 10-16-16	Name of OSHA Monitor Quality Environmental Concepts							
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: Occupants may be home		Street Address 1053 North Tuckahoe Road							
		City, State, Zip Code Williamstown, New Jersey 08094							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
Crawl space			<input checked="" type="checkbox"/>	Asbestos cbth	100 SF	<input checked="" type="checkbox"/>			
				wraps on metal					
				ductwork					
Name of Registered Waste Hauler Quality Environmental Concepts		NJDEP Waste Hauler ID No. 19710	Cubic Yards of Waste 4cy	Name of Registered Landfill Salem County Landfill					
City, State Williamstown, New Jersey		Disposal Date 10-18-16		City, State Alloway NJ					
Completed by Edward Knorr		Title Vice President	Signature 	Date 10-02-16					

Emergency Request 09-19-16
was denied

D&S Proj. #: 16-294

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

CK 6852

RECEIVED

OCT - 5 2016

ASBESTOS CONTAINMENT

Telephone Number

Date of Notification (1) 10/19/12/18/1/16		Name of Building Owner/Operator (2) thomas kearney	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code Fair Lawn, NJ 07410	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact thomas kearney	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency (including justification)	Telephone Number [REDACTED]	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) thomas kearney			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Fair Lawn			County (6) BERGEN		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 10/04/16		Sched. Completion Date (11) 10/17/16			
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					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	63 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

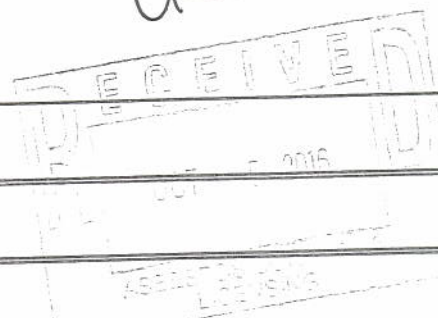
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/04/16		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 09/28/2016

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

D&S Proj. #: 16-299

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

CK 6854



Date of Notification (1) 10/19/16 12/19/16		Name of Building Owner/Operator (2) DAVID KENNEDY	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code west orange, NJ 07052	
Name of Contact DAVID KENNEDY		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) DAVID KENNEDY			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) west orange			County (6) ESSEX		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
City, State, Zip Code			Street Address 20 California Ave.		
Project Manager for Monitoring Firm			City, State, Zip Code Paterson, NJ 07503		
Phone Number			Telephone Number 973-345-8020		
Start Date (10) 10/04/16			Sched. Completion Date (11) 10/24/16		
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			License Number 01169		
Name of OSHA Monitor D & S Restoration, Inc.			Street Address 20 California Avenue		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition


- ☐ Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	1501 ft	<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 D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/05/16	City, State TULLYTOWN, PA	Date 09/28/16
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	

C.K. 25 26

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

Date of Notification (1) <u>10/3/16</u>		Name of Building Owner/Operator (2) <u>Jackson</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>	
		City, State, Zip Code <u>Sewell, NJ 08080</u>	
		Name of Contact <u>Mr. Kevin Jackson</u>	Telephone Number <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px; margin: 5px 0;"></div>			
City (5) <u>Woodbury, NJ</u>		Square Feet <u>1200</u>	# of Floors <u>1</u>
		Bldg. Age <u>75+/-</u>	
County (6) <u>Gloucester</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>NA</u>	ASCM No.	Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address		Street Address <u>PO Box 322</u>	
City, State, Zip Code		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm	Telephone No. <u>(609) 259-9688</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>
Start Date (10) <u>10/17/16</u>	Scheduled Completion Date (11) <u>10/31/16</u>	Name of OSHA Monitor <u>MECS</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Exterior</u>		<input checked="" type="checkbox"/>	<u>Transite Siding</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>	NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/31/16</u>	City, State <u>Morrisville, PA</u>
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>10/3/16</u>

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

Date of Notification (1) <u>10/3/16</u>		Name of Building Owner/Operator (2) <u>Marcellus</u>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>Atlantic Highlands, NJ 07716</u>	
		Name of Contact <u>Mr. Mark Marcellus</u>	
Telephone Number [REDACTED]			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet <u>2200</u>	# of Floors <u>2</u>
City (5) <u>Atlantic Highlands, NJ</u>		Bldg. Age <u>70+/-</u>	
County (6) <u>Monmouth</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 240-4070</u>	License No. <u>00493</u>
Start Date (10) <u>10/17/16</u>	Scheduled Completion Date (11) <u>10/21/16</u>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am - 4 pm</u>		Name of OSHA Monitor <u>MECS</u>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>Crawl Space</u>		<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>
<u>Crawl Space</u>		<input checked="" type="checkbox"/>	<u>Pipe Debris</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 CU</u>
City, State <u>Allentown, NJ</u>		Name of Registered Landfill <u>GROWS Landfill</u>	
Disposal Date <u>10/21/16</u>		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature [Signature]	Date <u>10/3/16</u>

