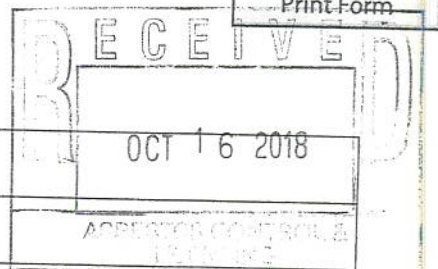


Ch0072

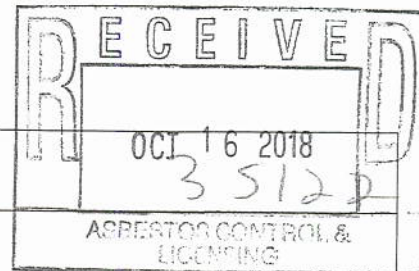
State of New Jersey
PAID
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Print Form



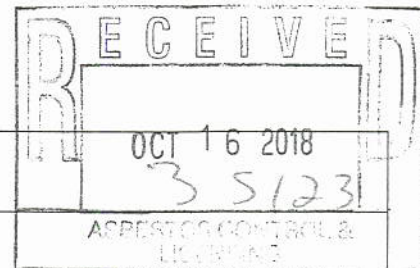
| | | | | | | | | | |
|---|--|---|-----------------------------|--|---------------------------|----------------|--------------------|-------------|-----------|
| Date of Notification (1) 10/12/2018 CHECK #0072 | | Name of Building Owner/Operator (2) | | | | | | | |
| Agencies Notified | Type Notification | Street Address 238 REA AVE | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code HAWTHORNE, NJ 07506 | | | | | | | |
| | | Name of Contact BILL COLYER | | | | | | | |
| <div style="text-align: center;">FACILITY INFORMATION</div> | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) | | Type of Facility (4) | | | | | | | |
| Street Address 238 REA AVE | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) HAWTHORNE, NJ 07506 | | Square Feet 50X100 | # of Floors 2 | | | | | | |
| County (6) BERGEN | | Bldg. Age 50 YEARS | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) OCCUPIED | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | | | | | | | |
| Street Address | | ALL SOLUTIONS CONTRACTING INC | | | | | | | |
| City, State, Zip Code | | Street Address 24 CHURCH ST | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code ELMWOOD, NJ 07407 | | | | | | | |
| Telephone No. | | Telephone No. 201 873 -9418 | License No. 01301 | | | | | | |
| Start Date (10) 10/29/2018 | Scheduled Completion Date (11) 10/31/2018 | Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 24 CHURCH ST | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: HOUSE BESEMENT EMPTY | | City, State, Zip Code ELMWOOD, NJ 07407 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input 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 | 100LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ATLANTIC CARTING | | NJDEP Waste Hauler ID No. | Cubic Yards of Waste TDB | Name of Registered Landfill GRAND CENTRAL | | | | | |
| City, State PEN ARGYL | | Disposal Date TDB | | City, State PEN ARGYL, PA 18072 | | | | | |
| Completed by LUIS ARCILA | | Title PRESIDENT | | Signature | | | Date 10/12/2018 | | |

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



| | | | | | | | | | |
|--|---|--|----------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 11 / 18 | | Name of Building Owner/Operator (2) Bob Stroub | | | | | | | |
| 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 [REDACTED] | | | | | | | |
| | | City, State, Zip Code Ocean Gate, NJ 08740 | | | | | | | |
| | | Name of Contact Bob Stroub | 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 and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Ocean Gate | | Square Feet 650 sf | # of Floors 1 | | | | | | |
| | | Bldg. Age 80 | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | ASCM No. | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 732-349-9932 | License No. 00624 | | | | | | |
| Start Date (10) 10 / 24 / 18 | Scheduled Completion Date (11) 10 / 26 / 18 | Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 1056 Stelton | | | | | | | |
| | | City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 650 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | Cubic Yards of Waste 3 | Name of Registered Landfill T.R.R.F. | | | | | |
| City, State Toms River, New Jersey | | Disposal Date 10/26/18 | | City, State Tullytown, Pennsylvania | | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | | | Date 10/11/18 | | |

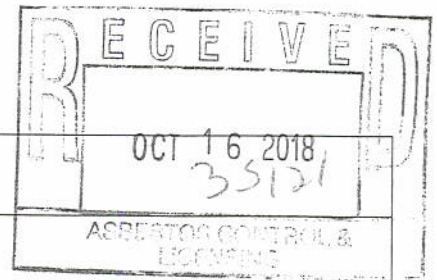
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)




| Date of Notification (1) <div style="text-align: center;">10 / 11 / 18</div> | | Name of Building Owner/Operator (2) V Rose Excavating, 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 30 Wood Haven Road City, State, Zip Code Toms River, NJ 08753 Name of Contact Vic Rose Telephone Number 848-992-9826 | | | | | | | |
| 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 and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 2500 sf | | | | | | | |
| City (5) Lakewood | | # of Floors 2 | | | | | | | |
| County (6) Ocean | | Bldg. Age 80 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | | | |
| Street Address | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-349-9932 | | | | | | | |
| Telephone No. | | License No. 00624 | | | | | | | |
| Start Date (10) <div style="text-align: center;">10 / 25 / 18</div> | | Scheduled Completion Date (11) <div style="text-align: center;">10 / 26 / 18</div> | | | | | | | |
| Name of OSHA Monitor E.M.S.L. Analytical | | | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 |
| exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos siding | 3000 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 4 | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | | | Disposal Date 10/26/18 | City, State Tullytown, Pennsylvania | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | Signature | | Date 10/11/18 | | | |

CH35121

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



| | | | | | | | | | |
|--|---|--|---|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 10 / 11 / 18 | | | Name of Building Owner/Operator (2) Bill Wilkins | | | | | | |
| 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 <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Scotch Plains, NJ 07076 Name of Contact Bill Wilkins Telephone Number <div style="background-color: black; width: 100px; height: 15px;"></div> | | | | | |
| 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 and commercial buildings, homes, etc.) | | | | | |
| Street Address <div style="background-color: black; width: 150px; height: 15px;"></div> | | | | | | | | | |
| City (5) Fanwood | | | | Square Feet 2500 sf | # of Floors 2 | | | | |
| | | | | Bldg. Age 80 | | | | | |
| 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) Guardian Contracting, Inc. | | ASCM No. | | Name of Abatement Contractor (9) Guardian Contracting, Inc. | | | | | |
| Street Address 1889 Rte. 9, Unit 61 | | Street Address 1889 Route 9, Unit 61 | | | | | | | |
| City, State, Zip Code Toms River, New Jersey 08755 | | City, State, Zip Code Toms River, New Jersey 08755 | | | | | | | |
| Project Manager for Monitoring Firm Nicholas Fernicola | | Telephone No. 732-349-9932 | | License No. 00624 | | | | | |
| Start Date (10) 10 / 26 / 18 | | Scheduled Completion Date (11) 10 / 29 / 18 | | Name of OSHA Monitor E.M.S.L. Analytical | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | | Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input 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 |
| stairwell | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | plaster | 40 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| kitchen | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | asbestos floor tile & mastic | 150 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Guardian Contracting, Inc. | | NJDEP Waste Hauler ID No. 20223 | | Cubic Yards of Waste 2 | Name of Registered Landfill T.R.R.F. | | | | |
| City, State Toms River, New Jersey | | | | Disposal Date 10/29/18 | City, State Tullytown, Pennsylvania | | | | |
| Completed By (Print or Type) Nicholas Fernicola | | Title Project Manager | | | Signature  | | Date 10/11/18 | | |

CH 7205

PAID

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

| |
|---|
| Print Form |
| <div style="font-size: 2em; font-weight: bold; margin: 0;">RECEIVED</div> <div style="font-size: 1.2em; margin: 5px 0;">OCT 16 2018</div> |

| | | | |
|--|--|---|-----------------------------------|
| Date of Notification (1) 10/10/18 | | Name of Building Owner/Operator (2) MCEF Construction | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 498 East County Line Road City, State, Zip Code Lakewood, NJ 08701 Name of Contact MCEF Construction Telephone Number 732-367-0693 | |
| 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 1700 # of Floors Bldg. Age | |
| City (5) Lakewood | | County (6) Ocean County Code (7) (STATE USE ONLY) _____ | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 | |
| Street Address | | Telephone No. 732-668-9078 License No. 1200 | |
| City, State, Zip Code | | Current Use (Prior if being demolished) Home | |
| Project Manager for Monitoring Firm | | Name of OSHA Monitor AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 | |
| Start Date (10) 10/21/18 | | Scheduled Completion Date (11) 10/24/18 | |
| 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 <input checked="" 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) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) |
| EXTERIOR | | SIDING | 2500SF |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | |
| City, State NEWARK, NJ | | Cubic Yards of Waste 10 Name of Registered Landfill IESI | |
| Disposal Date 10/24/18 | | City, State BETHLEHEM PA | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER Signature Date 10/10/18 | |

