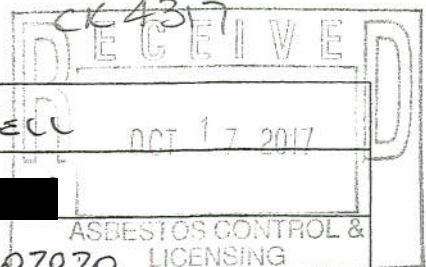


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/13/17		Name of Building Owner/Operator (2) MS. KERR HELLWELL							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code RUTHERFORD, NJ. 07070							
		Name of Contact MS. KERR HELLWELL	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. KERR HELLWELL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) RUTHERFORD		Square Feet 1800	# of Floors 2						
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)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc.						
Street Address		Street Address 450 South River Street							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 10/25/17	Scheduled Completion Date (11) 10/26/17	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASMENT				THERMAL INSULATION	85LF	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 CYS	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 10/26/17		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature [Signature]	Date 10/13/17					

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

Check # 12159

Date of Notification (1) October 13, 2017		Name of Building Owner / Operator (2) Doris Attard	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<div style="background-color: black; width: 100px; height: 20px;"></div>	
		City, State & Zip Code Tuckerton, NJ 08087	
		Name of Contact	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 20px;"></div>		Square Feet 1,000	
City (5) Tuckerton		# of Floors 1	Bldg. Age 57 years
County (6) Ocean		Current Use (Prior if being demolished) Residence	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) October 23, 2017	Scheduled Completion Date (11) November 20, 2017	Name of OSHA Monitor Synatech, 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 Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

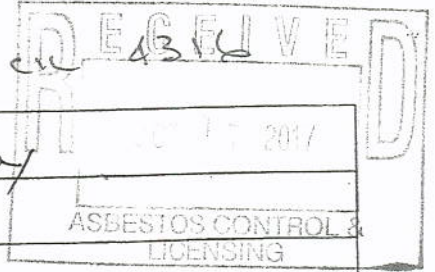
- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Siding	1,000 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hill					
City, State Little Egg Harbor, NJ		Disposal Date November 21, 2017		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>				Date October 13, 2017			

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

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



Date of Notification (1) 10/13/17		Name of Building Owner/Operator (2) Ms. DEBBIE DAU							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code PASSAIC - NJ. 07055							
		Name of Contact Ms. Dau	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ms. DEBBIE DAU		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 2800	# of Floors 2						
City (5) PASSAIC		Bldg. Age 1935							
County (6) PASSAIC	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc.							
Street Address		Street Address 450 South River Street							
City, State, Zip Code		City, State, Zip Code Hackensack NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 10/26/17	Scheduled Completion Date (11) 10/27/17	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: 7:30AM TO 5:00PM		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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				THERMAL INSULATION	240 LF	<input checked="" type="checkbox"/>			
BASEMENT				THERMAL SURFACING	90 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 5.5cy	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 10/27/17		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>	Date 10/13/17					

Feb 07 2000 07:32AM NJ Asbestos Control 609.633.0664

page 1

10/12/2017 11:28AM 2013297440

BEST REMOVAL INC

PAGE 02/04

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:40 and 12:120)

Date of Notification (1) 10/12/17		Name of Building Owner/Operator (2) MS. LYLE LONDON	
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 Modification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Notification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip UPPER MONTCLAIR, NJ, 07043
		Name of Contact MS. LONDON	Telephone Number 2
Name of Facility Where Abatement is Taking Place (3) MS. LYLE LONDON			
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) UPPER MONTCLAIR	Square Feet 2500	# of Floors 2	Bldg. Age 1935
County (6) ESSEX	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)
Street Address			Best Removal Inc.
City, State, Zip Code			Street Address 450 South River Street
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code Hackensack, NJ 07601
Start Date (10) 10/19/17		Scheduled Completion Date (11) 10/20/17	Telephone No. 201-329-7444
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 5:00 PM		License No. 00388	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or 25 lf <input type="checkbox"/> 2160 sf or 2160 lf		Name of OSHA Monitor Omega Environmental	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 280 Huyler Street	
		City, State, Zip Code South Hackensack, NJ 07606	
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)
BASEMENT			THERMAL SURFACING
BASEMENT			THERMAL SYSTEM INSULATION
			60SF X
			50LF X
Name of Registered Waste Hauler Best Removal Inc		NIDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3273
City, State Hackensack, NJ 07601		Disposal Date 10/20/17	Name of Registered Landfill Minerva Enterprises, LLC
Completed by J. Maiorano		Title Estimator	City, State Waynesburg, OH 44688
		Signature <i>[Signature]</i>	Date 10/12/17

ASR-41 (R-06-06)

* Do not use this form for asbestos floor surface exempted activities.

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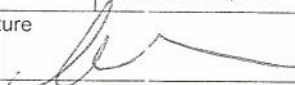
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

VIA U.S. MAIL
CH# 4103

Date of Notification (1) 10/12/17		Name of Building Owner/Operator (2) MRS MAGALI GARCIA						
Agencies Notified	Type Notification	Street Address						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code UNION city N.J. Name of Contact MRS MAGALI GARCIA						
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)						
City (5) UNION CITY N.J.		Square Feet 3,000	# of Floors 3					
County (6) BERGER		Bldg. Age 90						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) H34D						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)						
Street Address		NOVATEch INC						
City, State, Zip Code		P.O. Box 814						
Project Manager for Monitoring Firm		City, State, Zip Code						
Telephone No.		010 Bridge N.J. 08857						
Start Date (10) 10/21/17		Scheduled Completion Date (11) 10/31/17						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor						
<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:		NOVATEch INC						
Scope of Work (Check All That Apply)		Street Address						
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 lf		P.O. Box 814						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code						
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		010 Bridge N.J. 08857						
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 in relation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulation
BASEMENT			X	PIPE INSULATION	12 LF	X		
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill				
NOVATEch INC		18501	2	GROWS				
City, State		Disposal Date	City, State					
010 Bridge N.J. 08857		10/21/17	Horseshoe PA					
Completed by		Title	Signature			Date		
CARLOS ALFREIDA		PRESIDENT	[Signature]			10/12/17		

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

Check 17005

Date of Notification (1) 10/13/17		Name of Building Owner/Operator (2) Dagit Group/Action Construction Management Inc.							
Agencies Notified	Type Notification	Street Address 15 E Uwchlan Avenue, Suite 404							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Exton PA 19341							
		Name of Contact Kevin	Telephone Number ROL & LICENSING						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) McDonald's		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 6048 Harding Highway		Square Feet 4,200	# of Floors 1						
City (5) Mays Landing		Bldg. Age 65							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) fast food restaurant							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 10/26/17	Scheduled Completion Date (11) 11/30/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	roof flashing	780 SF	x			
Roof			x	tar	200 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ			Disposal Date TBD	City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 10/13/17			

CHK#8010

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

Print Form

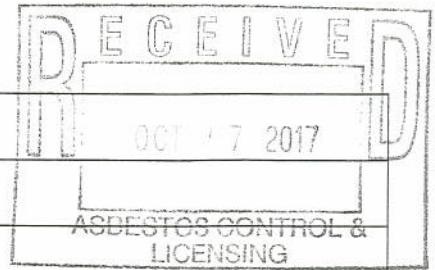
RECEIVED

OCT 17 2017

ASBESTOS CONTROL & LICENSING

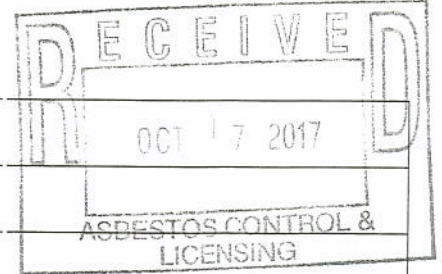
Date of Notification (1) 10/12/2017		Name of Building Owner/Operator (2) Colleen McAlevy						
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union City, NJ 07087 Name of Contact Colleen McAlevy						
Telephone Number								
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Union City		Square Feet N/A	# of Floors N/A					
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age N/A					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.					
Street Address		Street Address 11 Rosengren Avenue						
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm		Telephone No.	License No.					
Start Date (10) 10/25/2017		Scheduled Completion Date (11) 10/26/2017	Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue						
<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>Occupied</u>		City, State, Zip Code Totowa, NJ 07512						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Basement		X	pipe insulation	45 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA				
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA				
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 10/12/2017		

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



Date of Notification (1) 10/12/2017		Name of Building Owner/Operator (2) Edmond Fernand							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Orange, NJ 07079							
		Name of Contact Edmond Fernand	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) South Orange		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 10/23/2017	Scheduled Completion Date (11) 10/24/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	55 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 10/12/2017			

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



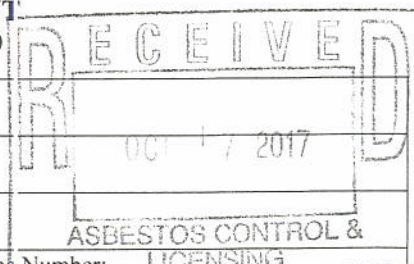
Date of Notification (1) 10/12/2017		Name of Building Owner/Operator (2) Charlie Mulkeen							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Rock, NJ 07452							
		Name of Contact Charlie Mulkeen	Telephone Number [REDACTED]						
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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Glen Rock		Square Feet N/A	# of Floors N/A						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 10/24/2017		Scheduled Completion Date (11) 10/25/2017	Name of OSHA Monitor D&S Abatement, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	90 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 10/12/2017			

Chk # 1266

NOTIFICATION OF ASBESTOS ABATEMENT

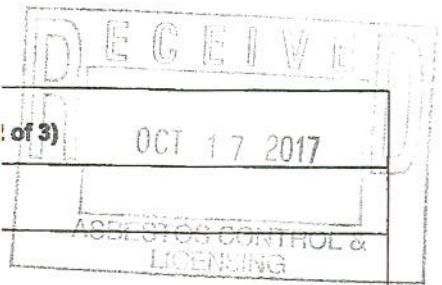
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

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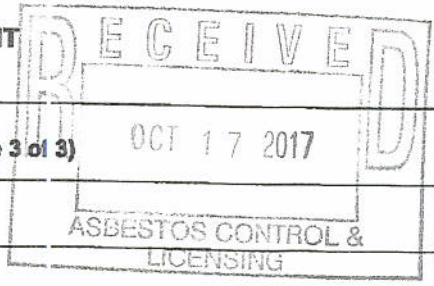
Date of Notification (1): 10/11/2017		Name of Building Owner/Operator (2) Newark Public School						
Agencies Notified	Type Notification	Street Address: 2 Cedar Street						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code: Newark, NJ 07102						
		Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number: ASBESTOS CONTROL & LICENSING					
FACILITY INFORMATION								
Name of Facility Barringer High School		Type of Facility (4): <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
90 Parker Street								
City/ (5) Newark	County (6): Essex	County Code (7): 07104	Square Feet: # of Floors:					
		Bldg. Age Current Use : School						
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): Apex Development, Inc.					
Street Address: 17 Pleasant Hill Road		Street Address: 358 Broadway						
City, State, Zip Code: Cranbury, NJ 08512		City, State, Zip Code: Newark, NJ 07104						
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-390-5858	Telephone No.: (973) 350-0101 License No.: 01215					
Start Date (10): 10/27/17	Scheduled Completion Date (11): 11/03/17		Name of OSHA Monitor: Metro Analytical Laboratories					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:		Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018						
Scope of Work (Check all that apply): <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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	Encapsulat
BASEMENT MUSIC ROOM		X	FLOOR TILE AND MASTIC	400 SF	*			*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC. INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 44688				
Completed By: Sylvester Oraegbunam		Title: President	Signature: 	Date: 10/11/2017				

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



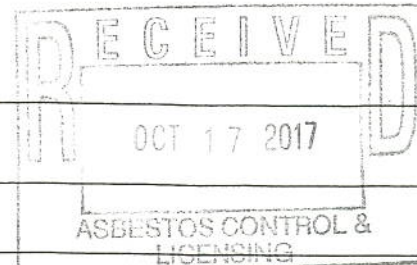
Date of Notification (1) 10 / 05 / 17		Name of Building Owner/Operator (2) (Page 1 of 3)		OCT 17 2017					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation		Street Address City, State, Zip Code Name of Contact Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 63 Hamilton Street				City (5) Paterson Square Feet # of Floors Bldg. Age					
County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)					
Street Address		Street Address		City, State, Zip Code					
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.		License No.					
Start Date (10) / /		Scheduled Completion Date (11) / /		Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM				Street Address City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Debris	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspended Ceilings w/ACM debris	15,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	1,210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd FI-Chases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seem Tape	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State		Disposal Date		City, State					
Completed By (Print or Type)		Title		Signature		Date			

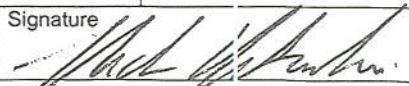
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



