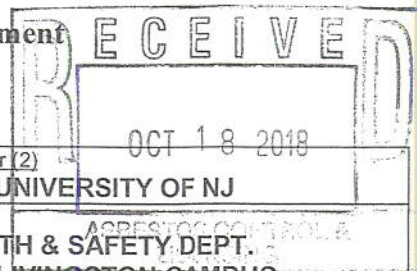


State of New Jersey - Notification of Asbestos Abatement

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



Date of Notification (1) October 12, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified	Notification Type	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancelled	ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact Michael Smith ENV HEALTH & SAFETY	Telephone Number 848.445.2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Stanley Bergen Bldg # 7252		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 RBHS Newark Campus		Sq. Feet: Unknown # of Floors: 15 Bldg. Age: 80 years	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	
Current Use (prior if being demolished): Academic			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) October 12, 2018	Scheduled Completion Date (11) October 15, 2018	Name of OSHA Monitor Envirovision, Inc.	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 5pm - 5am -(24 hrs & Weekends as Needed)		Street Address 20-21, Bldg E Wagaraw Road	
		City, State, Zip Code Fairlawn, NJ	
Source 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) in Facility (13) 210, 214, 218	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 2000 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 40 CYDS	Name of Registered Landfill GROWS North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date October 15, 2018	City, State 100 New Ford Mill Road, Morrisville, PA 19067 215-736-1700
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Raymond C. Pedalino	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date October 12, 2018

GAC # 2018-060

State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) October 2, 2018		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP - No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact Michael Smith ENV HEALTH & SAFETY		Telephone Number 848.445.2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Stanley Bergen Bldg # 7252		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 RBHS Newark Campus		Sq. Feet: Unknown # of Floors: 15 Bldg. Age: 80 years	
City (5) Newark	County (6) Essex	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC ASSOCIATES		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) October 12, 2018		Scheduled Completion Date (11) October 15, 2018	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: 5pm - 5am - (24 hrs & Weekends as Needed)		Name of OSHA Monitor Envirovision, Inc.	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260		Street Address 20-21, Bldg E Wagaraw Road	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Fairlawn, NJ	
<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		Name of OSHA Monitor Envirovision, Inc.	
Location of Asbestos-Containing Material (ACM) in Facility (13) 210, 214, 218	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 2000 sf
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove		Name of Registered Landfill GROWS North Landfill	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2 Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Cubic Yards of Waste: 40 CYDS	Disposal Date October 15, 2018
City, State 100 New Ford Mill Road, Morrisville, PA 19067 215-736-1700		Completed by (Print or Type) Raymond C. Pedalino	
Title SENIOR PROJECT MANAGER		Signature <i>Raymond C. Pedalino</i>	Date October 2, 2018

GAC # 2018-060

PAID

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

CK 4792

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OCT 18 2018

Date of Notification (1) 10/15/18		Name of Building Owner/Operator (2) BASF				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 25 MIDDLESEX/ESSEX TPK City, State, Zip Code ISELIN, NJ. 08830 Name of Contact MR. SMITH Telephone Number 732-205-7664				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) BASF		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 25 MIDDLESEX/ESSEX TPK		Square Feet 100,000	# of Floors 3			
City (5) ISELIN		Bldg. Age 63 YEARS				
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) R+D OFFICES / LABS				
Name of Monitoring Firm Hired by Building Owner (8) EHI	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address 655 WEST SHORE TRAIL		Street Address 450 South River St				
City, State, Zip Code SPARTA, NJ. 07871		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm J.P. VON DOEREN	Telephone No. 973-729-5649	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 10/27/18	Scheduled Completion Date (11) 10/28/18	Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30AM TO 5:00PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 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 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)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
LAB 128	✓	TABLE BENCH TOP	90 SF	X		
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2	Name of Registered Landfill Minerva Enterprises, LLC			
City, State Hackensack, N.J. 07601		Disposal Date 10/29/18	City, State Waynesburg, Oh, 44688			
Completed by J. Maiorano	Title Estimator	Signature <i>J. Maiorano</i>	Date 10/15/18			

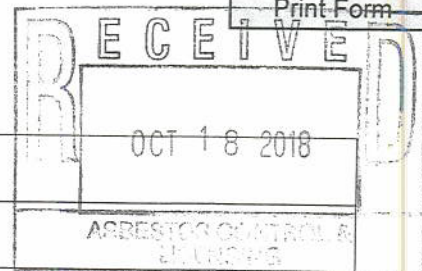
ASB-41

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

CH 7087

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

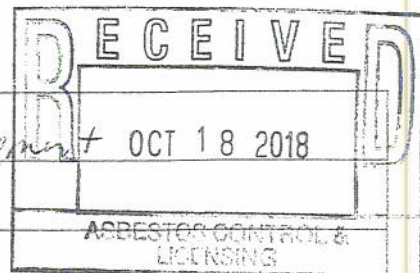
Print Form



Date of Notification (1) 10/15/18		Name of Building Owner/Operator (2) J R Debastos 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 Jeff	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) J R Debastos Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1000+	# of Floors 1						
City (5) Surf City NJ 08008		Bldg. Age 35+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Garage							
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) 10/24/18	Scheduled Completion Date (11) 10/30/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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 Siding Garage			x	Exterior Siding	800 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 10/30/18		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 10/15/17			