CH 7204

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

Print Form

OCT 16 2018

ASBESTOS CONTROL & ABATEMENT

| | | | | | | | | | |
|--|--|--|--|--|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 10/10/18 | | Name of Building Owner/Operator (2) Horizon Properties | | | | | | | |
| Agencies Notified | Type Notification | Street Address 7 Glenwood Avenue, Suite 412 | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code East Orange, NJ 07017 | | | | | | | |
| | | Name of Contact Henry Ehrman | Telephone Number 973-673-3000 Ext 307 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | 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) Irvington | | Square Feet 3723 | # of Floors Bldg. Age | | | | | | |
| 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) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 10/12/18 | Scheduled Completion Date (11) 10/16/18 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| <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: _____ | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Not-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| INTERIOR | | | | PIPING | 30 FT | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 3 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date 10/23/18 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | | Date 10/10/18 | | |

CH 1202

PAID

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


RECEIVED
OCT 16 2018
ASBESTOS CONTROL & REMEDIATION

CH 1202

| | | | | | | | | | | | | | |
|---|--|---|---|--|--|---|--|---|---------------------------|--|----------------------------|--|--|
| Date of Notification (1) 10/10/18 | | Name of Building Owner/Operator (2) Aimee Norton | | Street Address [REDACTED] | | City, State, Zip Code Maplewood, NJ 07040 | | Name of Contact Aimee Norton | | Telephone Number | | | |
| 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 | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residence | | | | | | | | | | | | | |
| Street Address [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.) | | | | | | | |
| City (5) Maplewood, NJ 07040 | | | | Square Feet 1,594 | | # of Floors 2 | | Bidg. Age 90+ | | | | | |
| 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) Unicorn Contracting Corp. | | | | | |
| Street Address | | | | | | Street Address 32 Willow Way | | | | | | | |
| City, State, Zip Code | | | | | | City, State, Zip Code Woodland Park, NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm | | | | | | Telephone No. | | Telephone No. 973-333-9176 | | License No. 01331 | | | |
| Start Date (10) 10/19/18 | | | | Scheduled Completion Date (11) 10/19/18 | | | | 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: 7 am start | | | | | | Street Address 20-21 Wagaraw Rd., Bldg. 35-E | | | | | | | |
| 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 | | |
| Basement | | | Yes No N/A | | | Asbestos containing Pipe Insulation | | | 10 LF | | Removal Repair Encapsulate | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| Name of Registered Waste Hauler Unicorn Contracting Corp. | | | | NJDEP Waste Hauler ID No. 0035844 | | | | Cubic Yards of Waste 1 | | 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 10/10/18 | | | |

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

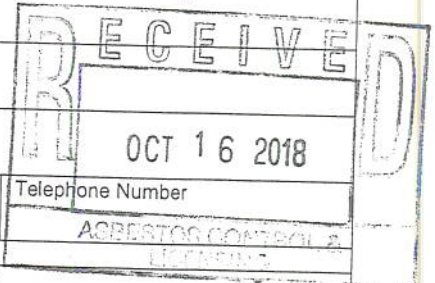
Check 18.11.17

| Date of Notification (1) 10/9/18 | | Name of Building Owner/Operator (2) Jimm Ferrara | | | | | | | |
|--|--|---|---|---|---------------------------|-----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code High Bridge, NJ 08829 | | | | | | | |
| | | Name of Contact Jim Ferrara | | | | | | | |
| | | Telephone Number | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Home | | Type of Facility (4) | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) High Bridge | | Square Feet 2200 | # of Floors 2 | | | | | | |
| County (6) Hunterdon | | Bldg. Age 67 | | | | | | | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | | | | | | | |
| ASCM No. _____ | | ABS Environmental Services, LLC | | | | | | | |
| Street Address | | Street Address | | | | | | | |
| City, State, Zip Code | | PO Box 483, 4 E Gate Drive | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code | | | | | | | |
| Telephone No. _____ | | Glenwood, NJ 07418 | | | | | | | |
| Start Date (10) 10/18/18 | | Telephone No. 973-764-2276 | License No. 703 | | | | | | |
| Scheduled Completion Date (11) 10/30/18 | | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u> | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | | | | | | | | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| basement | | | x | pipe insulation | 145 LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste TBD | Name of Registered Landfill Western Berks Landfill | | | | | |
| City, State Freehold NJ | | Disposal Date TBD | | City, State Birdsboro, PA | | | | | |
| Completed by A. Scott Higgins | | Title President | Signature  | | | Date 10/9/18 | | | |

PAID

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

Check 18116



| | | | |
|--|--|--|--|
| Date of Notification (1) 10/9/18 | | Name of Building Owner/Operator (2) Melrose Realty | |
| 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 PO Box 145 | | City, State, Zip Code Summit, NJ 07901 | |
| Name of Contact Stephen Gianis | | Telephone Number | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) store | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 35 Beechwood Road | | Square Feet 3,400 | |
| City (5) Summit | | # of Floors 1 | |
| County (6) Union | | Bldg. Age 65 | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) store | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. | | Name of Abatement Contractor (9) ABS Environmental Services, LLC | |
| Street Address | | Street Address PO Box 483, 4 E Gate Drive | |
| City, State, Zip Code | | City, State, Zip Code Glenwood, NJ 07418 | |
| Project Manager for Monitoring Firm | | Telephone No. 973-764-2276 | |
| Start Date (10) 10/17/18 | | License No. 703 | |
| Scheduled Completion Date (11) 10/31/18 | | Name of OSHA Monitor | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | |
| | | Yes No N/A | |
| First Floor | | x | |
| Basement | | x | |
| Basement | | x | |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | |
| 1x1 red floor tile & 9"x9" black tile | | 1,100 SF | |
| pipe fittings | | 6 pipe fittings | |
| pipt insulation | | 40 LF | |
| Abatement Type | | Removal Repair Encapsulate Enclosure | |
| Name of Registered Waste Hauler Tony's Cleanup & Hauling | | NJDEP Waste Hauler ID No. 17787 | |
| City, State Bridgewater NJ | | Cubic Yards of Waste TBD | |
| Name of Registered Landfill Chrin Brothers Sanitary Landfill | | Disposal Date TBD | |
| City, State Easton, PA | | Signature | |
| Completed by A. Scott Higgins | | Title President | |
| Date 10/9/18 | | | |

PAID

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

| | | | | |
|--|--|---|--|--|
| Date of Notification (1) 10/11/2018 | | Name of Building Owner/Operator (2) Steven Beal | | <div style="border: 2px solid black; padding: 10px; width: 150px; margin: 0 auto;"> RECEIVED OCT 16 2018 ASBESTOS CONTROL & LICENSING </div> |
| 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 Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation | City, State, Zip Code West Orange, NJ, 07052 | | |
| | | Name of Contact Steven Beal | | |

FACILITY INFORMATION

| | | | | | |
|---|----------------------------|--|--|------------------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Steven Beal | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet # of Floors Bldg. Age | | |
| City (5) West Orange | County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm hired by Building Owner (8) N/A | | ASCM No. | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | | |
| Street Address | | Street Address 86 Christopher St. | | | |
| City, State, Zip Code | | City, State, Zip Code Montclair, NJ 07042 | | | |
| Project Manager for Monitoring Firm | | Telephone Number N/A | Telephone Number (973) 744-8800 | | License Number 00371 |
| Scheduled Start Date (10) 10 20 18 Month Day Year | | Sched. Completion Date (11) 10 22 18 Month Day Year | | Name of OSHA Monitor N/A | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | | | Street Address | | |
| | | | City, State, Zip Code | | |

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-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 | ENCLOSURE | ENCLOSURE |
| Attic | | | X | Vermiculite | 75 SF | X | | | |
| | | | | | | | | | |

| | | | | | |
|---|---------------------------|---|--|--|--|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | Cubic Yards of Waste 1.5 | Name of Registered Landfill Tri- State | |
| City, State Montclair, NJ 07042 | | Disposal Date 10/23/18 | City, State Bronx, NY, 10474 | | |
| Completed By (Print or Type) Constantine Vivian | Title President | Signature <i>Constantine Vivian</i> | Date 10/11/2018 | | |