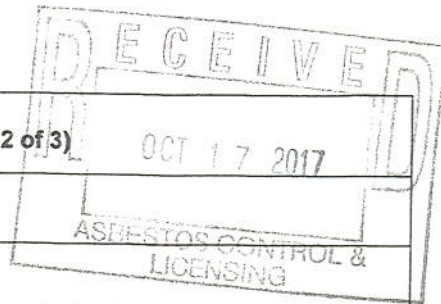
Date of Notification (1) 10 / 05 / 17		Name of Building Owner/Operator (2) (Page 3 of 3)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address							
		City, State, Zip Code							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 63 Hamilton Street		Square Feet	# of Floors Bldg. Age						
City (5) Paterson		County Code (7)(STATE USE ONLY)							
County (6)		Current Use Prior If being demolished							
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.	License No.						
Start Date (10) ____ / ____ / ____	Scheduled Completion Date (11) ____ / ____ / ____	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Space 1-14A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wooden Door with Core Insulation	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	17570 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Old Electric Panel Board	56 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground and 1st Floors (Exterior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Door/Louver Caulk	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed By (Print or Type)		Title	Signature	Date					

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



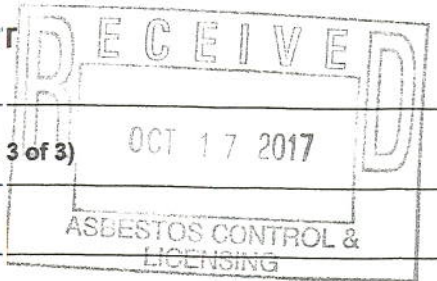
Date of Notification (1) 09 / 29 / 17		Name of Building Owner/Operator (2) County of Passaic (Page 1 of 3)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 Grand Street City, State, Zip Code Paterson, NJ 07505 Name of Contact Andrew Thompson							
		Telephone Number <div style="border-bottom: 1px solid black; width: 100px;"></div>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 63 Hamilton Street		Square Feet 40,000	# of Floors 4						
City (5) Paterson		Bldg. Age 127 yrs							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. 00099	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Vijay Patel	Telephone No. (973) 560-4900	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 10 / 10 / 17	Scheduled Completion Date (11) 12 / 22 / 17	Name of OSHA Monitor Superior Abatement 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> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Street Address 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,553 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Joint Insulation	826 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall and Ceiling Plaster	37,293 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Skim Coat	1,030 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. SW2117	Cubic Yards of Waste 1000	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 12/22/2017		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 9-29-17			

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



Date of Notification (1) 09 / 29 / 17		Name of Building Owner/Operator (2) (Page 2 of 3)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address							
		City, State, Zip Code							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 63 Hamilton Street									
City (5) Paterson		Square Feet	# of Floors						
		Bldg. Age							
County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) ____ / ____ / ____		Scheduled Completion Date (11) ____ / ____ / ____							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Debris	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspended Ceilings w/ACM debris	15,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	1,210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd FI-Chases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seem Tape	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed By (Print or Type)		Title		Signature		Date			

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



Date of Notification (1) 09 / 29 / 17		Name of Building Owner/Operator (2) (Page 3 of 3)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address City, State, Zip Code Name of Contact Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 63 Hamilton Street		Square Feet # of Floors Bldg. Age							
City (5) Paterson		County (6)							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.							
Start Date (10) ____ / ____ / ____		Scheduled Completion Date (11) ____ / ____ / ____							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address City, State, Zip Code 							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Space 1-14A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wooden Door with Core Insulation	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	17570 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Old Electric Panel Board	56 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground and 1st Floors (Exterior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Door/Louver Caulk	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State		Disposal Date		City, State					
Completed By (Print or Type)		Title		Signature		Date			

NochK

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

RECEIVED
Print Form
OCT 17 2017
ASBESTOS CONTROL & LICENSING

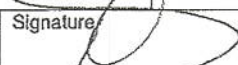
Date of Notification (1) 10/2/2017		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial ON HOLD <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ 07086							
		Name of Contact Dawn Neville	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement Is Taking Place (3) PSEG- Morgan Street Substation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 186 Morgan St.		Square Feet 240	# of Floors N/A						
City (5) Jersey City NJ 07302		Bldg. Age N/A							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Electrical Switching Yard							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services Inc.						
Street Address N/A		Street Address 17 Old Dock Rd.							
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136						
Start Date (10) 10/11/2017 ON HOLD	Scheduled Completion Date (11) 12/31/2017	Name of OSHA Monitor WRS Environmental Services 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: removal of roof, on a electric energize station		Street Address 17 Old Dock Rd.							
		City, State, Zip Code Yaphank NY 11980							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
PSEG Morgan St. Station			X	Roofing material	240SF	X			
Name of Registered Waste Hauler Waste Management Services		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill North					
City, State Newark NJ 07114		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Amanda Vallone		Title Admin Ops Manager	Signature <i>Amanda Vallone</i>			Date 10/2/2017			

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

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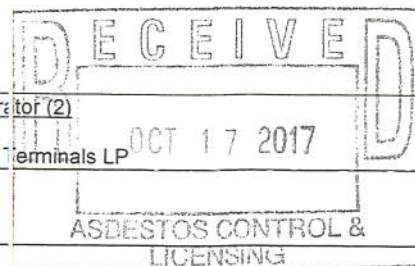
RECEIVED
OCT 17 2017
ASBESTOS CONTROL & LICENSING

Chk# 013985

Date of Notification (1) 10/12/17		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 HADLEY RD.							
<input 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 SOUTH PLAINFIELD NJ 07080							
		Name of Contact DAWN NEVILLE	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) BAYWAY SWITCHING STATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 602 TRENTON AVE		Square Feet N/A	# of Floors N/A						
City (5) ELIZABETH, NJ 07202		Bldg. Age N/A							
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) ELECTRIC SWITCHING YARD							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS ENVIRONMENTAL SERVICES INC.						
Street Address N/A		Street Address 17 OLD DOCK RD.							
City, State, Zip Code N/A		City, State, Zip Code YAPHANK, NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136						
Start Date (10) 10/23/2017	Scheduled Completion Date (11) 12/31/2017	Name of OSHA Monitor SAME AS ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address N/A							
		City, State, Zip Code N/A							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
26KV SWITCHING YARD			X	Transite Pipe(Encased Conduit)	200LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT SERVICES		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State NEWARK NJ 07114		Disposal Date TBD	City, State Morrisville, PA 19067						
Completed by PEDRO GUERRA		Title SUPERVISOR	Signature 				Date 10/12/17		

CHK#00597196

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



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Date of Notification (1) 10/12/17		Name of Building Owner/Operator (2) Sunoco Partners Marketing & Terminals LP	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA	Notification Type () Initial Notification (X) Amended Certification () Cancelled	Street Address 1028 Stelton Rd. City, State, Zip Code Piscataway, NJ Name of Contact Jack Frost Tel. Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Sunoco Logistics Piscataway Terminal Street Address 1028 Stelton Rd. City (5) Piscataway County (6) Middlesex County Code (7) (State Use Only)		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.) Sq. Feet 8,000 # of Floors 1 Bldg. Age 55 includes 5 tanks and Current Use (prior if being demolished) Terminal/Office Bldg.	
Name of Monitoring Firm Hired by Bldg. Owner (8) Horizon Environmental Group Street Address PO Box 316 City, State, Zip Code Thorofare, NJ 08086		ASCM No. 00073 Name of Contractor (9) Brandenburg Industrial Service Company Street Address 2217 Spillman Dr City, State, Zip Code Bethlehem Pennsylvania 18015	
Project Manager for Monitoring Firm Steve Flanigan Telephone Number 856-648-0800		Telephone Number 610-691-1800 License Number 00721	
Scheduled Start Date (10) 8/17/2017		Scheduled Completion Date (11) 10/17/2017	
Occupancy Status During Abatement (Check only one) (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - Describe Demolition (x) Scheduled Demo Start 8/21/17 Scheduled Demo Completion 10/27/2017		Name of OSHA Monitor Brandenburg Industrial Service Company Street Address 2217 Spillman Drive City, State, Zip Code Bethlehem, PA 18015	
Source of Work (Check all that apply) (x) Demolition () Renovation (x) Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) () Minor Proj. (<25 SF or <10 LF ACM) (x) Full Containment with Negative Pressure (x) Mini-Enclosure () Glovebag 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 ACM (i.e. thermal systems insulation, surfacing, VAT, or other misceli.)	Amount (Specify SF or LF) Abatement Type Rem. Rep. Encap. Enclose
Manager Office/Rear Storage		VAT & Mastic	3,000 sf
Subsurface Tank Farm Area		Transite Pipe	60 LF
Name of Reg. Waste Hauler Brandenburg Industrial Service Company City, State Bethlehem, PA 18015		NJDEP Waste Hauler ID # 21838 Cubic Yards of Waste 30 cy Disp. Date 10/18/2017	Name of Reg. Landfill Conestoga Landfill City, State Morgantown, PA
Completed by (Print or Type) Stephen Carne	Title Environmental Engineer	Signature 	Date 10/12/17

Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

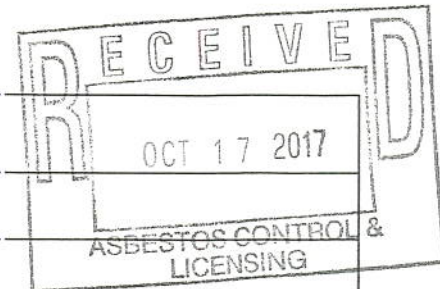
Telephone 609-984-6620

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9/18/00

CHK#2260

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



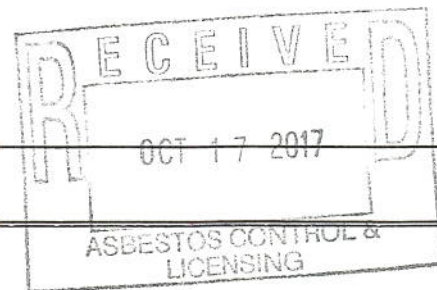
Date of Notification (1) 10 / 12 / 17		Name of Building Owner/Operator (2) Redmellon, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2100 Oretha C. Haley Blvd.							
		City, State, Zip Code New Orleans, LA 70113							
		Name of Contact Neal Morris	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 579-581 Broad Street									
City (5) Newark		Square Feet	# of Floors Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 10 / 23 / 17	Scheduled Completion Date (11) 02 / 23 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input 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 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
Basement- 5 th Floor & Stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic, Floor Felt	36,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- 5 th Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster	50,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Insulation	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Systems	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting/ ATC		NJDEP Waste Hauler ID No. 04509/ SW-24310	Cubic Yards of Waste As Needed	Name of Registered Landfill G.R.O.W.S North Landfill/ Fairless Landfill/ Minerva Enterprises					
City, State Newark, NJ / Shirley, NY		Disposal Date TBD		City, State Morrisville, PA / Morrisville, PA / Waynesburg, OH					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 10/12/17			

D&S Proj. #: 17-278

CK# 7153

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



Date of Notification (1) 10/10/16 1/17/17		Name of Building Owner/Operator (2) abhay srivastava	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code glen ridge, nj 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact abhay srivastava	
<input checked="" type="checkbox"/> DOL	Amendment #:	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

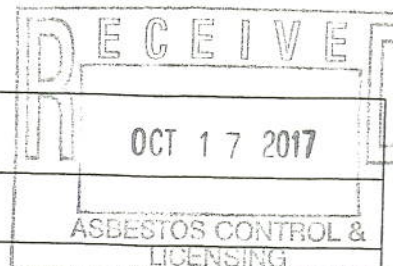
Name of facility where abatement is taking place (3) abhay srivastava			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) glen ridge	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm	Phone Number		Telephone Number 973-345-8020	License Number 01169
Start Date (10) 10/09/17	Sched. Completion Date (11) 10/31/17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glo/rebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	301 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/10/17	City, State TULLYTOWN, PA.	
Completed by (Print or Type)	Title	Signature	Date

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



Date of Notification (1) 10 / 05 / 17		Name of Building Owner/Operator (2) County of Passaic (Page 1 of 3)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 Grand Street							
		City, State, Zip Code Paterson, NJ 07505							
		Name of Contact Andrew Thompson	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 63 Hamilton Street		Square Feet 40,000	# of Floors 4						
City (5) Paterson		Bldg. Age 127 yrs							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. 00099	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Vijay Patel	Telephone No. (973) 560-4900	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 10 / 16 / 17	Scheduled Completion Date (11) 01 / 16 / 18	Name of OSHA Monitor Superior Abatement 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> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM		Street Address 2 Henderson Drive							
		City, State, Zip Code West Caldwell, NJ 07006							
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"/> Full Containment w/ 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
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,553 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Joint Insulation	826 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall and Ceiling Plaster	37,293 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Skim Coat	1,030 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. SW2117	Cubic Yards of Waste 1000	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 1/16/2018		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski	Title President		Signature 			Date 10-5-17			

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 / 12 / 17</div>		Name of Building Owner/Operator (2) <div style="text-align: right;">(Page 3 of 3)</div>		<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: auto;"> RECEIVED OCT 17 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address			
		City, State, Zip Code				Name of Contact			
						Telephone Number			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 63 Hamilton Street				Square Feet					
City (5) Paterson				# of Floors					
County (6)				Bldg. Age					
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)					
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.		License No.					
Start Date (10) / /		Scheduled Completion Date (11) / /		Name of OSHA Monitor					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _AM-___PM/___PM-___AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Space 1-14A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wooden Door with Core Insulation	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	17570 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Old Electric Panel Board	56 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground and 1st Floors (Exterior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Door/Louver Caulk	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State				Disposal Date	City, State				
Completed By (Print or Type)		Title		Signature		Date			