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

Date of Notification (1) <u>10/3/16</u>		Name of Building Owner/Operator (2) <u>Leak</u>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]					
		City, State, Zip Code <u>Elizabeth, NJ 07201</u>					
		Name of Contact <u>Mrs. Pearlie Leak</u>	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) <u>Elizabeth</u>		Square Feet <u>1800</u>	# of Floors <u>2</u> Bldg. Age <u>80+/-</u>				
County (6) <u>Union</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>					
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>					
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>					
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>	Telephone No. <u>(609) 240-4070</u>	Telephone No. <u>(609) 259-9688</u>	License No. <u>00493</u>				
Start Date (10) <u>10/13/16</u>	Scheduled Completion Date (11) <u>10/21/16</u>	Name of OSHA Monitor <u>MECS</u>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8 am - 4 pm</u>		Street Address <u>PO Box 341</u>					
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> 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					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
<u>Basement</u>	<input checked="" type="checkbox"/>	<u>Thermal Pipe Insulation</u>	<u>170 lf</u>	<input checked="" type="checkbox"/>			
<u>Basement</u>	<input checked="" type="checkbox"/>	<u>Boiler Insulation</u>	<u>30 sf</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>3 CU</u>	Name of Registered Landfill <u>GROWS Landfill</u>			
City, State <u>Allentown, NJ</u>		Disposal Date <u>10/21/17</u>	City, State <u>Morrisville, PA</u>				
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature <u>[Signature]</u>	Date <u>10/3/16</u>				

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

CK 5731

Date of Notification (1) <div style="text-align: center;">10 / 04 / 16</div>		Name of Building Owner/Operator (2) Russo Development, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 570 Commerce Boulevard City, State, Zip Code Carlstadt, NJ 07072 Name of Contact Dominick Tucci Telephone Number 201-906-3983							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse		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 307 Bergen Avenue		Square Feet 10,000							
City (5) Kearny		# of Floors 1 1/2	Bldg. Age 60 +						
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigation		ASCM No.	Name of Abatement Contractor (9) Red Roc Materials, LLC						
Street Address 655 West Shore Trail		Street Address 20 Ramapo Valley Road							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Mahwah, NJ 07430							
Project Manager for Monitoring Firm Bill Kerbel	Telephone No. 973-724-5649	Telephone No. 201-529-4700	License No. 01248						
Start Date (10) <div style="text-align: center;">10 / 21 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 28 / 16</div>	Name of OSHA Monitor Red Roc Materials, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 20 Ramapo Valley Road City, State, Zip Code Mahwah, NJ 07430							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input 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 Window Caulk	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Caulk	700LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Penthouse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Parapet Tar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Pitchpockets/vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler A.T.C.		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 15 CY	Name of Registered Landfill Minerva Landfill				
City, State Hampton Bays, NY		Disposal Date o/a 10/27/16		City, State Waynesburg, OH					
Completed By (Print or Type) Michael F. Keith		Title Project Manager		Signature <i>Michael F. Keith</i>		Date 10-4-16			

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

CK 5731

Date of Notification (1) <div style="text-align: center;">10 / 04 / 16</div>		Name of Building Owner/Operator (2) Russo Development, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 570 Commerce Boulevard							
		City, State, Zip Code Carlstadt, NJ 07072							
		Name of Contact Dominick Tucci	Telephone Number 201-906-3983						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse		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 331 Bergen Avenue		Square Feet 5,000	# of Floors 1						
City (5) Kearny		Bldg. Age 60 +							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Warehouse							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigation		ASCM No.	Name of Abatement Contractor (9) Red Roc Materials, LLC						
Street Address 655 West Shore Trail		Street Address 20 Ramapo Valley Road							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Mahwah, NJ 07430							
Project Manager for Monitoring Firm Bill Kerbel	Telephone No. 973-724-5649	Telephone No. 201-529-4700	License No. 01248						
Start Date (10) <div style="text-align: center;">10 / 17 / 16</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 19 / 16</div>	Name of OSHA Monitor Red Roc Materials, LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 20 Ramapo Valley Road							
		City, State, Zip Code Mahwah, NJ 07430							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
East/West Gutters	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof Pitchpockets/vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic/Flashing	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler A.T.C.		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 5 CY	Name of Registered Landfill Minerva Landfill					
City, State Hampton Bays, NY		Disposal Date o/a 10/27/16		City, State Waynesburg, OH					
Completed By (Print or Type) Michael F. Keith		Title Project Manager		Signature <i>Michael F Keith</i>			Date <i>10-4-16</i>		