PAID

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

CIC 4788

| | | | | | | |
|---|---|---|---|----------------|--------|-------------|
| Date of Notification (1) 10/9/18 | | Name of Building Owner/Operator (2) MS. VALERIE HEERWAGEN | | | | |
| Agency 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 UNION TOWNSHIP, NJ. 08862 | | | |
| | | Name of Contact DIANE COBRAN | Telephone No. [REDACTED] | | | |
| FACILITY INFORMATION | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MS. VALERIE HEERWAGEN | | 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 1800SF. | # of Floors 2 | | | |
| City (5) UNION TOWNSHIP | | Bldg. Age 1799 | | | | |
| County (6) HUNTERDON | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) RESIDENCE | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | ASCM No. | Name of Abatement Contractor (9) Best Removal Inc | | | | |
| Street Address | | Street Address 450 South River St | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | |
| Project Manager for Monitoring Firm | Telephone No. | Telephone No. 201-329-7444 | License No. 00388 | | | |
| Start Date (10) 10/22/18 | Scheduled Completion Date (11) 10/23/18 | 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: BLOCK TO STOPPM | | Street Address 280 Huyler St | | | | |
| 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 | | City, State, Zip Code S. Hackensack, N.J. 07606 | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT / CRAWL SPACE | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION | Amount (Specify SF or LF) 220 LF | Abatement Type | | |
| | | | | Removal | Repair | Encapsulate |
| | | | | | | |
| | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 3 1/2 | Name of Registered Landfill Minerva Enterprises, LLC | | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date | City, State Waynesburg, Oh, 44688 | | | |
| Completed by J. Maiorano | Title Estimator | Signature J. Maiorano | Date 10/9/18 | | | |

ASB-41

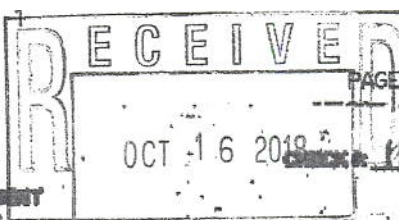
* Do not use this form for asbestos licensure exempted activities.

10/09/2018 10:26 2012620321

AMAC

PAGE 82/83

PAID



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Permitted to MAC 8/91 and 12/12/91)

| | | | | | |
|--|--|---|--|--|--|
| Date of Notification (1) 10/09/18 | | Name of Building Owner/Operator (2) GOLDBERG RENTY ASSOCIATES | | DOL - 10 DAY | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Periodic <input type="checkbox"/> Amendment to <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Other | | Direct Address 33 CLINTON City, State, Zip Code WEST CRAWFELL NJ 07006 Name of Contact JEFF HALTER | |
| Name of Facility Where Abatement is Taking Place (3) CONSEPTIVE VILLAGE | | | | Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> School Chapter 2 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address 2A RISK AVE | | | | Square Feet 1500 | |
| City (5) SUMMIT | | | | # of Floors 2 | |
| County (6) UNION | | | | County Code (7) (STATE USE ONLY) | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. | | | | Name of Abatement Contractor (9) AMAC Contracting Inc. | |
| Street Address 185 Midland Ave | | | | Street Address 185 Midland Ave | |
| City, State, Zip Code Midland Park NJ 07432 | | | | City, State, Zip Code Midland Park NJ 07432 | |
| Project Manager for Monitoring Firm Telephone No. | | | | Telephone No. 201-282-5841 | |
| Start Date (10) 10/09/18 | | | | Scheduled Completion Date (11) 10/26/18 | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____ | | | | Name of OSHA Similar Omega Environmental Services Inc | |
| Street Address 280 Huyler Street | | | | Street Address 280 Huyler Street | |
| City, State, Zip Code Hackensack NJ 07606 | | | | City, State, Zip Code Hackensack NJ 07606 | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25' or less <input checked="" type="checkbox"/> 2500' or less <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full containment with Negative Pressure Minimum enclosure Glove bag procedure Non-enclosed (*) and Non-Frangible Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos-Containing Material (13) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | |
| CRAWL SPACE | | Yes No NA | | PIPE INSULATION | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04508 | | Cubic Yards of Waste 2 | |
| City, State Newark, NJ 07105 | | Disposal Date 10/09/2018 | | Name of Registered Landfill Grand Central Sanitary Landfill | |
| City, State PA 19102 | | City, State PA 19102 | | City, State PA 19102 | |
| Completed by Joseph Vaccaro | | Title Vice President | | Signature J. Vaccaro | |
| | | | | Date 10/09/18 | |

10/08/2018 09:14 2012620321

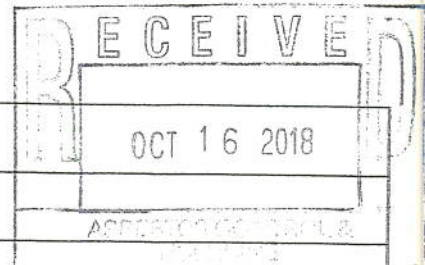
AMAC

PAIDState of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:27 and 17:27)

| | |
|------------------------------|--------------|
| RECEIVED | PAGE 02/03 |
| OCT 16 2018 | Check # 1183 |
| DO NOT WRITE IN THESE SPACES | |

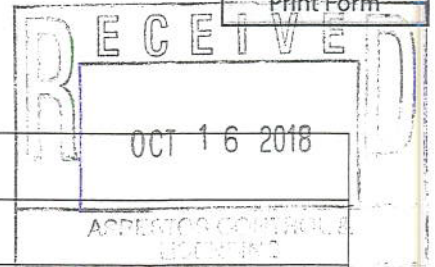
| | | | | | | | | |
|---|---|--|---|---|-------------------------------------|---|--------|---------------|
| Date of Notification (1) 10/8/18 | | Name of Building Owner/Operator (2) JOS. L. MACARELLI, INC. | | | | | | |
| Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation | | Street Address ESSEX STREET E ROUTE 17 City, State, Zip Code MALDEN, N.J. 07041 Name of Contact BOB CHLEBNIKOW | | | | | | |
| Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Telephone Number 201-845-7100 | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Out of School (K-12) <input type="checkbox"/> Other (e.g., private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 42 FIRST ST | | Square Feet 1870 | | | | | | |
| City (5) HACKENSACK | | No. of Floors 1 | | | | | | |
| County (6) Bergen | | Bldg. Age 62 | | | | | | |
| County Code (7) (STATE LINE ONLY) | | Current Use (Prior to being demolished) WAREHOUSE / OFFICE | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ASCM No. | | Name of Abatement Contractor (9) A. Mac Controlling Inc. | | | | | | |
| Street Address | | Street Address 185 Vreeland Ave. | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Midland Park, N.J. | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-262-6841 | | | | | | |
| Telephone No. | | License No. 00186 | | | | | | |
| Start Date (10) 10/8/18 | | Scheduled Completion Date (11) 10/15/18 | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____ | | Name of OSHA-10 Trainer Omega Environmental Services Inc. | | | | | | |
| Street Address 280 Huyler Street | | City, State, Zip Code Hackensack, N.J. 07606 | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input checked="" type="checkbox"/> 2150 sq ft or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Compliance with Negative Pressure <input type="checkbox"/> Minimum enclosure <input type="checkbox"/> Glove bag procedure <input type="checkbox"/> Negative pressure and non-fabric procedures | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) | Is Location Normally Used solely by Maintenance/Custodial Staff? (13) | | Description of Asbestos-Containing Material (14) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulation |
| 1ST FLOOR | | | TRAWITH | 1545 SF | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler Newark Carting, Inc. | | Hazardous Waste Hauler ID No. 04559 | | Cubic Yards of Waste 6 | | Name of Registered Landfill Grand Central Sanitary Landfill | | |
| City, State Newark, N.J. 07105 | | Disposal Date 10/8/18 | | Reg. State Penn. Ariz. PA 08072 | | Date 10/8/18 | | |
| Completed by R. McDonald | | Title President | | Signature R. McDonald | | Date 10/8/18 | | |