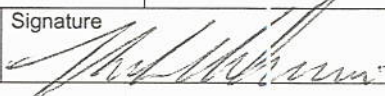
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">10 / 12 / 17</div>		Name of Building Owner/Operator (2) <div style="text-align: right;">(Page 2 of 3)</div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address	<div style="border: 2px solid black; padding: 5px; margin: 0 auto; width: 150px;"> RECEIVED OCT 17 2017 ASBESTOS CONTROL & LICENSING </div>						
		City, State, Zip Code							
		Name of Contact							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)							
Street Address 63 Hamilton Street									
City (5) Paterson		Square Feet	# of Floors						
		Bldg. Age							
County (6)	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)						
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) ____ / ____ / ____	Scheduled Completion Date (11) ____ / ____ / ____	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input 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
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Debris	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspended Ceilings w/ACM debris	15,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	1,210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Fl-Chases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seem Tape	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State			Disposal Date	City, State					
Completed By (Print or Type)		Title	Signature			Date			

CHK#26014

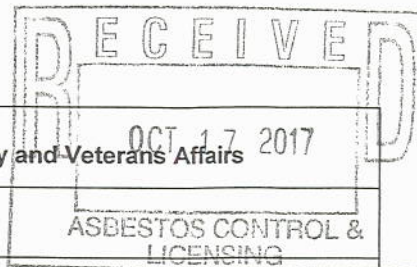
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**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**

Date of Notification (1) 10 / 12 / 17		Name of Building Owner/Operator (2) County of Passaic (Page 1 of 3)		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 17 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 Grand Street							
		City, State, Zip Code Paterson, NJ 07505							
		Name of Contact Andrew Thompson							
		Telephone Number 5							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 63 Hamilton Street									
City (5) Paterson				Square Feet 40,000	# of Floors 4				
				Bldg. Age 127 yrs					
County (6) Passaic		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant					
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. 00099		Name of Abatement Contractor (9) Superior Abatement Inc					
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 560-4900		Telephone No. (973) 808-1616	License No. 00411				
Start Date (10) 10 / 23 / 17		Scheduled Completion Date (11) 01 / 16 / 18		Name of OSHA Monitor Superior Abatement 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> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM				Street Address 2 Henderson Drive					
				City, State, Zip Code West Caldwell, NJ 07006					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,553 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Joint Insulation	826 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall and Ceiling Plaster	37,293 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Skim Coat	1,030 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. SW2117		Cubic Yards of Waste 1000	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE				Disposal Date 1/16/2018	City, State Waynesburg, OH				
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 10-12-17			

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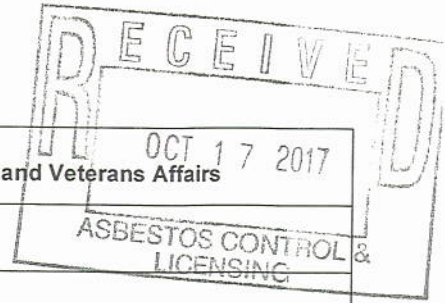
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 08 / 04 / 17		Name of Building Owner/Operator (2) State of New Jersey Department of Military and Veterans Affairs							
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 P.O. Box 340 City, State, Zip Code Trenton, NJ 08625 Name of Contact William Garron Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Camp Drive, Building #8		Square Feet # of Floors Bldg. Age							
City (5) Sea Girt		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)							
County (6) Monmouth		Name of Monitoring Firm (8) Bio Terra Solutions							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-928-4888							
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 8 / 14 / 17		Scheduled Completion Date (11) 10 / 14 / 17							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	2,825 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill				
City, State Elizabeth, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature 		Date 8/4/17			

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

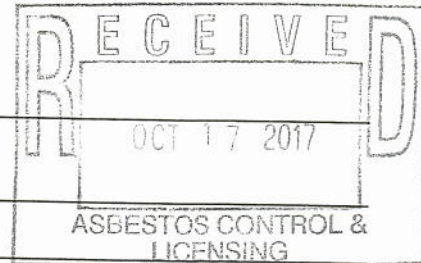


Date of Notification (1) 10 / 12 / 17		Name of Building Owner/Operator (2) State of New Jersey Department of Military and Veterans Affairs							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 340 City, State, Zip Code Trenton, NJ 08625 Name of Contact William Garron Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Camp Drive, Building #8		Square Feet	# of Floors						
City (5) Sea Girt		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 8 / 14 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	2,825 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Bethlehem, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 10/12/17			

CHK#41785

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



Date of Notification (1) 10/12/17 Month/Day/Year		Name of Building Owner/Operator (2) MCS Eric Street LLC	
Agency Notified	Type Notification	Street Address	
X EPA	x Initial	5700 Wayne ave	
X DEP	Notification	City, State, Zip Code	
X DCA	Amended	Philadelphia, PA 19144	
X DOH	Notification	Name of Contact	
X DOL	Cancellation	Joseph Ferguson 2672280111	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Mastery Charter school- Pyne Poynt Campus			Type of Facility (4) x School (K12) Subchapter 8 (Other than K12) Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address 800 eric street Camden NJ			Square Feet 99,000		
City (5) Camden			# of Floors 2		
County (6) NJ			Bldg. Age 80		
County Code (7) (STATE USE ONLY)			Current Use Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental Inc			Name of Abatement Contractor (9) Associated Specialty Contracting Inc		
Street Address 617 Stokes Road Suite 4-318			Street Address 98 LaCrue Avenue		
City, State, Zip Code Medford NJ 08055			City, State, Zip Code Glen Mills, PA 19342		
Project Manager of Monitoring Firm Mark Rubnitz			Telephone Number 610-364-9622		
Telephone Number 888-715-2211			Licence Number 1103		
Scheduled Start Date (10) 10/23/17 Month/Day/Year			Name of OSHA Moni or Criterion Labs		
Sched. Completion Date (11) 12/31/17 Month/Day/Year			Street Address 3370 Progress Dr		
Occupancy Status During Abatement (Check only one) x Facility Closed/Vacated During Entire Period of Abatement			City, State, Zip Code Bensalem, PA 19020		
Abatement Performed Outside of Normal Facility Hours - Describe: 7:00 AM to 3:30 PM					
Other - Describe:					

Scope of work (Check all that apply)

Demolition	x Renovation	x Full Containment with Negative Pressure
x >3 sf or >3 lf		x Mini - Enclosure
x >160 sf or >260 lf		Glovebag Procedure
		Non-Friable Procedure

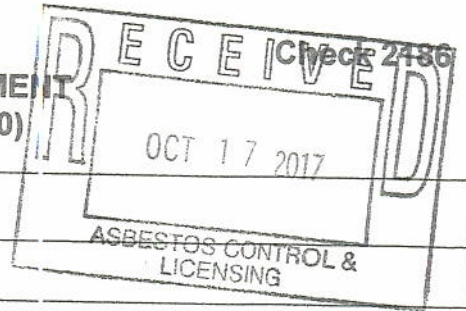
Location of Asbestos - Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
room 180 nurse		x		pipe insulation	100lf			x	
1st floor locker room		x		pipe insulation	200lf	x			
2nd floor bathrooms		x		pipe insulation	200lf	x			

Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 5	Name of Registered Landfill Tulltown Resources Recovery Facility	
City, State 1519 Rev S Howard Woodson Jr Way, trento NJ 08638		Disposal Date As req.		City, State Tullytown PA	
Completed By (Print or Type) Jack Tomasura		Title senior estimator	Signature 	Date 10/12/17	

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



Date of Notification (1) 10/8/2017		Name of Building Owner / Operator (2) Glassboro Industrial Complex	
Agencies Notified	Type Notification	Street Address	Telephone Number
<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"/> Emergency <input type="checkbox"/> Cancellation	70 Sewell St City, State & Zip Code Glassboro NJ Name of Contact Allen Fienberg	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Glassbor Industrial Complex (Bldg F)			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 70 Sewell St			Square Feet 30000	# of Floors 1	Bldg. Age 60+
City (5) Glassboro	County (6) Gloucester	County Code (7)	Current Use (Prior if being demolished) Industrial		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Alpha Environmental Services		
Street Address			Street Address PO Box 8297		
City, State & Zip Code			City, State & Zip Code Trenton, NJ		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 609-847-2956		License Number 01222
Scheduled Start Date (10) 10/17/2017		Scheduled Completion Date (11) 10/21/2017		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address 107 Haddon Ave.		
			City, State & Zip Code Westmont, NJ 08108		

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 ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input checked="" type="checkbox"/> Glove Bag Procedures |
| | | <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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bldg F Bldg F	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT/MASTIC Pipe/Fitting Insulation	900sf 400lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date various	City, State Morrisville, PA		
Completed By (Print or Type) Rod Richardson		Title Project	Signature <i>Rod Richardson</i>	Date 10/8/2017	

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

Date of Notification (1) 10/13/17		Name of Building Owner/Operator (2) Dan Redmond		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 17 2017 ASBESTOS CONTROL & TRAINING </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code S. Mantoloking, NJ Name of Contact Eric Plackis							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Mantoloking			Square Feet 800	# of Floors 2	Bldg. Age 92				
County (6) Ocean		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) Brick Industries Inc.						
Street Address		Street Address P.O. Box 915							
City, State, Zip Code		City, State, Zip Code Brick, New Jersey 08723							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (732)899-7499	License No. 01196					
Start Date (10) 10/23/17		Scheduled Completion Date (11) 10/31/17		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)			Street Address						
<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						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
				asbestos siding	1000 SF				
Name of Registered Waste Hauler Brick Industries Inc.		NJDEP Waste Hauler ID No. 21602	Cubic Yards of Waste 4	Name of Registered Landfill GROWS Inc.					
City, State Brick, New Jersey		Disposal Date		City, State PA					
Completed by Eric Plackis		Title President	Signature [Signature]		Date 10/13/17				

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

10/13/17

10/13/17

Ken Doyon

RECEIVED
OCT 17 2017

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

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

Street Address
[REDACTED]

City, State, Zip Code
Bayonne, NJ 07002

Name of Contact
Eric Plackis

Telephone Number
[REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
[REDACTED]

Street Address
[REDACTED]

City (5)
Bayonne

County (6)
Hudson

County Code (7)
[REDACTED]

Current Use (Prior if being demolished)
Phone

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

Square Feet
1700

of Floors
2

Bldg. Age
102

Name of Monitoring Firm Hired by Building Owner (8)
[REDACTED]

ASCM No.
[REDACTED]

Name of Abatement Contractor (9)
Brick Industries Inc.

Street Address
P.O. Box 915

City, State, Zip Code
Brick, New Jersey 08723

Project Manager for Monitoring Firm
[REDACTED]

Telephone No.
[REDACTED]

Telephone No.
(732)899-7499

License No.
01196

Start Date (10)
10/16/17

Scheduled Completion Date (11)
10/23/17

Name of OSHA Monitor
[REDACTED]

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe: [REDACTED]

Street Address
[REDACTED]

City, State, Zip Code
[REDACTED]

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				Pipe insulation + assoc. debris	100 LF				

Name of Registered Waste Hauler
Brick Industries Inc.

NJDEP Waste Hauler ID No.
21602

Cubic Yards of Waste
2

Name of Registered Landfill
GROWS Inc.

City, State
Brick, New Jersey

Disposal Date
[REDACTED]

City, State
PA

Completed by
Eric Plackis

Title
President

Signature
[Signature]

Date
10/13/17

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

Date of Notification (1)

9 / 8 / 17

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

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 200, RY28-414

City, State, Zip Code

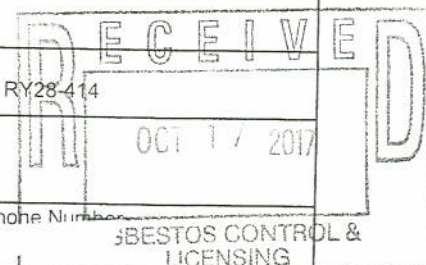
RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

ASBESTOS CONTROL & LICENSING



Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING- 60

Square Feet

89,717

of Floors

5

Bldg. Age

82

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

9 / 22 / 17
Month Day Year

Sched. Completion Date (11)

12 / 30 / 17
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY-FRIDAY 6 AM-2:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR-THROUGHOUT			X	VAT/MASTIC	165 SF	X			
2ND FLOOR-THROUGHOUT			X	VAT/MASTIC	300 SF	X			
3RD FLOOR-THROUGHOUT			X	VAT/MASTIC	240 SF	X			
4TH FLOOR-THROUGHOUT			X	VAT/MASTIC	75 SF	X			

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

NJDEP Waste

Hauler ID No.
15939

Cubic Yards of Waste

40

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State

FREEHOLD, NEW JERSEY

Disposal Date

9/22-12/30/17

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

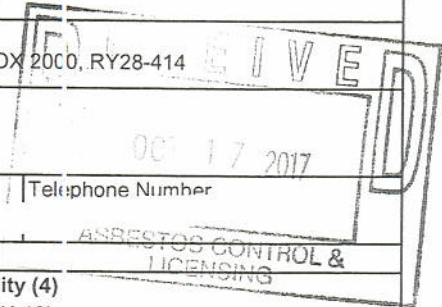
[Signature]