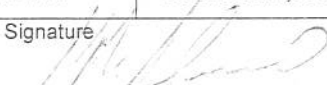
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK 5731

Date of Notification (1) <div style="text-align: center;">10 / 04 / 16</div>		Name of Building Owner/Operator (2) Russo Development, LLC		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> DECEIVED OCT - 5 2016 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 570 Commerce Boulevard							
		City, State, Zip Code Carlstadt, NJ 07072							
		Name of Contact Dominick Tucci		Telephone Number 201-906-3983					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse				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 337 Bergen Avenue									
City (5) Kearny				Square Feet 10,000	# of Floors 1				
				Bldg. Age 60 +					
County (6) Hudson		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Commercial Warehouse					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigation		ASCM No.		Name of Abatement Contractor (9) Red Roc Materials, LLC					
Street Address 655 West Shore Trail		Street Address 20 Ramapo Valley Road							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Mahwah, NJ 07430							
Project Manager for Monitoring Firm Bill Kerbel		Telephone No. 973-724-5649		Telephone No. 201-529-4700	License No. 01248				
Start Date (10) <div style="text-align: center;">10 / 17 / 16</div>		Scheduled Completion Date (11) <div style="text-align: center;">10 / 21 / 16</div>		Name of OSHA Monitor Red Roc Materials, LLC					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 20 Ramapo Valley Road					
				City, State, Zip Code Mahwah, NJ 07430					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof Top Perimeter	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Flashing	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Front Door Overhangs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Flashing	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parapet Wall Tar	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pitchpockets/Vents	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Flashing	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler A.T.C.		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 15 CY	Name of Registered Landfill Minerva Landfill				
City, State Hampton Bays, NY				Disposal Date o/a 10/27/16	City, State Waynesburg, OH				
Completed By (Print or Type) Michael F. Keith		Title Project Manager		Signature <i>Michael F Keith</i>		Date <i>10/4/16</i>			

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

CK 26014

Date of Notification (1) <div style="text-align: center;">10 / 04 / 16</div>		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Verizon Way							
		City, State, Zip Code Basking Ridge, NJ 07920							
		Name of Contact Alex Baylor		Telephone Number (301) 802-5112					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon			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 71 Madison Avenue									
City (5) Jersey City, NJ			Square Feet 10,000	# of Floors 3	Bldg. Age				
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) USA Enviornmental		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc					
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5870		Telephone No. 718-605-6256	License No. 00774				
Start Date (10) <div style="text-align: center;">10 / 17 / 16</div>		Scheduled Completion Date (11) <div style="text-align: center;">12 / 30 / 16</div>		Name of OSHA Monitor Testor Tech					
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: <u>AM</u> - <u>PM</u> 5:00PM-1:30AM			Street Address 10 59 Jackson Avenue						
			City, State, Zip Code LIC NY 11101						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor A/C Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	50LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement A/C Pump Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	20SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Hackettstown, NJ		Disposal Date 10/31/16		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 			Date 10-04-2016		

CHECK # 7498

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

Date of Notification (1) 10/3/16		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07068							
		Name of Contact JOHN BRADLEY	Telephone Number 732-374-6128						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG		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 1401 KLOCKNER RD.		Square Feet 18248	# of Floors 3						
City (5) TRENTON		Bldg. Age 91 YRS.							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) SWITCH STATION							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCN No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111						
Start Date (10) 10/14/16	Scheduled Completion Date (11) 10/17/16	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>necessary operations only</u>		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 CONTROL ROOM		X		VAT MASTIC TRANSITE	2120 SF	X			
2ND FLOOR		X		VAT + MASTIC	320 SF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste 20	Name of Registered Landfill GROWS NORTH					
City, State ELIZABETH, NJ			Disposal Date TBD	City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR	Signature <i>Carol Raimo</i>			Date 10/3/16			