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



| | | | | | | | | | |
|---|---|--|--|--|---------------------------|-------------------------|--------|-------------|-----------|
| Date of Notification (1) 10-10-18 | | Name of Building Owner/Operator (2) Arthur Konefal | | | | | | | |
| 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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation | | Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 5px;"></div> City, State, Zip Code Rutherford, NJ 07070 Name of Contact Arthur Konefal | | | | | | |
| | FACILITY INFORMATION | | | | | | | | |
| | Name of Facility Where Abatement is Taking Place (3) Private Home Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 5px;"></div> City (5) Rutherford County (6) Bergen | | 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 # of Floors Bldg. Age County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No. | | Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address 522 7th St. City, State, Zip Code Union City NJ 07087 Telephone No. 201 216-9603 License No. 01206 Name of OSHA Monitor Delfa Contracting LLC Street Address 522 7th St. City, State, Zip Code Union City NJ 07087 | | | | | | | |
| Start Date (10) Scheduled Completion Date (11) | | 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 |
| Exterior | | x | | Transite Siding | 4300 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Delfa Contracting LLC | | NJDEP Waste Hauler ID No. 35240 | Cubic Yards of Waste 20 | Name of Registered Landfill Tullytown Resource Recovery Facility | | | | | |
| City, State Union City, NJ | | Disposal Date 10-10-18 | | City, State Tullytown, PA | | | | | |
| Completed by Jaime Delgado | | Title Proj. Manager. | | Signature | | Date 10-10-18 | | | |

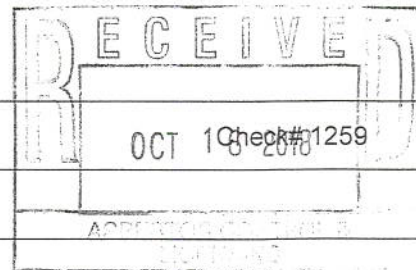
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| Date of Notification (1) 10/11/2018 | | Name of Building Owner/Operator (2) Sylava Samuel | | | | | | | |
|--|---|---|--|---|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Jersey City, NJ 07305 | | | | | | | |
| | | Name of Contact Sylava Samuel | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| 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) Jersey City | | Square Feet 1650 | # of Floors 2 | | | | | | |
| County (6) Hudson | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 50+ | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) Nari Construction, LLC | | | | | | |
| Street Address | | Street Address 63 Leather Sticking Path | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Lincoln Park, NJ 07035 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 862-264-9463 | License No. 01306 | | | | | | |
| Start Date (10) 10/22/2018 | Scheduled Completion Date (11) 10/22/2018 | Name of OSHA Monitor Nari Construction, LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 63 Leather Sticking Path | | | | | | | |
| <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 Lincoln Park, NJ 07035 | | | | | | | |
| 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 | | | x | Furnace Insulation | 30 SF | x | | x | |
| Basement | | | x | Duct Insulation | 36 LF | x | | x | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Nari Construction, LLC | | NJDEP Waste Hauler ID No. 0037535 | Cubic Yards of Waste 3 CY | Name of Registered Landfill G.R.O.W.S | | | | | |
| City, State Lincoln Park, NJ | | | Disposal Date TBD | City, State Morrisville, PA | | | | | |
| Completed by Igor Jezdimirovic | | Title P. Manager | Signature | | | Date 10/11/2018 | | | |

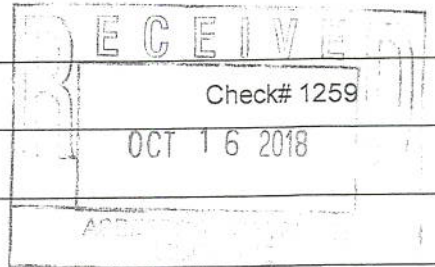
NO CH

State of New Jersey
NOTIFICATION STATEMENT
(F)



| | | | | | | | | | |
|--|---|---|--|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 10/12/2018 | | Name of Building Owner (2) Bruce & Maureen Bolduc | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input 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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Ridgewood, New Jersey 07450 | | | | | | | |
| | | Name of Contact Maureen Bolduc | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| 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 bldgs, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Ridgewood, New Jersey 07450 | | Square Feet 1400 | # of Floors 2 | | | | | | |
| | | Bldg. Age 55+ | | | | | | | |
| County (6) Union | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Private Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation | | | | | | |
| Street Address 500 South Broad Street | | Street Address 606 McBride Ave | | | | | | | |
| City, State, Zip Code Glen Rock, New Jersey 07452 | | City, State, Zip Code Woodland Park, New Jersey | | | | | | | |
| Project Manager for Monitoring Firm Bruce Wolf | | Telephone No. 201-652-1119 | License No. 01104 | | | | | | |
| Start Date (10) 10/09/2018 | Scheduled Completion Date (11) 10/19/2018 | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address 2333 Route 22 West | | | | | | | |
| | | City, State, Zip Code Union, NJ 07083 | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Tent/Glove Bag 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 Boiler Area | | | X | Pipe Insulation | 200 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | Cubic Yards of Waste 5 | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Woodland Park, New Jersey | | Disposal Date 10/19/2018 | | City, State Morrisville, PA | | | | | |
| Completed by Adriana Olejarova | | Title President | Signature | | | Date 10/12/2018 | | | |

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



| Date of Notification (1) 09/26/2018 | | Name of Building Owner/Operator (2) Bruce & Maureen Bolduc | | Check# 1259 | | | | | |
|--|---|--|-----|---|--|--------------------|--------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address [REDACTED] | | | | | |
| | | City, State, Zip Code Ridgewood, New Jersey 07450 | | OCT 16 2018 | | | | | |
| | | Name of Contact Maureen Bolduc | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| 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 bldgs, homes, etc.) | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Ridgewood, New Jersey 07450 | | | | Square Feet 1400 | # of Floors 2 | | | | |
| | | | | Bldg. Age 55+ | | | | | |
| County (6) Union | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Private Residence | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental | | ASCM No. _____ | | Name of Abatement Contractor (9) Lilich Corporation | | | | | |
| Street Address 500 South Broad Street | | Street Address 606 McBride Ave | | | | | | | |
| City, State, Zip Code Glen Rock, New Jersey 07452 | | City, State, Zip Code Woodland Park, New Jersey | | | | | | | |
| Project Manager for Monitoring Firm Bruce Wolf | | Telephone No 201-652-1119 | | Telephone No. 973-225-8400 | License No. 01104 | | | | |
| Start Date (10) 10/09/2018 | | Scheduled Completion Date (11) 10/12/2018 | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | Street Address 2333 Route 22 West | | | | | |
| | | | | City, State, Zip Code Union, NJ 07083 | | | | | |
| Scope of Work (Check All That Apply) <input 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"/> Tent/Glove Bag 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 Boiler Area | | | X | Pipe Insulation | 200 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | | Cubic Yards of Waste 5 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Woodland Park, New Jersey | | | | Disposal Date 10/04/2018 | City, State Morrisville, PA | | | | |
| Completed by Adriana Olejarova | | Title President | | Signature | | Date 09/26/2018 | | | |

State of New Jersey - Notification of Asbestos Abatement
(Pursuant To N.J.A.C. 8:26-7 and 12:120-7)

PAID

Check # 3186

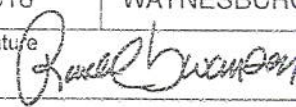
GAC Project # 060-18

| | | | |
|--|--|---|--|
| Date of Notification (1) October 12, 2018 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | |
| Street Address RBHS PISCATAWAY CAMPUS | | Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT 6 (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS | |
| City (5) PISCATAWAY | | City, State, Zip Code PISCATAWAY, NJ 08854 | |
| County (6) MIDDLESEX | | Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY | |
| County Code (7) (State Use Only) | | Telephone Number 848-445-2550 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) KESSLER TEACHING LAB, BLDG# 3910 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address RBHS PISCATAWAY CAMPUS | | Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years | |
| City (5) PISCATAWAY | | Current Use (prior if being demolished): ACADEMIC | |
| County (6) MIDDLESEX | | | |
| County Code (7) (State Use Only) | | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| ASCM No. 00098 | | Street Address 511 MAIN STREET | |
| Street Address 3 TERRI LANE | | City, State, Zip Code BUTLER, NJ 07405 | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | Telephone Number 973-492-0477 | |
| Project Manager for Monitoring Firm BRIAN R. KEARNEY | | License Number 00840 | |
| Telephone Number 609-386-8800 | | Name of OSHA Monitor ENVIROVISION, INC. | |
| Scheduled Start Date (10) 10/25/18 | | Scheduled Completion Date (11) 10/29/18 | |
| 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 checked="" type="checkbox"/> Other- Describe: Schedule: 4PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) | | Street Address 20-21 WARGARAW ROAD, BLDG# 35E | |
| | | City, State, Zip Code FAIRLAWN, NJ 07410 | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) | Amount (Specify SF or LF) |
| Room 5219 Suite | <input checked="" type="checkbox"/> | VAT | 1200 SF |
| Room 5219 Suite | <input checked="" type="checkbox"/> | BENCH TOPS | 500 SF |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 25 CY |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 | | Name of Registered Landfill G.R.O.W.S. North Landfill | |
| Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | Disposal Date 10/29/2018 | |
| City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 | | | |
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> | Date October 12, 2018 |