Date

9/8/17

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

Date of Notification (1) 10 / 11 /17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified			Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		
Type Notification			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
<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 Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
			Name of Contact PATRICIA JOHNSON		Telephone Number
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING- 60			Square Feet 89,717	# of Floors 5	Bldg. Age 82
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 9 / 22 /17 Month Day Year		Sched. Completion Date (11) 12 / 30 /17 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM			Street Address 117 EAST 30TH STREET		
			City, State, Zip Code NEW YORK, NEW YORK 10016		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL REPAIR ENCAPSULE ENCLOSURE
1ST FLOOR-THROUGHOUT		X	VAT/MASTIC	165 SF	X
2ND FLOOR-THROUGHOUT		X	VAT/MASTIC	300 SF	X
3RD FLOOR-THROUGHOUT		X	VAT/MASTIC	240 SF	X
4TH FLOOR-THROUGHOUT		X	VAT/MASTIC	75 SF	X
ADDITION TO SCOPE:					
1ST FLOOR-SOUTHEAST		X	PIPE FITTINGS	6 LF	X
2ND FLOOR-SOUTH EAST			PIPE FITTINGS	2 LF	X
3RD FLOOR-EAST			PIPE FITTINGS	2 LF	X
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 50	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/22-12/30/17		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature <i>BSS</i>	Date 10/11/17	



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

Date of Notification (1)

9 / 8 / 17

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

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

ASBESTOS CONTROL & LICENSING

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

126 EAST LINCOLN AVENUE - BUILDING- 60

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

89,717

of Floors

5

Bldg. Age

82

Current Use (Prior if being demolished)

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

9 / 22 / 17

Month Day Year

Sched. Completion Date (11)

12 / 30 / 17

Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY-FRIDAY 6 AM-2:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR-THROUGHOUT			X	VAT/MASTIC	165 SF	X			
2ND FLOOR-THROUGHOUT			X	VAT/MASTIC	300 SF	X			
3RD FLOOR-THROUGHOUT			X	VAT/MASTIC	240 SF	X			
4TH FLOOR-THROUGHOUT			X	VAT/MASTIC	75 SF	X			

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

NJDEP Waste

Hauler ID No.
15939

Cubic Yards of Waste

40

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State

FREEHOLD, NEW JERSEY

Disposal Date

9/22-12/30/17

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

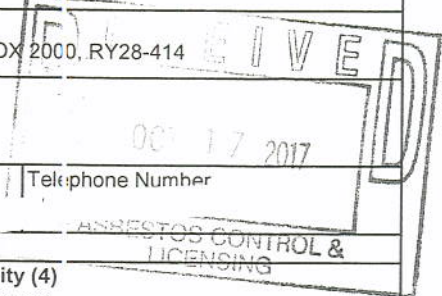
[Signature]

Date

9/8/17

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

Date of Notification (1) 10 / 11 /17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
Name of Contact PATRICIA JOHNSON			Telephone Number [REDACTED]		

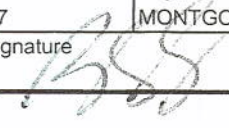


FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING- 60				Square Feet 89,717	# of Floors 5	
City (5) RAHWAY				Bldg. Age 82		
County (6) UNION		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL				Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871				City, State, Zip Code SUFFERN, NEW YCRK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649		Telephone Number 845-369-7500		
License Number 1101						
Expected State Date (10) 9 / 22 /17 Month Day Year		Sched. Completion Date (11) 12 / 30 /17 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Street Address 117 EAST 30TH STREET		
				City, State, Zip Code NEW YORK, NEW YORK 10016		

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR-THROUGHOUT			X	VAT/MASTIC	165 SF	X			
2ND FLOOR-THROUGHOUT			X	VAT/MASTIC	300 SF	X			
3RD FLOOR-THROUGHOUT			X	VAT/MASTIC	240 SF	X			
4TH FLOOR-THROUGHOUT			X	VAT/MASTIC	75 SF	X			
ADDITION TO SCOPE:									
1ST FLOOR-SOUTHEAST			X	PIPE FITTINGS	6 LF	X			
2ND FLOOR-SOUTH EAST				PIPE FITTINGS	2 LF	X			
3RD FLOOR-EAST				PIPE FITTINGS	2 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 50		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/22-12/30/17		City, State MONTGOMERY, PA 17752			

Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 10/11/17	
---	--	--	--	--	--	-------------------------	--

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

Date of Notification (1) 9 / 8 /17				Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA				Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414				<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED OCT 17 2017 </div>			
City, State, Zip Code RAHWAY, NEW JERSEY 07065							
Name of Contact PATRICIA JOHNSON							
Telephone Number () - -				ASBESTOS CONTROL & LICENSING			

FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING- 60						Square Feet 89,717	# of Floors 5
City (5) RAHWAY						County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.						ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL						Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871						City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH				Telephone Number 973-729-5649		Telephone Number 845-369-7500	
Expected State Date (10) 9 / 22 /17 Month Day Year				Sched. Completion Date (11) 12 / 30 /17 Month Day Year		License Number 1101	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 6 AM-2:30 PM						Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Street Address 117 EAST 30TH STREET						City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF </div> <div> <input checked="" type="checkbox"/> Renovation </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>							

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR-THROUGHOUT			X	VAT/MASTIC	165 SF	X			
2ND FLOOR-THROUGHOUT			X	VAT/MASTIC	300 SF	X			
3RD FLOOR-THROUGHOUT			X	VAT/MASTIC	240 SF	X			
4TH FLOOR-THROUGHOUT			X	VAT/MASTIC	75 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Disposal Date 9/22-12/30/17		Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature
Date 9/8/17					

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

Date of Notification (1) 10 / 11 /17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified			Street Address		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		
Type Notification			City, State, Zip Code		
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			RAHWAY, NEW JERSEY 07065		
			Name of Contact		Telephone Number
			PATRICIA JOHNSON		

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OCT 17 2017

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4)	
				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING- 60				Square Feet 89,717	# of Floors 5
				Bldg. Age 82	
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 9 / 22 /17 Month Day Year		Sched. Completion Date (11) 12 / 30 /17 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one)				Street Address 117 EAST 30TH STREET	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply)				<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR-THROUGHOUT			X	VAT/MASTIC	165 SF	X			
2ND FLOOR-THROUGHOUT			X	VAT/MASTIC	300 SF	X			
3RD FLOOR-THROUGHOUT			X	VAT/MASTIC	240 SF	X			
4TH FLOOR-THROUGHOUT			X	VAT/MASTIC	75 SF	X			
ADDITION TO SCOPE:									
1ST FLOOR-SOUTHEAST			X	PIPE FITTINGS	6 LF	X			
2ND FLOOR-SOUTH EAST				PIPE FITTINGS	2 LF	X			
3RD FLOOR-EAST				PIPE FITTINGS	2 LF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 50	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15				
City, State FREEHOLD, NEW JERSEY		Disposal Date 9/22-12/30/17		City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature <i>B. Sanchez</i>		Date 10/11/17			

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

Date of Notification (1)

10 / 11 / 17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification # 2
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

PLA FOUR 235 LLC

Street Address

235 S. HARRISON STREET #100

City, State, Zip Code

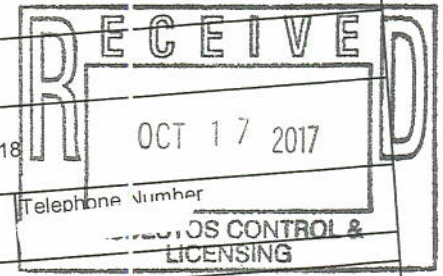
EAST ORANGE, NEW JERSEY 07018

Name of Contact

VALERY VARGAS

Telephone Number

OS CONTROL & LICENSING



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

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

Square Feet

54,000

of Floors

5

Bldg. Age

60

Street Address

██████████ STREET

City (5)

EAST ORANGE

County (6)

ESSEX

County Code (7)
(STATE USE ONLY)

ASCM No.
17

Name of Monitoring Firm Hired by Building Owner (8)

QUALITY ENVIRONMENTAL

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGER FALLS, NEW YORK 12590

Project Manager for Monitoring Firm

LARRY HOLZAPFEL

Telephone Number

845-298-6031

Expected State Date (10)

10 / 2 / 17
Month Day Year

Sched. Completion Date (11)

10 / 11 / 17
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BASEMENT-BOILER ROOM			X	PIPE INSULATION	182 LF	X			
BASEMENT-HALLWAY			X	PIPE INSULATION	50 LF	X			
BASEMENT-LAUNDRY ROOM			X	PIPE INSULATION	4 LF	X			
BASEMENT-OFFICE CLOSET			X	PIPE INSULATION	4 LF	X			

Name of Registered Waste Hauler
NEWARK CARTING INC.
369 RAYMOND BLVD.
City, State
NEWARK, NEW JERSEY

NJDEP Waste Hauler ID No.
91

Cubic Yards of Waste
15

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

Disposal Date
10/2-12/30/17

City, State
PLAINFIELD TOWNSHIP, PA

Date
10/10/17

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

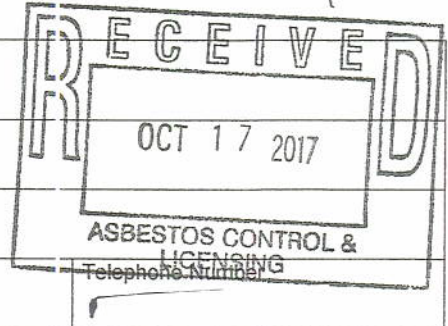
Signature

[Handwritten Signature]

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

CHK# 1593

Date of Notification (1) 10 / 11 / 17		Name of Building Owner/Operator (2) Brent and Kristine DeJohn	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Bridgeton, NJ 08302 Name of Contact Brent and Kristine DeJohn	



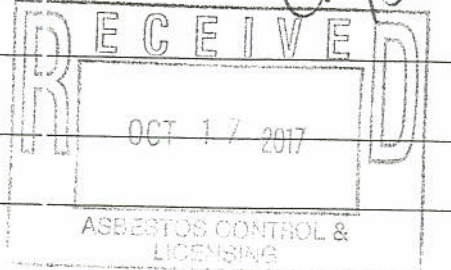
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Resident		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 1700	
City (5) Bridgeton, NJ		# of Floors 3	Bldg. Age 1949
County (6) US; Salem CO.	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Resident	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.	
Street Address		Street Address 958 Jackson Rd	
City, State, Zip Code		City, State, Zip Code Mays Landing, NJ 08330	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-561-1901	License No. 01158
Start Date (10) 11 / 01 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM/ PM- AM		Street Address 958 Jackson Rd	
		City, State, Zip Code Mays Landing, NJ 08330	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Duct	288SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Cement Board	180SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor to the second Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Riser	96 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Cement Board Ceiling	60SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC	NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown
City, State 14 Read Drive Sicklerville, NJ 08081		Disposal Date	City, State 1513 Brodowntown Rd. Morrisville, PA
Completed By (Print or Type) Vernice Graham	Title President	Signature <i>Vernice Graham</i>	Date 10-11-17

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



Date of Notification (1) 10 / 11 / 17		Name of Building Owner/Operator (2) Brent and Kristine DeJohn							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Bridgeton, NJ 08302							
		Name of Contact Brent and Kristine DeJohn	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		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, e.c.)							
Street Address [REDACTED]									
City (5) Bridgeton, NJ		Square Feet 1700	# of Floors 3 Bldg. Age 1949						
County (6) US; Salem CO.		County Code (7)(STATE USE ONLY) _____							
Name of Monitoring Firm Hired by Building Owner (8)		Current Use Prior if being demolished) Resident							
Street Address		Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.							
City, State, Zip Code		Street Address 958 Jackson Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Mays Landing, NJ 08330							
Telephone No.		Telephone No. 609-561-1901	License No. 01158						
Start Date (10) 11 / 01 / 17	Scheduled Completion Date (11) 11 / 30 / 17	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11:30PM / _____ PM-_____ AM		Street Address 958 Jackson Rd							
		City, State, Zip Code Mays Landing, NJ 08330							
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 type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Ceiling	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Duct	12LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor to Second Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Duct	24SF	<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 Graham-Tech Environmental Service, LLC		NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown					
City, State 14 Read Drive Sicklerville, NJ 08081		Disposal Date		City, State 1513 Broccontown Rd. Morrisville, PA					
Completed By (Print or Type) Vernice Graham		Title President	Signature 			Date 15			

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

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Telephone Number	

Date of Notification (1) 10/12/17		Name of Building Owner/Operator (2) Erbe Builder Inc	
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 P.O. Box 4860	
		City, State, Zip Code Toms River NJ 08788	
		Name of Contact Pat Erbe	
		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) Resident				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2000		# of Floors 1	
City (5) Toms River		Bldg. Age 70		Current Use (Prior if being demolished)	
County (6) Ocean		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC	
Street Address		Street Address 1212 Burlington Ave		City, State, Zip Code Delanco NJ 08015	
City, State, Zip Code		Telephone No. 609-346-0916		License No. C1070	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor	
Start Date (10) 10/22/17		Scheduled Completion Date (11) 11/22/17			
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address	
				City, State, Zip Code	

Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type					
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure		
outside				Siding	1500 SF	<input checked="" type="checkbox"/>					
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20847		Cubic Yards of Waste		Name of Registered Landfill WM of PA					
City, State Delanco NJ		Disposal Date TBD		City, State Middletown PA		Date 10/12/17					
Completed by Joseph T Hall		Title V. President		Signature [Signature]							

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

Inde 026872

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OCT 17 2017
ASBESTOS CONTROL &

Date of Notification (1) 10/11/17		Name of Building Owner/Operator (2) State of New Jersey - Department of Treasury - DPM & C							
Agencies Notified	Type Notification	Street Address P.O. Box 034							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Mr. Manuel R. Cotelro							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) James J. Howard Marine Science Lab-Building 74		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 Fort Hancock, Sandy Hook		Square Feet 5,000 +	# of Floors 2						
City (5) Middletown Township, NJ		Bldg. Age 50 +							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00112	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 344 West State Street		Street Address 1141 Route 23							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. William Weisgarber		Telephone No. 609-656-8101	Telephone No. 973-628-9200						
Start Date (10) 10/23/17		Scheduled Completion Date (11) 11/24/17	License No. 00408						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Enviro Vision Consultants, Inc.							
		Street Address 20-21 Wagaraw Road, Bldg. #35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Rear Porch			X	Roofing	1,560 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Perry, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature				Date 10/11/17	

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

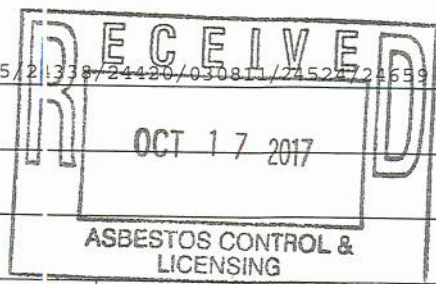
ck 026872

ck # 026872

Date of Notification (1) 10/11/17		Name of Building Owner/Operator (2) State of New Jersey - Department of Treasury - DPM &C							
Agencies Notified	Type Notification	Street Address P.O. Box 034							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Trenton, NJ 08625							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Mr. Manuel R. Cotelo							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) James J. Howard Marine Science Lab-Building 74		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 Fort Hancock, Sandy Hook		Square Feet 5,000 +	# of Floors 2						
City (5) Middletown Township, NJ		Bldg. Age 50 +							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		ASCM No. 00112	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address 344 West State Street		Street Address 1141 Route 23							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm Mr. William Weisgarber		Telephone No. 609-656-8101	License No. 00408						
Start Date (10) 10/23/17	Scheduled Completion Date (11) 11/24/17	Name of OSHA Monitor Enviro Vision Consultants, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 20-21 Wagaraw Road, Bldg. #35E							
		City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-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
2nd Floor Rear Porch			X	Roofing	1,560 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey			Disposal Date	City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager	Signature _____			Date 10/11/17			

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

CHECK# 23915/23925/24001/24174/24335/24338/24420/030811/24524/24639



Date of Notification (1) 10-11-17		Name of Building Owner/Operator (2) Unilever							
Agencies Notified	Type Notification	Street Address 700 Sylvan Avenue							
<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 checked="" type="checkbox"/> Amended Amendment # 9 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Englewood Cliffs, NJ							
		Name of Contact Mohnish Joshi	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 700 Sylvan Avenue		<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) Englewood Cliffs		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) ALC Environmental		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 121 West 27th Street, Suite 402		Street Address 200 Broad Street							
City, State, Zip Code New York, NY 10001		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Shawn Waldron		Telephone No. (212) 675-5544	License No. 00756						
Start Date (10) 03-18-17(2)04-04-17	Scheduled Completion Date (11) (9)12-31-17	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<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 Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Building D: 2nd Floor			x	Fireproofing	11,000SF	x			
Building D: 1st Floor			x	VAT	125SF	x			
Building D: 1st Floor			x	Pipe Insulation	16LF	x			
Building D: 3rd Floor			x	Fireproofing	11,000SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager	Signature	Date 10-11-17					

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

Check # 10131

Date of Notification (1) 10-13-17		Name of Building Owner/Operator (2) Mark Franchi							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 348 Hurffville Greenloch Rd City, State, Zip Code Sewell NJ 08080							
		Name of Contact Mark Franchi							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Single family Dwelling		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1							
City (5) Wenonah NJ 08090		# of Floors 50+-							
County (6) Gloucester		Current Use (Prior if being demolished) Single family							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A							
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc							
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337							
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533							
Telephone No. 609 758-3365		Telephone No. 609 758-3365							
Start Date (10) 10-23-17		License No. 00394							
Scheduled Completion Date (11) 10-27-17		Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337							
		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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Walls			x	Siding Shingles	1500 sf x				
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 6		Name of Registered Landfill Waste Management of PA			
City, State New Egypt NJ		Disposal Date by 10/27/17		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 10/13/17			

10/12/2017 14:17 Two Brothers Contracting

(FAX) 973 956 8811

P.002/004

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

Date of Notification (1) 10/12/2017		Name of Building Owner/Operator (2) RANDOLPH TOWNSHIP SCHOOLS							
Agencies Notified		Street Address 26 SCHOOL HOUSE ROAD							
<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		City, State, Zip Code RANDOLPH, NJ 07869							
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact ANDREW HURD							
Name of Facility Where Abatement is Taking Place (3) RANDOLPH MIDDLE SCHOOL									
Street Address 507 MILLBROOK AVENUE		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) RANDOLPH		Square Feet # of Floors Bldg. Age							
County (6) MORRIS		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.							
Street Address P.O. BOX 386		Street Address 11 VREELAND AVENUE							
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07612							
Project Manager for Monitoring Firm JOHN SMOYER		Telephone No. 809-852-1833							
Start Date (10) 10/14/2017		Scheduled Completion Date (11) 10/18/2017							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor SAME AS (9) ABOVE							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: START 8:00 AM		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2100 sf or 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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	Encapsulation	Enclosure
AUDITORIUM MECHANICAL RM	X			PIPE FITTINGS	17 UNITS				
				(WRAP & CUT ONLY)					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 10/18/2017		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>		Date 10/12/2017			

ASB-41 (R.00-08)

* Do not use this form for asbestos I canure exempted activities.

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

Date of Notification (1) 10/13/2017		Name of Building Owner/Operator (2) Damian Clogher	
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 checked="" type="checkbox"/> EMERGENCY <input type="checkbox"/> Cancellation	City, State, Zip Code Glen Ridge, NJ, 07028	
		Name of Contact Damian Clogher	Telephone Number [REDACTED]



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Damian Clogher			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		
City (5) Glen Ridge			County (6) Essex	County Code (7) (STATE USE ONLY)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm hired by 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- 14- 17 Month Day Year	Sched. Completion Date (11) 10- 16- 17 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)

<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"/> Glove-bag Procedure
		<input type="checkbox"/> 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			R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Boiler	16 SQ	X			

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 10/17/17	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10/13/2017		

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

Date of Notification (1) 10/13/2017		Name of Building Owner/Operator (2) Jason Murray	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Glen Ridge, NJ, 07028	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Jason Murray	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Jason Murray			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) Glen Ridge	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- 26- 17 Month Day Year		Sched. Completion Date (11) 10- 27- 17 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	

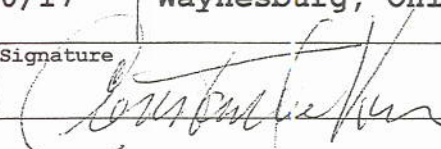
Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove-bag Procedure
☐ Non-Friable Procedure

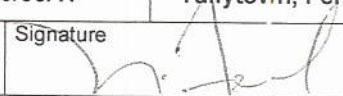
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E	
Basement			X	Pipe Insulation	75 LF	X				

Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.0	Name of Registered Landfill Minerva Enterprise INC	
City, State Montclair, NJ 07042		Disposal Date 10/30/17	City, State Waynesburg, Ohio 44688		
Completed By (Print or Type) Constantine Vivian	Title President	Signature 	Date 10/13/2017		

Paid

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

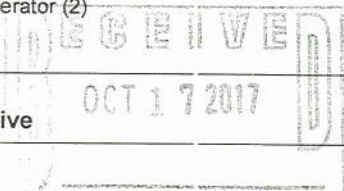

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Date of Notification (1) 10 / 13 / 17		Name of Building Owner/Operator (2) FCM Builder Contractors, Inc.							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 704-1 Old Shore Road							
		City, State, Zip Code Forked River, NJ 08731							
		Name of Contact Frank Maugeri	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) Surf City		Square Feet 1100 sf	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY)	Bldg. Age 65						
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. 732-349-9932	License No. 00624						
Start Date (10) 10 / 25 / 17	Scheduled Completion Date (11) 10 / 27 / 17	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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1050 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	500 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 4	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 10/30/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Femicola		Title Project Manager		Signature 		Date 10/13/17			

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

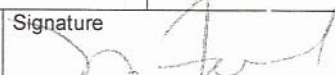
ck#

Date of Notification (1) 10 / 13 / 17		Name of Building Owner/Operator (2) Deputy Ventures		 32904					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 23 Deputy Minister Drive City, State, Zip Code Colts Neck, NJ 07722 Name of Contact Gary Klein					
				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) Union Beach			Square Feet 1800 sf	# of Floors 1	Bldg. Age 65				
County (6) Monmouth		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 / 17		Scheduled Completion Date (11) 10 / 26 / 17		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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1700 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	560 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 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 10/27/17	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 10/13/17			

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

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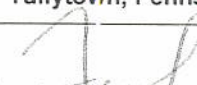
CK #

Date of Notification (1) <div style="text-align: center;">10 / 13 / 17</div>		Name of Building Owner/Operator (2) Walters Residential		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED OCT 17 2017 By _____ </div> <div style="font-size: 1.5em; font-family: cursive; margin-top: 10px;">32894</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 500 Barnegate Blvd. City, State, Zip Code Barnegat, NJ 08005 Name of Contact Victor 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) Point Pleasant				Square Feet 1000 sf	# of Floors 1				
				Bldg. Age 65					
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) <div style="text-align: center;">10 / 26 / 17</div>		Scheduled Completion Date (11) <div style="text-align: center;">10 / 30 / 17</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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 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 10/31/17	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 10/13/17			


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

UC #

Date of Notification (1) 10 / 13 / 17		Name of Building Owner/Operator (2) Walters Residential							
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 500 Barnegate Blvd.							
		City, State, Zip Code Barnegat, NJ 08005							
		Name of Contact Victor	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) Point Pleasant		Square Feet 1200 sf	# of Floors 1 Bldg. Age 65						
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 / 26 / 17	Scheduled Completion Date (11) 10 / 30 / 17	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 checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1100 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 10/31/17		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 10/13/17			

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Date of Notification (1) <div style="display: flex; justify-content: space-around;">101317</div>			Name of Building Owner/Operator (2) Kim Cozic						
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 type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]					
				City, State, Zip Code Berkeley Heights, NJ 07922					
			Name of Contact Kim Cozic		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, e.c.)					
Street Address [REDACTED]									
City (5) Berkeley Heights				Square Feet 3000 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) <div style="display: flex; justify-content: space-around;">101317</div>		Scheduled Completion Date (11) <div style="display: flex; justify-content: space-around;">101817</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"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input 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
attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	vermiculite	1500 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 10	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 10/19/17	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 10/13/17		

CK # 4345

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

RECEIVED
OCT 17 2017

Date of Notification (1) <u>10-10-17</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>155 RT 50</u>						
		City, State, Zip Code <u>GREENFIELD N.J. 08230</u>						
		Name of Contact <u>BRUCE</u>	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>[REDACTED]</u>								
City (5) <u>OCEAN CITY</u>	Square Feet <u>2000</u>	# of Floors <u>2</u>	Bldg. Age <u>50+</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>						
Street Address		Street Address <u>369 S SPRUCE AVE</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>00444</u>					
Start Date (10) <u>10-23-17</u>	Scheduled Completion Date (11) <u>10-30-17</u>	Name of OSHA Monitor <u>N/A</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address						
		City, State, Zip Code						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-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) <u>3250 SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C.M.U.A</u>					
City, State <u>MAPLE SHADE N.J.</u>	Disposal Date	City, State <u>WOODBINE</u>						
Completed By <u>Michael Klemm</u>	Title <u>SUP.</u>	Signature <u>Michael Klemm</u>	Date <u>10-10-17</u>					

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

RECEIVED
OCT 17 2017

Date of Notification (1) <u>10-10-17</u>		Name of Building Owner/Operator (2) <u>TOM WELSH</u> By <u>BUEDER</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>661 POMONA AVE</u>		City, State, Zip Code <u>HADDONFIELD N.J 08033</u>					
Name of Contact <u>TOM</u>		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet <u>1200</u>					
City (5) <u>AVIALONI</u>		# of Floors <u>1</u>					
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____					
Street Address _____		Name of Abatement Contractor (9) <u>KLEMCO INC</u>					
City, State, Zip Code _____		Street Address <u>369 S SPRUCE AVE</u>					
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>					
Telephone No. _____		Telephone No. <u>856-779-0472</u>					
Start Date (10) <u>10-20-17</u>		License No. <u>00444</u>					
Scheduled Completion Date (11) <u>10-27-17</u>		Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code _____					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>1250 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.U.A</u>			
City, State <u>MAPLE SHADE N.J</u>		Disposal Date _____		City, State <u>WOODBINE</u>			
Completed By <u>MICHAEL KLOMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>		Date <u>10-10-17</u>		

CK 4345

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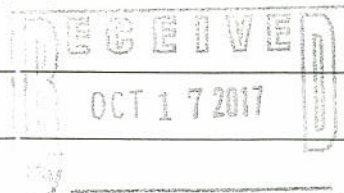
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
OCT 1 7 2017