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

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

CHECK #1757

| Date of Notification (1) 10/10/2018 | | Name of Building Owner/Operator (2) BOROUGH OF GLASSBORO | | <div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="text-align: center; margin-top: 10px;">OCT 16 2018</div> | | | | | |
|---|--|---|-----|--|---|----------------|--------------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 1 SOUTH MAIN STREET | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code GLASSBORO NJ 08028 | | | | | | | |
| | | Name of Contact FRANK COSSABONE | | Telephone Number 856-449-7397 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL | | | | Type of Facility (4) | | | | | |
| Street Address [REDACTED] | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| City (5) GLASSBORO | | Square Feet 1000 | | # of Floors 1 | Bldg. Age 60+ | | | | |
| County (6) GLOUCESTER | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) RESIDENTIAL | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL | | ASCM No. | | Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC. | | | | | |
| Street Address 1634 SOUTH DELAWARE STREET | | Street Address 570 CLEMS RUN | | | | | | | |
| City, State, Zip Code PAULSBORO NJ 08066 | | City, State, Zip Code MULLICA HILL NJ 08062 | | | | | | | |
| Project Manager for Monitoring Firm ED KEEGAN | | Telephone No. 856-423-5711 | | Telephone No. 610-304-4676 | License No. 01145 | | | | |
| Start Date (10) 10/11/2018 | | Scheduled Completion Date (11) 10/12/2018 | | Name of OSHA Monitor EMSL | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 200 RT. 130 NORTH | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>VACANT RESIDENTIAL PROPERTY</u> | | | | City, State, Zip Code CINNAMINSON NJ 08077 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 |
| KITCHEN | | | X | FLOOR TILE | 90 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ASSURED ENVIRONMENTAL | | NJDEP Waste Hauler ID No. 0034895 | | Cubic Yards of Waste 10 | Name of Registered Landfill MINERVA LANDFILL | | | | |
| City, State MULLICA HILL NJ | | Disposal Date 10/12/2018 | | City, State WAYNESBURG, OH | | | | | |
| Completed by RON SWANSON | | Title GENERAL MANAGER | | Signature  | | | Date 10/10/2018 | | |

18/10/2018 03:32PM 19562248799

ASSURED SERVICE:

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 PAGE 03/04
 OCT 16 2018
 CHECK #1757
 2018
 DOI - 10 DAY
 WAIVED

PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Per N.J.A.C. 17:27 and 17:28)

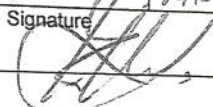
| | | | | | | | | | |
|--|---|--|---|---|----------------|--------------------|--------|---------------|-----------|
| Date of Notification (1) 10/10/2018 | | Name of Building Owner/Operator (2) BOROUGH OF GLASSBORO | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1 SOUTH MAIN STREET | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOI <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment II <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Consultation | City, State, Zip Code GLASSBORO NJ 08028 | | | | | | | |
| | | Name of Contact FRANK COSSABONE | | | | | | | |
| 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"/> Chapter 2 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1000 | 8 of Floors 1 | | | | | | |
| City (5) GLASSBORO | | Build. Age 60+ | | | | | | | |
| County (6) GLOUCESTER | | County Code (7) (STATE USE ONLY) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL | | Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC. | | | | | | | |
| Street Address 1834 SOUTH DELAWARE STREET | | Street Address 670 CLEMSON RUN | | | | | | | |
| City, State, Zip Code PAULSBORO NJ 08068 | | City, State, Zip Code MULLICA HILL NJ 08062 | | | | | | | |
| Project Manager for Monitoring Firm ED KEEGAN | | Telephone No. 856-492-5711 | Telephone No. 810-304-4778 | | | | | | |
| Start Date (10) 10/11/2018 | | License No. 01145 | | | | | | | |
| Scheduled Completion Date (11) 10/12/2018 | | Name of OSM EMSL | | | | | | | |
| 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: VACANT RESIDENTIAL PROPERTY | | Street Address 200 RT. 13 NORTH | | | | | | | |
| | | City, State, Zip Code CINNAMILAN NJ 08077 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 of or ≥ 5 ft ≥ 160 sf or ≥ 280 ft | | <input checked="" type="checkbox"/> Renovation Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Enclosure with Negative Pressure Mini Enclosure Circumferential Procedure Non-Exempted (*) and Non-Fragile Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12) | Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (13) | | Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulation | Enclosure |
| KITCHEN | | | X | FLOOR TILE | 90 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler ASSURED ENVIRONMENTAL | | RIDEP Waste Hauler ID No. 0034555 | Cubic Yards of Waste 10 | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State MULLICA HILL NJ | | Disposal Date 10/12/2018 | | City, State WAYNESBURG, OH | | | | | |
| Completed by RON SWANSON | | Title GENERAL MANAGER | | Signature [Signature] | | Date 10/10/2018 | | | |

Ch0003

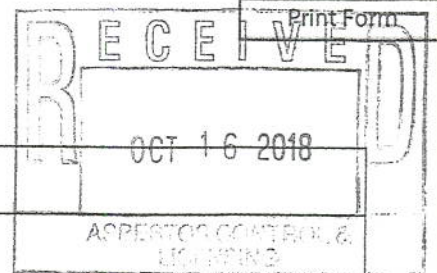
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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OCT 16 2018
Print Form
ASBESTOS CONTROL &

| | | | | | | | | |
|--|--|---|--|--|-------------------------------------|---------|--------|-------------|
| Date of Notification (1) 10/10/18 | | Name of Building Owner/Operator (2) JOHNSON & JOHNSON | | | | | | |
| Agencies Notified | Type Notification | Street Address 1 JOHNSON & JOHNSON PLAZA | | | | | | |
| <input 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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code NEW BRUNSWICK, NJ | | | | | | |
| | | Name of Contact NATT PENISI | Telephone Number 732 524 0400 | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) JOHNSON & JOHNSON, PFISER | | Type of Facility (4) | | | | | | |
| Street Address 201 TABER RD. | | <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) MORRIS PLAINS | | Square Feet 68000 | # of Floors 2 | | | | | |
| County (6) MORRIS | | Bldg. Age 40'S | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) VACANT | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) HSS ENVIRO | | Name of Abatement Contractor (9) ARIAI | | | | | | |
| Street Address P.O. BOX 365 | | Street Address 144 MILL ST | | | | | | |
| City, State, Zip Code BERLIN NJ, 08009 | | City, State, Zip Code PATERSON NJ 07501 | | | | | | |
| Project Manager for Monitoring Firm JIM PROCTOR | | Telephone No. 856 432 1311 | License No. 1257 | | | | | |
| Start Date (10) ONGOING | Scheduled Completion Date (11) | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor GORAN IGEN | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | Street Address 144 MILL ST | | | | | | |
| | | City, State, Zip Code PATERSON NJ 07501 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| FIRST FLOOR BUILDING E | | <input checked="" type="checkbox"/> | VAT | 360 | <input checked="" type="checkbox"/> | | | |
| | | | TSI | ATTACHED | <input checked="" type="checkbox"/> | | | |
| | | | MISCELLANEOUS | | <input checked="" type="checkbox"/> | | | |
| | | | SEE ATTACHED | | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler INDIAN ARROW for ARIAI | | NJDEP Waste Hauler ID No. 36031 | Cubic Yards of Waste TBD | Name of Registered Landfill FAIRLESS | | | | |
| City, State PATERSON, NJ | | Disposal Date TBD | | City, State MORRISVILLE, PA | | | | |
| Completed by GORAN IGEN | | Title CEO | Signature  | Date 10/10/18 | | | | |

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



| | | | | | | | | | |
|--|--|--|----------------------------------|---|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 08/27/2018 | | Name of Building Owner/Operator (2) Woolwich Residential, LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 120 W Germantown Pike, Suite 120 | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Plymouth Meeting, PA 19462 | | | | | | | |
| | | Name of Contact John Fiore, Jr. | Telephone Number 610-277-8899 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Farm at intersection of Kings Hwy and Asbury Station Rd | | 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 Intersection of Kings Hwy and Asbury Station Rd | | Square Feet | # of Floors | | | | | | |
| City (5) Woolwich, NJ | | Bldg. Age | | | | | | | |
| County (6) Gloucester | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Vacant | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Indoor Environment Concepts | | Name of Abatement Contractor (9) ELCON Environmental, Inc. | | | | | | | |
| Street Address 286 Sunset Road | | Street Address 150 Glenwood Drive | | | | | | | |
| City, State, Zip Code Barrington, NJ 08007-1439 | | City, State, Zip Code Washington Crossing, PA 18977 | | | | | | | |
| Project Manager for Monitoring Firm Mike Menz | Telephone No. (609) 502-2213 | Telephone No. 267-240-8365 | License No. 01225 | | | | | | |
| Start Date (10) 09/17/2018 | Scheduled Completion Date (11) 10/20/2018 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Service Transport Group | | NJDEP Waste Hauler ID No. SW2117 | Cubic Yards of Waste TBD | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State New Castle, DE | | Disposal Date TBD | | City, State Waynesburg, OH | | | | | |
| Completed by Elizabeth Gosek | | Title President | Signature | | | Date 10/10/2018 | | | |