Date of Notification (1) 10-10-17		Name of Building Owner/Operator (2) PINELANDS CONSTRUCTION					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 300 77TH ST.					
		City, State, Zip Code SEA ISLE CITY N.J. 08243					
		Name of Contact KRANIC	Telephone Number _____				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 1500	# of Floors 1				
City (5) AVIALON		Bldg. Age 50+					
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLEMMCO INC				
Street Address		Street Address 369 S. SPRUCE AVE					
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052					
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	License No. 00444				
Start Date (10) 10-20-17	Scheduled Completion Date (11) 10-27-17	Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 2250sf	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				X			
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste	Name of Registered Landfill C.M.C.M.U.-A.			
City, State MAPLE SHADE N.J 08052		Disposal Date	City, State WOODBINE N.J				
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 10-10-17				

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

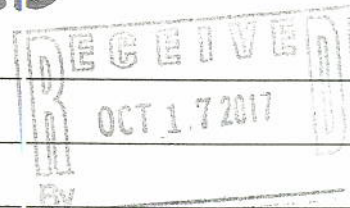
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Date of Notification (1) 10/12/17		Name of Building Owner/Operator (2) Josephine Ritchie							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newfield, NJ 08344							
		Name of Contact Andrew Ricco	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant SFD		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) Newfield		Square Feet	# of Floors Bldg. Age						
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant SFD							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Ricco Construction Corp						
Street Address		Street Address 282 Creek Road							
City, State, Zip Code		City, State, Zip Code Bellmawr, NJ 08031							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 856.466.6452 License No. 01339						
Start Date (10) 10/22/17	Scheduled Completion Date (11) 11/17/17	Name of OSHA Monitor Andrew Ricco							
Occupancy Status During Abatement (Check Only One)		Street Address 282 Creek Road							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Bellmawr, NJ 08031							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Siding	500 SF	X			
Name of Registered Waste Hauler Ricco Construction Corp		NJDEP Waste Hauler ID No. 28909	Cubic Yards of Waste 3	Name of Registered Landfill Salem County					
City, State Bellmawr, NJ			Disposal Date TBD	City, State Alloway, NJ					
Completed by Andrew Ricco		Title Owner	Signature 	Date 10/12/17					

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

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CK # 6414

Date of Notification (1) 10/12/17		Name of Building Owner/Operator (2) Tom Henrich Private Home	
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 Surf City NJ 08008	
		Name of Contact Tom	Telephone Number _____

Name of Facility Where Abatement is Taking Place (3) Tom Henrich Private Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 3 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Surf City NJ 08008		Square Feet 1000+	# of Floors 2
County (6) Ocean		Bldg. Age 35+	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Pernaco Inc
Street Address _____		Street Address PO Box 329	
City, State, Zip Code _____		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm _____		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 10/23/17	Scheduled Completion Date (11) 10/27/17		Name of OSHA Monitor Same
Occupancy Status During Abatement (Check Only One)		Street Address _____	
<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 _____	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
bottom of the house			x	transite board	400 sf	x			

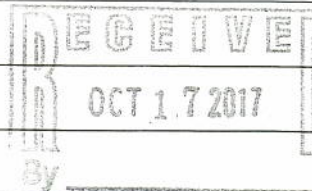

Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.V.I.S.	
City, State Elm NJ		Disposal Date 10/27/17		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 		Date 10/12/17

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

CHECK #24587

Date of Notification (1) 09-20-17		Name of Building Owner/Operator (2) New Jersey Natural Gas Company							
Agencies Notified	Type Notification	Street Address 1415 Wyckoff Road							
<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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wall, NJ 07719 Name of Contact Tom Merenda Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) New Jersey Natural Gas Company				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 581 Highland Parkway				Square Feet N/A	# of Floors N/A				
City (5) Toms River, NJ 08753				Bldg. Age N/A					
County (6) Ocean		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Gas Distribution					
Name of Monitoring Firm Hired by Building Owner (8) Arcturus Environmental Services, LLC.		ASCM No. _____		Name of Abatement Contractor (9) Pinnacle Environmental Corp.					
Street Address 9 Prince William Road		Street Address 200 Broad Street							
City, State, Zip Code Morganville, NJ 07751		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Frank Tamargo		Telephone No. (732) 617-9279		Telephone No. 201-939-6565	License No. 00756				
Start Date (10) 09-22-17		Scheduled Completion Date (11) 10-31-17		Name of OSHA Monitor Even-Air Inc.					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 10-59 Jackson Avenue					
				City, State, Zip Code Long Island City, NY 11101					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior - rubble pile			x	Transite Piping /					
				Concrete Encasement	200SF	x			
Exterior - pipe located in trench			x	Transite Pipe and					
				Cold Tar Wrapped Gas Pipe	100LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJ-113		Cubic Yards of Waste TBD	Name of Registered Landfill WM Fearless Landfill				
City, State Freehold, NJ 07728				Disposal Date TBD	City, State Morrisville, PA 19067				
Completed by Richard Doran		Title Project Manager		Signature 		Date 09-20-17			

09/21/2017 15:15 2012520321

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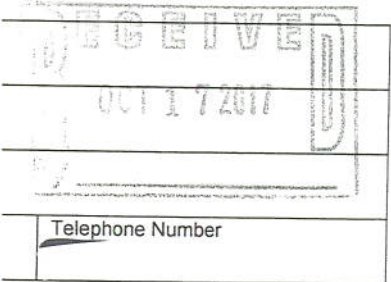
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12B)RECEIVED
OCT 17 2017
PAGE 02/03
Check # 9611
DOI - 10 DAY
SEP 24 2017
WAIVER APPROVED

Date of Notification (9) 9/21/17		Name of Building Owner/Operator (2) JOSEPH GONZALEZ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Attachment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code ESSEX FELLS, N.J. 07022	
Name of Contact JAY FARRELL		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (other than K-12) <input type="checkbox"/> Other (i.e. prison or commercial buildings, houses, etc.)	
Street Address [REDACTED]		Square Feet 3500	
City (5) ESSEX FELLS		Bedrooms 2	
County (6) ESSEX		Bldg. Age 450	
County Code (7) (STATE USE ONLY)		Current Use (Prior to filing demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8)		ASQM No.	
Street Address		Name of Abatement Contract or (9) A.MAC Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave	
Project Manager for Monitoring Plan		City, State, Zip Code Midland Park, NJ 07432	
Telephone No.		Telephone No. (201)262-5841	
Start Date (10) 9/22/17		Scheduled Completion Date (11) 9/30/17	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or less <input checked="" type="checkbox"/> 250 sf or less <input type="checkbox"/> 2500 sf or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment in Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Enclosed () and Non-Friable Procedure		Street Address 280 Myler Street	
Location of Asbestos Containing Material (ACM) IN REFRIGERATOR in Facility (13) Basement		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	
Is Location Normally Used Solely for Maintenance/Controlled Staff? (12) Yes No N/A [REDACTED] [REDACTED] [REDACTED]		Amount (Specify SF or LF) 625 SF	
Name of Registered Waste Hauler Newark Carting Inc.		NJ DEP Waste Hauler ID No. 04509	
City, State Newark, NJ 07105		Cubic Yards of Waste 5	
Completed by Joseph Voudouris		Name of Registered Landfill Grand Central Sanitary Landfill	
Title Vice President		City, State Pen Argyl, PA 08702	
Signature J. Voudouris		Date 9/24/17	

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

CHECK # 5970 / 24588

PAID

Date of Notification (1) 09-20-17		Name of Building Owner/Operator (2) Con Edison	
Agencies Notified	Type Notification	Street Address 4 Irving Place	
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY	
		Name of Contact Brent Fullum	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Pole #61020/35894		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 52 Briarwood Avenue		Square Feet	# of Floors
City (5) Norwood, NJ		Bldg. Age	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utility Pole	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.
Street Address		Street Address 200 Broad Street	
City, State, Zip Code		City, State, Zip Code Carlstadt, NJ 07012	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-939-6565
			License No. 00756
Start Date (10) 09-21-17(1)09-22-17	Scheduled Completion Date (11) 10-31-17	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 307 West 38th Street	
		City, State, Zip Code New York, NY 10018	
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"/> Intact Removal <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)
	Yes	No	
Exterior: Pole #61020/35894		x	Transite
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD
City, State Shirley, NY / Bronx, NY		Name of Registered Landfill Minerva Enterprises	
		Disposal Date TBD	City, State Waynesburg, OH 44688
Completed by Kevin Moriarty	Title Project Manager	Signature 	Date 09-20-17

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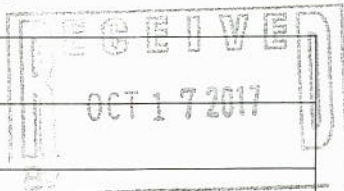
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

UC# 22629

Date of Notification (1) 10/12/2017		Name of Building Owner/Operator (2) RANDOLPH TOWNSHIP SCHOOLS							
Agencies Notified	Type Notification	Street Address 25 SCHOOL HOUSE ROAD							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RANDOLPH, NJ 07869							
		Name of Contact ANDREW HURD	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RANDOLPH MIDDLE SCHOOL		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 507 MILLBROOK AVENUE		Square Feet	# of Floors						
City (5) RANDOLPH		Bldg. Age							
County (6) MORRIS	County Code (7) (STATE USE ONLY) _____	Current Use (Price if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address P.O. BOX 385		Street Address 11 VREELAND AVENUE							
City, State, Zip Code OCEANVILLE, NJ 08231		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm JOHN SMOYER		Telephone No. 609-652-1833	License No. 00494						
Start Date (10) 10/14/2017	Scheduled Completion Date (11) 10/16/2017	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: START 8:00 AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
AUDITORIUM MECHANICAL RM	X			PIPE FITTINGS	17 UNITS				
				(WRAP & CUT ONLY)					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 5	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.					
City, State TOTOWA, NJ		Disposal Date 10/16/2017		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 10/12/2017					

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

ct # 22612 *Raid*

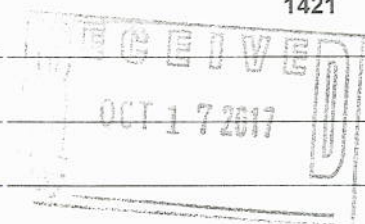
Date of Notification (1) 10/11/2017		Name of Building Owner/Operator (2) MICHAEL SHAW			
Agencies Notified	Type Notification	Street Address [REDACTED]			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <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 TEANECK, NJ 07666			
		Name of Contact MICHAEL SHAW			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) VACANT RESIDENCE				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]					
City (5) EDGEWATER				Square Feet	# of Floors
County (6) BERGEN		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) TWO BROTHERS CONTRACTING, INC.	
Street Address				Street Address 11 VREELAND AVENUE	
City, State, Zip Code				City, State, Zip Code TOTOWA, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-956-8700	License No. 00494
Start Date (10) 10/23/2017		Scheduled Completion Date (11) 11/6/2017		Name of OSHA Monitor SAME AS (9) ABC VE	
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				Street Address	
				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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)
	Yes	No	N/A		
				BUILDING TO BE DEMOED	
				AS ASBESTOS	
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743		Cubic Yards of Waste 200	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.
City, State TOTOWA, NJ		Disposal Date 11/6/2017		City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>	Date 10/11/2017

Paid

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

1421

CK# 1421



Date of Notification (1) October 12, 2017		Name of Building Owner/Operator (2) General Plastics	
Agencies Notified	Type Notification	Street Address 55 LaFrance Ave.	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Bloomfield NJ	
<input checked="" type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Corporate EH&S Manager	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

Name of Facility Where Abatement is Taking Place (3) General Plastics facility			Type of Facility (4)		
Street Address 55 LaFrance 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) Bloomfield NJ			Square Feet	# of Floors	Bldg. Age
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Pr or if being demolished) facility	
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc.		ASC No.		Name of Abatement Contractor (9) The MACK Group, I.L.C.	
Street Address 907 Doolittle Drive				Street Address 1500 Kings HWY N, STE 209	
City, State, Zip Code Bridgewater, NJ 08807				City, State, Zip Code Cherry Hill, NJ 08034	
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108		Telephone No. (973) 759 - 5000	License No. 00781
Start Date (10) 10/26/17		Scheduled Completion Date (11) 12/31/17		Name of OSHA Monitor The MACK Group, I.L.C.	
Occupancy Status During Abatement (Check Only One)				Street Address 1500 Kings HWY N, STE 209	
<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 Cherry Hill, NJ 08034	

Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure			
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure			
		<input checked="" type="checkbox"/> Glovebag Procedure			
		<input type="checkbox"/> Non-Exempt (*) 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
Heating System	<input checked="" type="checkbox"/>			pipe insulation	32 l/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 22253	Cubic Yards of Waste 0.3	Name of Registered Landfill Cumberland Co./ BFI / GROWS / TRRF	
City, State Newark, NJ		Disposal Date 12/31/17		City, State Newburg / Imperial / Morrisville, PA	
Completed by Michael Cooper		Title President	Signature 		Date 10/12/17