OCT 16 2018

| 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 |
| Farm House | | X | | Flue packing | 2 SF | X | | | |
| Farm House | | X | | Pipe insulation | 1 LF | X | | | |
| Small Barn | | X | | Roof shingles | 30,415 SF | X | | | |
| Worker House #1 | | X | | Window glazing | 10 windows | X | | | |
| Farm House #3 | | X | | Window glazing | 45 windows | X | | | |
| Farm House #3 | | X | | Pipe insulation and debris | 90 LF | X | | | |
| Farm House #3 | | X | | Wall transite exterior | 2,600 SF | X | | | |
| Garden Fruit Building | | X | | Window caulk | 3 windows | X | | | |
| Fire-damaged Structure | | X | | Transite exterior | 600 SF | X | | | |
| Worker House #3 | | X | | Window glazing | 11 windows | X | | | |
| Worker House #3 | | X | | Transite | 1,200 SF | X | | | |

Penicost house X Flue insulation 1 SF X
 Penicost house X Duct insulation 140 SF X

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35125
ASBESTOS CONTROL & LICENSING

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

Ch 7228

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

Print Form

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ASBESTOS CONTROL

| | | | |
|---|--|---|---|
| Date of Notification (1) 10/12/18 | | Name of Building Owner/Operator (2) Blue Onyx Management | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 914 Madison Avenue, #2 |
| | | | City, State, Zip Code Paterson, NJ 07501 |
| | | Name of Contact Blue Onyx Management | Telephone Number 973-513-5023 |

| | | | |
|--|--|---|---------------------|
| 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 | # of Floors |
| City (5) Paterson | | Bldg. Age | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Home | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | |
| Street Address | | Street Address 6 WHITE DOVE COURT | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 |
| Start Date (10) 10/22/18 | Scheduled Completion Date (11) 10/25/18 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 6 WHITE DOVE COURT | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | |

Scope of Work (Check All That Apply)

| | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with 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) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|----|-----|---|---------------------------|----------------|--------|-------------|-----------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| INTERIOR | | | | PIPING | 230LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|---|--|------------------------------------|---------------------------|-------------------------------------|------------------|
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 5 | Name of Registered Landfill IESI | |
| City, State NEWARK, NJ | | Disposal Date 10/25/18 | | City, State BETHLEHEM PA | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | Date 10/12/18 |

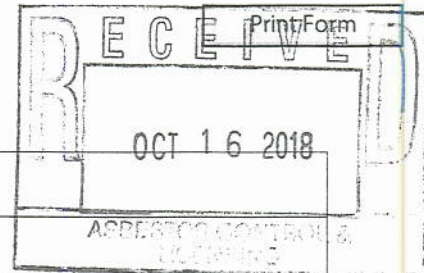
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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|--------------------|
| RECEIVED |
| OCT 16 2018 |
| ASBESTOS ABATEMENT |

| Date of Notification (1) 10/12/18 | | Name of Building Owner/Operator (2) Christie | | | | | | | |
|--|--|---|----------------------------------|---|---------------------------|------------------|--------|-------------|-----------|
| 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 Freehold, NJ 07728 | | | | | | | |
| | | Name of Contact Christie | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | 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) Freehold | | Square Feet | # of Floors | | | | | | |
| | | Bldg. Age | | | | | | | |
| County (6) Monmouth | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | | | | | | | |
| Street Address | | AAA LEAD PROFESSIONALS | | | | | | | |
| City, State, Zip Code | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Telephone No. | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 10/22/18 | Scheduled Completion Date (11) 10/24/18 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| <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: _____ | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| INTERIOR | | | | FLOOR TILE | 200SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 10/24/18 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | | Disposal Date 5 | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | Signature | | | Date 10/12/18 | | | |

CH7208

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



| | | | | | | | | | |
|--|--|--|--|---|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 10/12/18 | | Name of Building Owner/Operator (2) Blue Onyx Management | | | | | | | |
| Agencies Notified | Type Notification | Street Address 914 Madison Avenue, #2 | | | | | | | |
| <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 Paterson, NJ 07501 | | | | | | | |
| | | Name of Contact Blue Onyx Management | Telephone Number 973-513-5023 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) [REDACTED] | | 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) Paterson | | Square Feet | # of Floors | | | | | | |
| | | Bldg. Age | | | | | | | |
| County (6) Passaic | 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) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | |
| | | 732-668-9078 | 1200 | | | | | | |
| Start Date (10) 10/22/18 | Scheduled Completion Date (11) 10/25/18 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| <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: _____ | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) 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 |
| INTERIOR | | | | PIPING | 200LF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 5 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date 10/25/18 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | | Date 10/12/18 | | |

CK# 5170

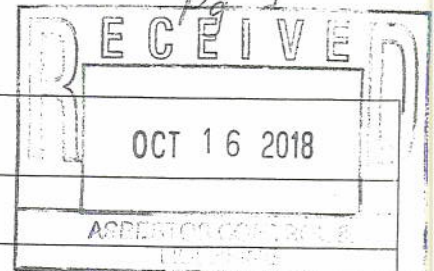
PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 12:12D)

| |
|---|
| Print Form |
| <div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> |
| OCT 16 2018 |

| | | | | | | | | | | | |
|---|---|---|--------------------------|-------------|--------------------------|-------------------------------------|-------------------------------------|--|--|--|--|
| Date of Notification (1) 10/13/18 | | Name of Building Owner/Operator (2) Big Mad, LLC | | | | | | | | | |
| 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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 39 Stratford Ct. | | | | | | | | | |
| City, State, Zip Code Washington, New Jersey 07676 | | Telephone Number 908-804-5419 | | | | | | | | | |
| Name of Contact George | | | | | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Big Mad, LLC 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 318 Madison Ave | | Square Feet 3000 | | | | | | | | | |
| City (5) Hoboken | | # of Floors 2 | | | | | | | | | |
| County (6) Hudson | | Bldg. Age 50+ | | | | | | | | | |
| County Code (7) STATE USE ONLY | | Current Use (Prior if being demolished) Apartment | | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) Acc Insulation Co, Inc | | | | | | | | | |
| Street Address | | Street Address 95 Montrose Rd | | | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Co 1st Neck, New Jersey 07722 | | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-2941757 | | | | | | | | | |
| Telephone No. | | License No. 00029 | | | | | | | | | |
| Start Date (10) 10/22/18 | | Name of OSHA Monitor | | | | | | | | | |
| Scheduled Completion Date (11) 11/2/18 | | Street Address | | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM | | City, State, Zip Code | | | | | | | | | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Upper roof | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes</td> <td style="width: 33%; text-align: center;">No</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | Yes | No | N/A | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) roofing material | Amount (Specify SF or LF) 3,000 LF | | |
| Yes | No | N/A | | | | | | | | | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | | | | | | | |
| Abatement Type <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">Removal</td> <td style="width: 25%; text-align: center;">Repair</td> <td style="width: 25%; text-align: center;">Encapsulate</td> <td style="width: 25%; text-align: center;">Enclosure</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | | Removal | Repair | Encapsulate | Enclosure | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| Removal | Repair | Encapsulate | Enclosure | | | | | | | | |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | |
| Name of Registered Waste Hauler Acc Insulation Co, Inc | | NJDEP Waste Hauler ID No. 12086 | | | | | | | | | |
| Cubic Yards of Waste 6 | | Name of Registered Landfill Chrins | | | | | | | | | |
| City, State Co 1st Neck, NJ | | Disposal Date 11/2/18 | | | | | | | | | |
| City, State Easton, PA | | Signature [Signature] | | | | | | | | | |
| Completed by Bree McGwire | | Title Secretary Treasurer | | | | | | | | | |
| Date 10/13/18 | | | | | | | | | | | |

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



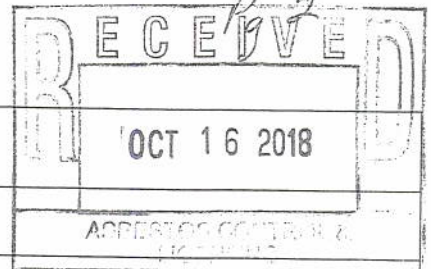
| Date of Notification (1) <div style="text-align: center;">9 / 20 / 18</div> | | Name of Building Owner/Operator (2) Caldwell Public Library | | | | | | | |
|---|---|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 # 2-10/12/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 268 Bloomfield Ave City, State, Zip Code Caldwell, NJ 07006 | | | | | | | |
| | | Name of Contact Matthew Battle | Telephone Number 201-927-9118 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Caldwell Public Library | | 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 268 Bloomfield Ave | | | | | | | | | |
| City (5) Caldwell | | Square Feet +20,000 | # of Floors 2 | | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) | Bldg. Age +75 | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Dominick Dercole | Telephone No. 609-392-4200 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) 10 / 8 / 18 | Scheduled Completion Date (11) ON HOLD | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: 7:00AM-3:30PM / ____ PM - ____ AM | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input 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 |
| Basement Corner Offices | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACM Mastic | 625 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Server Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 80 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Bathroom Wall | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACM Glue Daubs | 20 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Janitors Closet | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 20 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | | Disposal Date TBD | City, State WAYNESBURG, OH | | | | | |
| Completed By (Print or Type) Dillon DeCaro | | Title Estimator | Signature <i>Dillon DeCaro / jh</i> | | | Date 10/12/18 | | | |

ASB-41

JAN 13 **DD 18088**

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

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



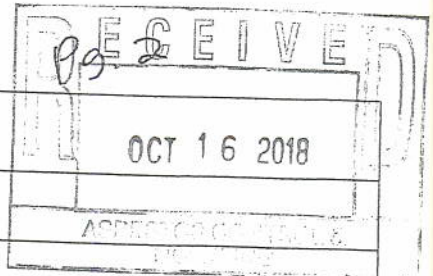
| Date of Notification (1) <u>9</u> / <u>20</u> / <u>18</u> | | Name of Building Owner/Operator (2) Caldwell Public Library | | <div style="border: 1px solid black; padding: 5px; margin: 0 auto; width: 150px;"> OCT 16 2018 </div> | | | | | |
|--|---|---|--|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 # <u>2-10/12/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 268 Bloomfield Ave | | | | | | | |
| | | City, State, Zip Code Caldwell, NJ 07006 | | | | | | | |
| | | Name of Contact Matthew Battle | | Telephone Number 201-927-9118 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Caldwell Public Library | | | | 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 268 Bloomfield Ave | | | | | | | | | |
| City (5) Caldwell | | | | Square Feet +20,000 | # of Floors 2 | | | | |
| County (6) Essex | | | | County Code (7) (STATE USE ONLY) | Bldg. Age +75 | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Dominick Dercole | | Telephone No. 609-392-4200 | Telephone No. 215-788-6040 | License No. 00509 | | | | | |
| Start Date (10) <u>10</u> / <u>8</u> / <u>18</u> | Scheduled Completion Date (11) <u>ON HOLD</u> | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: <u>7:00AM-3:30PM</u> / <u> </u> PM - <u> </u> AM | | | Street Address 1123 BEAVER STREET | | | | | | |
| | | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | |
| 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 |
| Basement Stairwell Landing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT ONLY | 112 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Mechanical Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plaster Wall | 14 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 SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | City, State WAYNESBURG, OH | | | | | | |
| Completed By (Print or Type) Dillan DeCaro | Title Estimator | Signature <i>Dillan DeCaro</i> | Date <u>10/12/18</u> | | | | | | |

RECEIVED
OCT 16 2018
AGENCY OF CONTROL

ASB-41
JAN 13 DP18088

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

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



| | | | | | | | | | |
|---|--|--|---|---|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 9 / 20 / 18 | | Name of Building Owner/Operator (2) Caldwell Public Library | | | | | | | |
| 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 - 10/9/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 268 Bloomfield Ave | | | | | | | |
| | City, State, Zip Code Caldwell, NJ 07006 | | | | | | | | |
| | | Name of Contact Matthew Battle | Telephone Number 201-927-9118 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Caldwell Public Library | | 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 268 Bloomfield Ave | | Square Feet +-20,000 | # of Floors 2 | | | | | | |
| City (5) Caldwell | | Bldg. Age +-75 | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Library | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Dominick Dercole | | Telephone No. 609-392-4200 | Telephone No. 215-788-6040 | | | | | | |
| License No. 00509 | | | | | | | | | |
| Start Date (10) 10 / 8 / 18 | Scheduled Completion Date (11) 10 / 26 / 18 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: 7:00AM-3:30PM / PM- AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input 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 |
| Basement Stairwell Landing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT ONLY | 112 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Mechanical Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plaster Wall | 14 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 SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | City, State WAYNESBURG, OH | | | | | | |
| Completed By (Print or Type) Dillan DeCaro | Title Estimator | Signature Dillan DeCaro | | | | Date 10-9-18 | | | |

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

OCT 16 2018

| | | | |
|--|--|---|--|
| Date of Notification (1) <u>9</u> / <u>20</u> / <u>18</u> | | Name of Building Owner/Operator (2) Caldwell Public Library | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 8299 <input checked="" type="checkbox"/> DOH 9166 <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 268 Bloomfield Ave |
| | | | City, State, Zip Code Caldwell, NJ 07006 |
| | | Name of Contact Matthew Battle | Telephone Number 201-927-9118 |

FACILITY INFORMATION

| | | | |
|--|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Caldwell Public Library | | 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 268 Bloomfield Ave | | Square Feet +20,000 | # of Floors 2 |
| City (5) Caldwell | | Bldg. Age +75 | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Library | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm Dominick Dercole | | Telephone No. 609-392-4200 | License No. 00509 |
| Start Date (10) <u>10</u> / <u>8</u> / <u>18</u> | Scheduled Completion Date (11) <u>10</u> / <u>26</u> / <u>18</u> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: <u>8:00AM-4:00PM</u> / <u> </u> PM - <u> </u> AM | | Street Address 1123 BEAVER STREET | |
| | | City, State, Zip Code BRISTOL, PA 19007 | |

Scope of Work (Check all that apply)

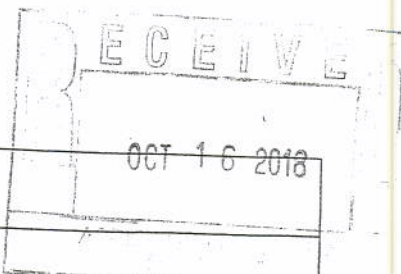
- | | | |
|--|--|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/>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

| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Corner Offices | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACM Mastic | 625 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Server Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 80 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Bathroom Wall | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | ACM Glue Daubs | 20 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Janitors Closet | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 20 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|---------------------------|---|----------------------|--|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | | City, State WAYNESBURG, OH | |
| Completed By (Print or Type) Dillan DeCaro | Title Estimator | Signature <i>Dillan DeCaro</i> | | Date 9-20-18 | |

Pg. 2

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



| | | | | | | | | | |
|--|--|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 9 / 20 / 18 | | Name of Building Owner/Operator (2) Caldwell Public Library | | | | | | | |
| 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 268 Bloomfield Ave | | | | | | | |
| | | City, State, Zip Code Caldwell, NJ 07006 | | | | | | | |
| | | Name of Contact Matthew Battle | Telephone Number 201-927-9118 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Caldwell Public Library | | 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 268 Bloomfield Ave | | Square Feet +-20,000 | # of Floors 2 | | | | | | |
| City (5) Caldwell | | Bldg. Age +-75 | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Library | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 120 North Warren Street | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Trenton, NJ 08608 | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Dominick Dercole | | Telephone No. 609-392-4200 | Telephone No. 215-788-6040 | | | | | | |
| | | | License No. 00509 | | | | | | |
| Start Date (10) 10 / 8 / 18 | Scheduled Completion Date (11) 10 / 26 / 18 | | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: 8:00AM-4:00PM/____PM-____AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| 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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement Stairwell Landing | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT ONLY | 112 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Mechanical Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Plaster Wall | 14 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 SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | | Disposal Date TBD | City, State WAYNESBURG, OH | | | | | |
| Completed By (Print or Type) Dillan DeCaro | | Title Estimator | | Signature Dillan DeCaro | | Date 9-20-18 | | | |