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

Paid

Check # 12153

Date of Notification (1) October 12, 2017		Name of Building Owner / Operator (2) Celgene Corporation							
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 Emergency <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> RECEIVED OCT 17 2017 </div> Street Address 86 Morris Avenue City, State & Zip Code Summit, NJ 07901 Name of Contact Janos Angeli							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Celgene – Building C		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, home, etc.)							
Street Address 86 Morris Avenue		Square Feet 133,000	# of Floors 3						
City (5) Summit, NJ		Bldg. Age 50 Years							
County (6) Union		Current Use (Prior if being demolished) Commercial							
County Code (7) USE ONLY									
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services		ASCM No.							
Street Address 464 Valley Brook Avenue, #3A		Name of Abatement Contractor (9) Synatech, Inc.							
City, State & Zip Code Lyndhurst, NJ 07071		Street Address 829 Radio Road							
Project Manager for Monitoring Firm John Chiavello		Telephone Number 201-438-4839	License Number 00817						
Scheduled Start Date (10) October 13, 2017		Scheduled Completion Date (11) October 15, 2017							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor Synatech, Inc.							
		Street Address 829 Radio Road							
		City, State & Zip Code Little Egg Harbor, NJ 08087							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥ 50 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Building C – Data Center – Room C109			X	Floor Tile and Mastic	150 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills					
City, State Freehold, NJ 07728		Disposal Date October 16, 2017		City, State Morrisville, PA					
Completed By Diane Aloia		Title Exec. Administrator	Signature <i>Diane Aloia</i>			Date October 12, 2017			

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

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

Check # 1005

Date of Notification (1) 10/6/17		Name of Building Owner/Operator (2) SIERRA CONSTRUCTION	
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"/> OCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address 511 ARDMORE		City, State, Zip Code Hk Hk Ky NJ 07423	
Name of Contact STEVE PUGH		Telephone Number	

Name of Facility Where Abatement is Taking Place (3) SIERRA CONST. HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1450	
City (5) Hk Hk Ky		# of Floors 68	
County (6) Berk		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
Street Address		Street Address 185 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code Midland Park, N.J.	
Project Manager for Monitoring Firm		Telephone No. 201-262-5841	
Start Date (10) 10/7/17		Scheduled Completion Date (11) 10/16/17	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor 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"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input type="checkbox"/> ≥180 sf or ≥250 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) 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 S ² or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASement			X	VAT	1445 SF	X			

Name of Registered Waste Hauler Newark Carting, Inc.	NJOEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, N.J. 07105	Disposal Date 10/2/20	City, State Pen Argyl, PA 08072	
Completed by R. McDonald	Title President	Signature [Signature]	Date 10/6/17

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

Date of Notification (1) 8/25/17		Name of Building Owner/Operator (2) SBLP Princeton, LLC									
Agencies Notified	Type Notification	Street Address									
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	4514 Cole Ave									
		City, State, Zip Code Dallas, TX 75205									
		Name of Contact Kyle Wisdom	Telephone Number								
FACILITY INFORMATION											
Name of Facility Where Abatement Is Taking Place (3) FMC Corporation Pilot Plant		Type of Facility (4)									
Street Address 1 Plainsboro Rd Block 1703 Lot 3.01/3.02/3.03		<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) Plainsboro		Square Feet	# of Floors 3								
County (6) Middlesex County		Bldg. Age									
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned									
Name of Monitoring Firm Hired by Building Owner (8) The Vertex Companies		ASCM No.	Name of Abatement Contractor (9) SCE Environmental Group								
Street Address 700 Turner Way Suite 105		Street Address 1380 Mt Cobb Rd									
City, State, Zip Code Aston PA 19014		City, State, Zip Code Lake Ariel PA 18436									
Project Manager for Monitoring Firm David Turotsky		Telephone No. 610-558-8902	Telephone No. 570 383 4151								
Start Date (10) 9/5/17		Scheduled Completion Date (11) 9/13/17	Name of OSHA Monitor SCE Environmental Group								
Occupancy Status During Abatement (Check Only One)		Street Address 1380 Mt Cobb Rd									
<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 Lake Ariel PA 18436									
Scope of Work (Check All That Apply)											
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure (Amended 01) <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		
Please see Attached				Please see Attached							
Name of Registered Waste Hauler Peter Rubineti Hauling		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 300 +/-	Name of Registered Landfill IESI Bethlehem Landfill		City, State Bethlehem PA 18015					
City, State New Vernon		Disposal Date		City, State							
Completed by MARIAH Wheelac		Title PMA	Signature [Signature]		Date 8/24/17						

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D&S RESTORATIO

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CHK# 7150

PAID

D&S Proj. #: 17-262

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

Date of Notification (1) 10/1/17		Name of Building Owner/Operator (2) HINCKS INC.	
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 3910 Belmar Boulevard		City, State, Zip Code Wall Twp., NJ 07719	
Name of Contact HINCKS INC. - (Dennis Clemens)		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) HINCKS INC.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 3910 Belmar Boulevard			Square Feet # of Floors Bldg. Age		
City (5) Wall Twp.,	County (6) monmouth	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 10/16/17		Sched. Completion Date (11) 10/31/17	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable procedure
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Envelope
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		boiler insulation	38 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/17/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/13/2017

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

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

D&S Proj. #: 17-282

CHK# 7150



Date of Notification (1) 10/11/17		Name of Building Owner/Operator (2) HINCKS INC.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 3910 Belmar Boulevard	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Wall Twp., NJ 07719	
		Name of Contact HINCKS INC. - (Dennis Clemens)	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) HINCKS INC.			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 3910 Belmar Boulevard			Square Feet		
City (5) Wall Twp.,			County (6) monmouth	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 10/16/17	Sched. Completion Date (11) 10/31/17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		boiler insulation	38 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/17/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/13/2017

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D&S RESTORATIO

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Check # 7151

D&S Proj. #: 17-284

PAIDState of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 10/11/17		Name of Building Owner/Operator (2) robert kolibas	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended		
<input checked="" type="checkbox"/> DOL	Amendment #:	City, State, Zip Code	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)	westfield, nj 07090	
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
		robert kolibas	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) robert kolibas			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K - 12)		
			<input type="checkbox"/> Subchapter B (Other than K-12)		
			<input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
City (5) westfield	County (6) union	County Code (7) (State use only)	Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Bldg. Owner (8)			Current Use (Prior if being demolished)		
Street Address			Name of Abatement Contractor (9)		
City, State, Zip Code			D & S RESTORATION, INC.		
Project Manager for Monitoring Firm			Street Address		
Phone Number			20 California Ave.		
Start Date (10) 10/17/17			City, State, Zip Code		
Sched. Completion Date (11) 10/31/17			Paterson, NJ 07503		
Occupancy Status During Abatement (Check only one)			Telephone Number		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement			973-345-8020		
<input type="checkbox"/> Abatement performed outside of normal facility hours-Describe:			License Number		
<input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			01169		
Scope of Work (check all that apply)			Name of OSHA Monitor		
<input checked="" type="checkbox"/> >3 sf or >3 lf			D & S Restoration, Inc.		
<input type="checkbox"/> >160 sf or >260 lf			Street Address		
<input checked="" type="checkbox"/> Renovation			20 California Avenue		
<input type="checkbox"/> Demolition			City, State, Zip Code		
			Paterson, NJ 07503		

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R em ov e	R es p a i r	E nc ap	E nc l
	Yes	No	N/A						
basement		X		PIPE INSULATION	3211	X			
Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY						
City, State PATERSON, NJ 07503	Disposal Date 10/18/17		City, State TULLYTOWN, PA						
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature		Date 10/13/2017					

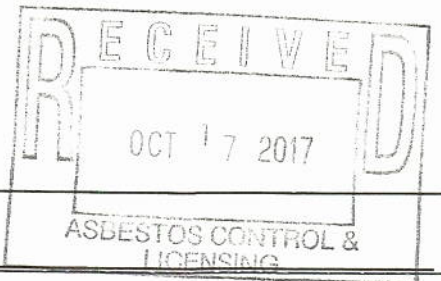
This notification form is for asbestos abatement activities.

D&S Proj. #: 17-284

PAID

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

CHK#7151



Date of Notification (1) 10/11/13/17		Name of Building Owner/Operator (2) robert kolibas	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code westfield, nj 07090	
Name of Contact robert kolibas		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) robert kolibas			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) westfield	County (6) union	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07501		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 10/17/17		Sched. Completion Date (11) 10/31/17	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <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 w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
basement		X		PIPE INSULATION	321 ft	X					

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/18/17		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 10/13/2017

10/13/2017 09:19AM 9733458060

D&S RESTORATIO

PAGE 02/04

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80 and 12:120)

D&S Proj. #: 17-283

CHK # 7148

Date of Notification (1) 10/10/17		Name of Building Owner/Operator (2) lev kuperman		DOL - 10/17/2017	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code SO. ORANGE, NJ 07079	
		Name of Contact lev kuperman		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) lev kuperman			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) SO. ORANGE	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 10/13/17		Sched. Completion Date (11) 10/31/17	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >2 sf or >2 lf <input type="checkbox"/> ≥160 sf or ≥280 lf			<input checked="" type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-exempted (*) and Non-friable procedure		
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12) Yes No N/A		Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e
garage	X		duct insulation	16 sq ft	R e p a i r
					E n c a p
					E n c l
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY		
City, State PATERSON, NJ 07503	Disposal Date 10/14/17		City, State TULLYTOWN, PA		
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/11/2017		

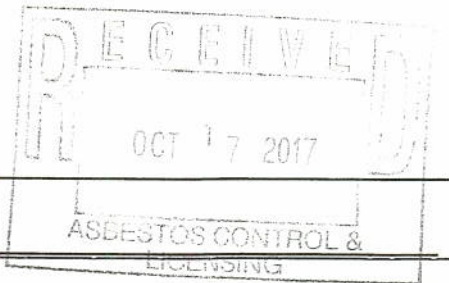
* Do not use this form for asbestos licensure exempted activities.

PAID

D&S Proj. #: 17-283

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

CHK# 7148



Date of Notification (1) 10/11/17		Name of Building Owner/Operator (2) lev kuperman	
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 #: _____	Street Address [REDACTED]	
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SO. ORANGE, NJ 07079	
		Name of Contact lev kuperman	
		Telephone Number	

FACILITY INFORMATION

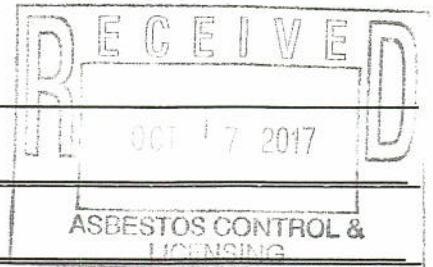
Name of facility where abatement is taking place (3) lev kuperman			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)						
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age						
City (5) SO. ORANGE	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.						
Street Address			Street Address 20 California Ave.						
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503						
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169				
Start Date (10) 10/13/17	Sched. Completion Date (11) 10/31/17		Name of OSHA Monitor D & S Restoration, Inc.						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue						
			City, State, Zip Code Paterson, NJ 07503						
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
garage		X		duct insulation	16 sq ft	X			
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY					
City, State PATERSON, NJ 07503		Disposal Date 10/14/17		City, State TULLYTOWN, PA					
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature			Date 10/11/2017			

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

D&S Proj. #: 17-281

CHK# 7149

PAID



Date of Notification (1) 10/11/17		Name of Building Owner/Operator (2) kevin coleman	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MADISON, NJ 07940	
		Name of Contact kevin coleman	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) kevin coleman			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) MADISON			County (6) MORRIS		County Code (7) (State use only)

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 10/14/17	Sched. Completion Date (11) 10/31/17			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				

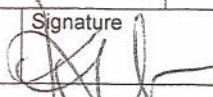
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
garage		X		entire duct work (wrap & cut)	57 sq ft	X			
1st & 2nd floors, 8 locations		X		duct insulation	20 sq ft	X			
1ST FLOOR 1 location		X		entire duct work (wrap & cut)	4 lf	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/16/17		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 10/11/2017

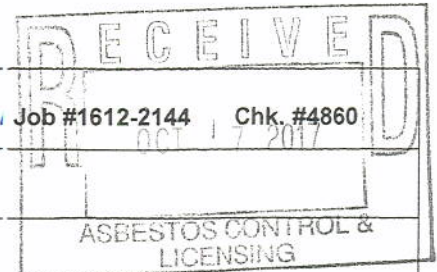
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 10 / 13 / 17		Name of Building Owner/Operator (2) Group One Automotive		/ Job #1710-2247 Chk. #4859	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 800 Gessner, Suite 500 City, State, Zip Code Houston, TX 77024 Name of Contact Greg Murphy	
Telephone Number _____					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Golden Dawn Diner				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, e.c.)	
Street Address 570 Route 38				Square Feet 4800	
City (5) Maple Shade				# of Floors 1	
County (6) Burlington				Bldg. Age unknown	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant			
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Dave Flanigan		Telephone No. 856-848-0800		Telephone No. 609-702-0400	
Start Date (10) 10 / 23 / 17		Scheduled Completion Date (11) 11 / 6 / 17		License No. 00862	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Name of OSHA Monitor EMSL Analytical, Inc.			
Street Address 200 U.S. Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077			
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf					
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition					
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Front Soffit and Rear Storage Area		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Textured Material over NON ACM	
Exterior		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Tar Sealer	
Exterior		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Roof Field	
Roof Duct Work		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Tar Sealer	
Amount (Specify SF or LF)		Abatement Type Removal Repair Encapsulate Enclosure			
1,200 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
2,800 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
5,600 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
200 SF		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
Name of Registered Landfill Grand Central		Disposal Date 11/6/17			
City, State Lafayette, NJ		City, State Penn Argyle, PA			
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	
Date 10-13-17					