CK10526

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

RECEIVE

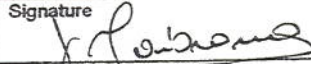
| | | | | | | | | | |
|--|--|---|---|---|----------------|----------|-------------------------|-------------|-----------|
| Date of Notification (1) 10/12/18 | | Name of Building Owner/Operator (2) Maroun Chedid | | OCT 16 2018 | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] 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 Edison NJ 08817 | | | | | | | |
| | | Name of Contact Maroun Chedid | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Single family Dwelling | | | 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) Edison NJ 08817 | Square Feet | # of Floors | Bldg. Age | | | | | | |
| | | 2 | 80+ | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Single family Dwelling | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies | | ASCM No. N/A | Name of Abatement Contractor (9) EPC Technologies Inc | | | | | | |
| Street Address P.O. Box 337 | | Street Address P.O. Box 337 | | | | | | | |
| City, State, Zip Code New Egypt, NJ 08533 | | City, State, Zip Code New Egypt NJ 08533 | | | | | | | |
| Project Manager, for Monitoring Firm Steve Schenker | | Telephone No. 609 758-3365 | Telephone No. 609 758-3365 | License No. 00394 | | | | | |
| Start Date (10) 10/31/18 | Scheduled Completion Date (11) 11-1-18 | | Name of OSHA Monitor EPC Technologies Inc | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address P.O. Box 337 | | | | | | |
| <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 New Egypt NJ 08533 | | | | | | |
| 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Basement | X | | | Pipe Insulation | 75 LF | X | | | |
| 1st Floor (maybe) | | X | | Pipe Insulation | 60 LF | X | | | |
| 1st + 2nd Floor | | X | | Floor Tiles | 600 SF | X | | | |
| Name of Registered Waste Hauler EPC Technologies | | NJDEP Waste Hauler ID No. 17000 | Cubic Yards of Waste 3 | Name of Registered Landfill Waste Management of PA | | | | | |
| City, State New Egypt NJ | | Disposal Date 11/2/18 | City, State Morrisville PA | | | | | | |
| Completed by Steve Schenker | | Title President | Signature Steve Schenker | | | | Date 10/12/18 | | |

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

CK 4791

RECEIVED

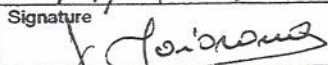
OCT 16 2018

| | | | | | | | |
|--|--|--|---|--|--------|-------------|-----------|
| Date of Notification (1) 10/12/18 | | Name of Building Owner/Operator (2) MR MIKE ANGELOPOULOS | | | | | |
| Agency 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 <div style="background-color: black; height: 15px; width: 100%;"></div> | | | | | |
| | | City, State, Zip Code ASBURY PARK . NJ. 07712 | | | | | |
| | | Name of Contact MR. ANGELOPOULOS | | | | | |
| FACILITY INFORMATION | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR. ANGELOPOULOS | | 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: 15px; width: 100%;"></div> | | Square Feet # of Floors Bldg. Age 1750 2 1946 | | | | | |
| City (5) ASBURY PARK | | Current Use (Prior if being demolished) RESIDENCE | | | | | |
| County (6) MONMOUTH | County Code (7) (STATE USE ONLY) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | | | | | |
| Street Address | | Street Address | | | | | |
| City, State, Zip Code | | City, State, Zip Code | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | | | | |
| Telephone No. | | License No. | | | | | |
| Start Date (10) 10/25/18 | | Scheduled Completion Date (11) 10/26/18 | | | | | |
| 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 <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM | | Name of OSHA Monitor Omega Environmental | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 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) Yes No N/A | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | | | | Removal | Repair | Encapsulate | Enclosure |
| BASMENT | | THERMAL SYSTEMS INSULATION | 120 LF | <input checked="" type="checkbox"/> | | | |
| BASMENT | | TRANSITE | 32 SF | <input checked="" type="checkbox"/> | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 242 cu | Name of Registered Landfill Minerva Enterprises, LLC | | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 10/26/18 | City, State Waynesburg, Oh, 44688 | | | | |
| Completed by J. Maiorano | Title Estimator | Signature  | | Date 10/12/18 | | | |

CH4790

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

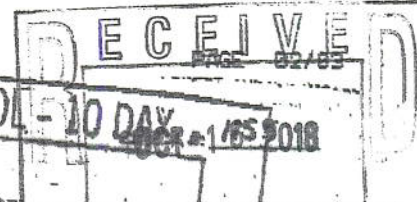
RECEIVED
OCT 18 2018

| | | | | | | | | |
|--|--|---|--------------------------------------|--|---|-------------------------------------|--------|-------------|
| Date of Notification (1) 10/12/18 | | Name of Building Owner/Operator (2) MR. GARY VAUGHN | | | | | | |
| Agency 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 BERGENFIELD, NJ. 07621 Name of Contact MR. VAUGHN | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) MR. GARY VAUGHN | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address [REDACTED] | | Square Feet 1800 | # of Floors 2 | | | | | |
| City (5) BERGENFIELD | | Bldg. Age 1940 | | | | | | |
| County (6) BERGEN | 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 St | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Hackensack, N.J. 07601 | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-329-7444 | License No. 00388 | | | | | |
| Start Date (10) 10/26/18 | Scheduled Completion Date (11) 10/27/18 | 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: 8AM TO 5PM | | Street Address 280 Huyler St | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | City, State, Zip Code S. Hackensack, N.J. 07606 | | | | | | |
| | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) 3012F | Abatement Type | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate |
| BASEMENT | | | <input checked="" type="checkbox"/> | THERMAL SYSTEMS INSULATION | | <input checked="" type="checkbox"/> | | |
| | | | | | | | | |
| | | | | | | | | |
| Name of Registered Waste Hauler Best Removal Inc | | NJDEP Waste Hauler ID No. 17109 | Cubic Yards of Waste 11/20 | Name of Registered Landfill Minerva Enterprises, LLC | | | | |
| City, State Hackensack, N.J. 07601 | | Disposal Date 10/27/18 | | City, State Waynesburg, Oh, 44688 | | | | |
| Completed by J. Maiorano | Title Estimator | Signature  | | | | Date 10/12/18 | | |

10/10/2018 10:14

2812620321

AMAC
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:10)



CH-1155

| | | | | | | | | | | |
|---|--|---|--|---|---------------------------|-------------------------------------|--------|-------------|-----------|--|
| Date of Notification (1) 10/10/18 | | Name of Building Owner/Operator (2) COTTRELL SAND & GRAVEL INC. | | | | | | | | |
| Agencies Notified | Type Notification | Street Address | City, State, Zip Code | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 46 RUES RD | CREAM RIDGE, N.J. 08514 | | | | | | | |
| <input checked="" type="checkbox"/> DCN <input checked="" type="checkbox"/> DCA | | Name of Contact SCOTT COTTRELL | Telephone Number 609-629-0955 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) HOUSE | | Type of Facility (4) | | | | | | | | |
| Street Address [REDACTED] | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | |
| City MANALAPAN | | Square Feet 1800 | # of Floors 2 | | | | | | | |
| County (6) MONMOUTH | County Code (7) (STATE USE ONLY) | Elevation (ft.) +50 | | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | | | | | | | | |
| ASCM No. | | A.MAC Contracting Inc. | | | | | | | | |
| Street Address | | Street Address | | | | | | | | |
| | | 185 Midland Ave | | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code | | | | | | | | |
| | | Midland Park, NJ 07432 | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | | |
| | | 201-262-5841 | 00156 | | | | | | | |
| Start Date (10) 10/10/18 | Scheduled Completion Date (11) 10/20/18 | Name of OSHA Monitor Omega Environmental Services Inc | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | 280 Huyler Street | | | | | | | | |
| | | City, State, Zip Code | | | | | | | | |
| | | Heckensack, NJ 07606 | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | |
| <input checked="" type="checkbox"/> 23 of or 23 ft 2100 sf or 3250 ft | | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Box Procedure <input type="checkbox"/> Non-Enclosed ("") and Non-Fixable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) to be Abated in Facility (12) | Is Location Normally Used Solely by Maintenance/Contract Staff? (13) | | | 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 | |
| EXTENSION | | | <input checked="" type="checkbox"/> | TRANSIT SIGN | 1475SF | <input checked="" type="checkbox"/> | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 4 | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | | |
| City, State Newark, NJ 07106 | | Disposal Date 10/10/18 ON | City, State PA Argyl, PA 08702 | | | | | | | |
| Completed by Joseph Vaccaro | | Title Vice President | Signature J. Vaccaro | | Date 10/10/18 | | | | | |