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



Date of Notification (1) 10 / 13 / 17			Name of Building Owner/Operator (2) A&H Partnership, LLC			Job #1612-2144 Chk. #4860						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 69 King Street			ASBESTOS CONTROL & LICENSING					
				City, State, Zip Code Dover, NJ 07801								
				Name of Contact Kirk Harpell			Telephone Number _____					
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Commercial Property						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 69 King Street												
City (5) Dover						Square Feet 217,800	# of Floors 4	Bldg. Age 107				
County (6) Morris			County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Warehouse						
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories			ASCN No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 3370 Progress Drive, Suite J			Street Address 3859 Sylon Boulevard									
City, State, Zip Code Bensalem, PA 19020			City, State, Zip Code Hainesport, NJ 08036									
Project Manager for Monitoring Firm Mike Panepresso			Telephone No. 215-244-1300		Telephone No. 609-702-0400		License No. 00862					
Start Date (10) 10 / 23 / 17		Scheduled Completion Date (11) 10 / 30 / 17		Name of OSHA Monitor EMSL Analytical, Inc.								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM					Street Address 200 U.S. Route 130 North							
					City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)												
<input 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 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 Brick Boiler		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation & Debris		100 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels on Wooden Chute		110 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management			NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central					
City, State Lafayette, NJ			Disposal Date 10/31/17		City, State Penn Argyle, PA							
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator			Signature 				Date 10-13-17			

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STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)

check # 2968

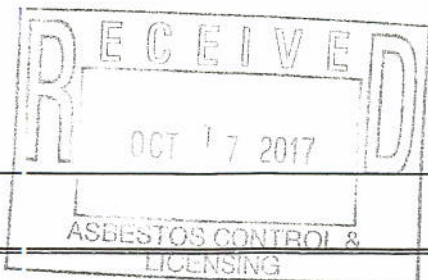
Date of Notification (1) 10 / 16 / 17		Name of Building Owner / Operator (2) PSE&G		<div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">OCT 17 2017</div>			
Agencies Notified		Type of Notification				Street Address 100 EAGLE ROCK AVE	
<input type="checkbox"/> EPA <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation				City, State, Zip Code EAST HANOVER, NJ 07936	
						Name of Contact AYOOLA ODEYEMI	
FACILITY INFORMATION						ASBESTOS CONTROL & LICENSING	
Name of Facility Where Abatement is Taking Place (3) TOWER L-BA - 1/3				Type of Facility (4)			
Street Address LAT 40 37' 44.56" LONG 74 12' 30.94"				<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.)			
City (5) LINDEN	County (6) UNION	County Code (7)	Square Feet N/A	# Of Floors N/A	Building Age N/A		
			Current Use (Prior if being demolished) ELECTRICAL TOWER				
Name of Monitoring Firm Hired by Bldg. Owner (8) GZA			ASCM NO.	Name of Abatement Contractor (9) NORTHSTAR CONTRACTING GROUP, INC			
Street Address 55 LANE ROAD			Street Address 32 Williams Parkway				
City, State, Zip Code FAIRFIELD, NJ 07004			City, State, Zip Code East Hanover, NJ 07936				
Project Mngr. For Monitoring Firm BENNY SALLLEMI			Telephone Number 973-774-3311	Telephone Number 973-772-3660			
Scheduled Start Date (10) 10 / 26 / 17		Sched. Completion Date (11) 11 / 03 / 17		License Number 00860			
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC				
<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: 7:00AM - 5:00PM			Street Address 32 Williams Parkway				
			City, State, Zip Code East Hanover, NJ 07936				
Scope of Work (Check All That Apply)							
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> ≥160 sf or ≥260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini - Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	YES NO N/A			R E M O V A L	E N C A P S U L		
EXTERIOR	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TAR/MASTIC	6 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill GROWS			
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA				
Completed by (Print or Type) STEVEN STILES		Title PROJECT MANAGER	Signature <i>Steven Stiles</i>		Date 10/16/17		

PAID

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

D&S Proj. #: 17-280

CHK# 7161



Date of Notification (1) 10/10/17		Name of Building Owner/Operator (2) christine porretta	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial	City, State, Zip Code jersey city, nj 07305	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact christine porretta	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Emergency (including justification)		
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) christine porretta			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) jersey city			County (6) hudson	County Code (7) (State use only)	# of Floors
			Bldg. Age		
			Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]			Street Address 20 California Ave.	
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 10/16/17	Sched. Completion Date (11) 10/27/17		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply)				<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement crawl space		<input checked="" type="checkbox"/>		PIPE INSULATION	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/17/17		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 10/10/2017

* Do not use this form for asbestos license exempted activities

PAID

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

D&S Proj. #: 17-279

CHK# 7147



Date of Notification (1) 10/10/19/17		Name of Building Owner/Operator (2) FRANK MARTONE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code montclair, nj 07042	
		Name of Contact FRANK MARTONE	
		Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) FRANK MARTONE			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) montclair	County (6) essex	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. _____		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]		Street Address 20 California Ave.		City, State, Zip Code Paterson, NJ 07503	
City, State, Zip Code _____		Telephone Number 973-345-8020		License Number 01169	
Project Manager for Monitoring Firm _____		Phone Number _____		Name of OSHA Monitor D & S Restoration, Inc.	
Start Date (10) 10/12/17		Sched. Completion Date (11) 10/27/17		Street Address 20 California Avenue	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		City, State, Zip Code Paterson, NJ 07503			

Scope of Work (check all that apply)

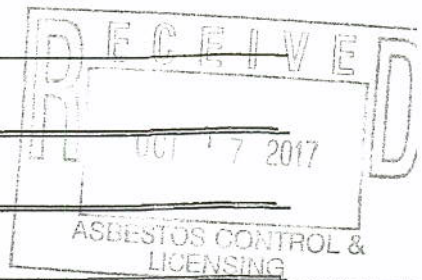
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
3RD FLR. ATTIC CRAWL SPACE		X		PIPE INSULATION	12 L FT	X			

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 1 yd		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 10/13/17		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature _____		Date 10/09/2017	

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

Date of Notification (1) <u>10/10/2017</u>		Name of Building Owner/Operator (2) <u>Nastasi Architects</u> <u>Christopher J. Mehos</u>	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	<u>91 Monroe Street</u>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	City, State, Zip Code	
<input checked="" type="checkbox"/> DOL	Amendment #: _____	<u>Hoboken, NJ 07030</u>	<u>Hoboken, NJ 07030</u>
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)	Name of Contact	Telephone Number
<input type="checkbox"/> DCA	<input type="checkbox"/> Cancellation	<u>Alex Guimaraes</u> <u>Christopher J. Mehos</u>	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>Two Family Residential Building</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) <u>Hoboken</u>	County (6) <u>Hudson</u>	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u>		
Street Address			Street Address <u>20 California Ave.</u>		
City, State, Zip Code			City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm		Phone Number	Telephone Number <u>973-345-8020</u>		
Start Date (10) <u>10/13/17</u>		Sched. Completion Date (11) <u>11/15/17</u>	License Number <u>01169</u>		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor <u>D & S Restoration, Inc.</u>		
<input type="checkbox"/> Facility closed/vacated during entire period of abatement.			Street Address <u>20 California Avenue</u>		
<input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____			City, State, Zip Code <u>Paterson, NJ 07503</u>		
<input checked="" type="checkbox"/> Other-Describe: <u>NORMAL HOURS</u>					

Scope of Work (check all that apply)

☐ >3 sf or >3 lf ☐ Renovation ☐ Full Containment w/negative pressure

☒ ≥160 sf or ≥260 lf ☒ Demolition ☒ Mini-enclosure ☒ Glovebag procedure

☐ Non-Exempted (*) and Non-friable procedure

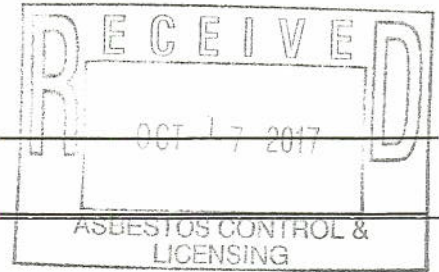
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
GARAGE		<input checked="" type="checkbox"/>		PIPE INSULATION	190 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING EXTERIOR		<input checked="" type="checkbox"/>		roof flashing	250 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING EXTERIOR		<input checked="" type="checkbox"/>		transite siding	3,500 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler <u>D & S RESTORATION, INC.</u>	NJDEP Hauler ID# <u>13506</u>	Cubic Yards of Waste <u>40 yds</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>
City, State <u>PATERSON, NJ 07503</u>	Disposal Date <u>10/15/17</u>	City, State <u>TULLYTOWN, PA</u>	
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>	Title <u>PRESIDENT</u>	Signature	Date <u>10/02/2017</u>

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

D&S Proj. #: 17-270-A

Noel K



Date of Notification (1) 10/10/17		Name of Building Owner/Operator (2) CHRISTOPHER J. MEHOS	
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 checked="" type="checkbox"/> Amended Amendment #: 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Hoboken, NJ 07030	
Name of Contact CHRISTOPHER J. MEHOS		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Two Family Residential Building			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet [REDACTED]		
City (5) Hoboken			County (6) Hudson		Bldg. Age [REDACTED]
County Code (7) (State use only)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]		Street Address 20 California Ave.			
City, State, Zip Code [REDACTED]		City, State, Zip Code Paterson, NJ 07503			
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 10/13/17		Sched. Completion Date (11) 11/15/17			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

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

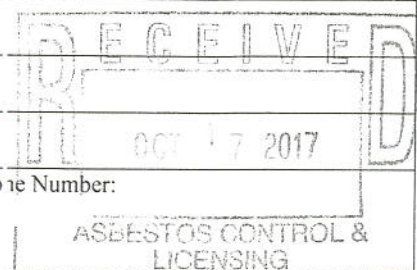
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
GARAGE		<input checked="" type="checkbox"/>		PIPE INSULATION	90 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING EXTERIOR		<input checked="" type="checkbox"/>		roof flashing	250 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BUILDING EXTERIOR		<input checked="" type="checkbox"/>		transite siding	3,500 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 40 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 10/15/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature [REDACTED]	Date 10/10/2017

Chk#1266

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:20/N.J.A.C. 7:26-2.12)

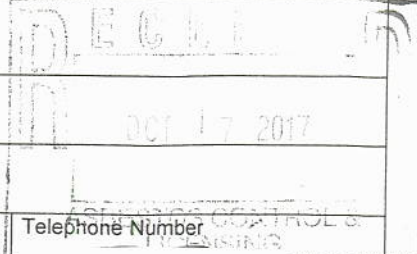


Date of Notification (1): 10/11/2017		Name of Building Owner/Operator (2): Newark Public School						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment#: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address: 2 Cedar Street						
		City, State, Zip Code: Newark, NJ 07102						
		Name of Contact: Mr. Benjamin Olagadeyo	Telephone Number:					
FACILITY INFORMATION								
Name of Facility Barringer High School		Type of Facility (4): <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
90 Parker Street		Square Feet: # of Floors:						
City/ (5) Newark	County (6): Essex	County Code (7): 07104	Bldg. Age Current Use : School					
Name of Monitoring Firm Hired by Building Owner: WHITMAN		ASCM No.: 00110	Name of Abatement Contractor (9): Apex Development, Inc.					
Street Address: 17 Pleasant Hill Road		Street Address: 358 Broadway						
City, State, Zip Code: Cranbury, NJ 08512		City, State, Zip Code: Newark, NJ 07104						
Project Manager for Monitoring Firm: Kevin Lovely		Telephone No.: 732-390-5858	Telephone No.: (973) 350-0101 License No.: 01215					
Start Date (10): 10/27/17	Scheduled Completion Date (11): 11/03/17	Name of OSHA Monitor: Metro Analytical Laboratories						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: <input type="checkbox"/> Other Describe:		Street Address: 255 West 36th Street, Suite 203 City, State, Zip Code: New York, New York, 10018						
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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial/Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulat
BASEMENT MUSIC ROOM		X	FLOOR TILE AND MASTIC	400 SF	*			*
Name of Registered Waste Hauler: JIMMY BYRNE TRUCKING		NJDEP Waste Hauler ID No.: 19551	Cubic Yards of Waste: 30	Name of Registered landfill: MINERVA ENTERPRISES ASSOC, INC.				
City, State: Bronx, NY 10474		Disposal Date:		City, State: Waynesburg, OH 4-688				
Completed By: Sylvester Oraegbunam		Title: President	Signature: <i>Sylvester Oraegbunam</i>	Date: 10/11/2017				

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

CR # 3279

Date of Notification (1) 10 / 11 / 17		Name of Building Owner/Operator (2) Verizon Communications							
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 County Ave & Secaucus Road							
		City, State, Zip Code Secaucus, NJ 07032							
		Name of Contact Alex Baylor							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Secaucus Central Office				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 County Ave & Secaucus Road									
City (5) Secaucus				Square Feet +10,000	# of Floors 1				
County (6) Hudson				Bldg. Age +50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Harold Baldwin		Telephone No. 908-812-6742	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) 10 / 26 / 17		Scheduled Completion Date (11) 11 / 9 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM				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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vat / Mastic	600SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Office/Breakroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vat / Mastic	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office B680	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vat / Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 10-11-17						