CK# 5173

State of New Jersey
PAID
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:69 and 12:120)



Date of Notification (1) 10/15/18		Name of Building Owner/Operator (2) Liberty Property Management		OCT 18 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 234 Bay Ave	
		City, State, Zip Code Highlands, New Jersey		Telephone Number 609 713 3013	
		Name of Contact Chuck			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Liberty Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 234 Bay Ave				Square Feet 2000	
City (5) Highlands				# of Floors 2	
County (6) Monmouth				Bldg. Age 65+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) res. denle			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Ace Insulation Co Inc	
Street Address				Street Address 95 Montrose Ave	
City, State, Zip Code				City, State, Zip Code Columbia, NJ 07722	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732 244 1757	
				License No. 00029	
Start Date (10) 10/25/18		Scheduled Completion Date (11) 10/30/18		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7AM-7PM				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"/> ≥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)
	Yes	No	N/A		
Exterior			X	Siding	2000 SF
Name of Registered Waste Hauler Ace Insulation Co Inc		NJDEP Waste Hauler ID No. 120816		Cubic Yards of Waste 6	
City, State Columbia, NJ 07722		Disposal Date 10/30/18		Name of Registered Landfill Christiansburg, PA	
Completed by Brenda Gure		Title Secretary/Treasurer		Signature [Signature]	
				Date 10/15/18	

CK#5172

PAID

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

Print Form

RECEIVED

OCT 18 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 10/15/18		Name of Building Owner/Operator (2) Kiely Development	
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 700 McClellan St		City, State, Zip Code Long Branch, New Jersey 07740	
Name of Contact Cara		Telephone Number 732 222 0300 x442	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Kiely Property		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.)	
Street Address 548 Main Ave		Square Feet 1800	
City (5) Bayhead		# of Floors 2	
County (6) Ocean		Bldg. Age 120	
County Code (7) Ocean		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) ACE Insulation Co Inc	
City, State, Zip Code		Street Address 45 Montrose Rd	
Project Manager for Monitoring Firm		City, State, Zip Code 0145 Neck, NJ 07772	
Telephone No.		Telephone No. 732-2941757	
Start Date (10) 10/24/18		License No. 00029	
Scheduled Completion Date (11) 10/24/18		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am - 7:00 pm		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

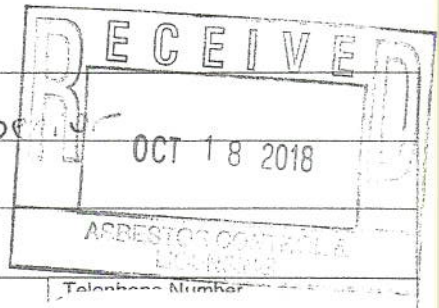
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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 (rear of home)			X	transite siding	350	X			

Name of Registered Waste Hauler ACE Insulation Co Inc		NJDEP Waste Hauler ID No. 12086		Cubic Yards of Waste 1		Name of Registered Landfill Chen	
City, State Long Branch, New Jersey		Disposal Date 10/24/18		City, State Costa, RI			
Completed by Breanne Gine		Title Secretary/Treasurer		Signature [Signature]		Date 10/15/18	

OK#5172

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



Date of Notification (1) 10/15/18		Name of Building Owner/Operator (2) Kathy + George Superior	
Agencies Notified	Type Notification	Street Address 60 Woodlawn Ave	
<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 Keansburg, NJ	
		Name of Contact George	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Superior Property		Type of Facility (4)	
Street Address 60 Woodlawn 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) Keansburg	Square Feet 1500	# of Floors 1	Bldg. Age 50+
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)		Name of Abatement Contractor (9) Ace Insulation Co Inc	
Street Address		Street Address 95 Montrose Rd	
City, State, Zip Code		City, State, Zip Code 0145 Wick, NJ 07722	
Project Manager for Monitoring Firm		Telephone No. 732 2941757	License No. 00029
Start Date (10) 10/24/18	Scheduled Completion Date (11) 10/29/18	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM-7PM		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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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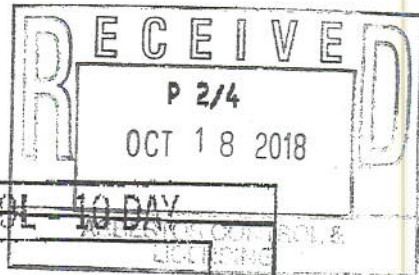
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Utility Room			✓	transite pipe	NLF	X			

Name of Registered Waste Hauler Ace Insulation Co Inc	NJDEP Waste Hauler ID No. 17086	Cubic Yards of Waste 1	Name of Registered Landfill Chrins
City, State Colts Neck, New Jersey	Disposal Date 10/24/18	City, State Easton, PA	
Completed by Bree McGone	Title Secretary/Treasurer	Signature Bree McGone	Date 10/15/18

2018-10-12 10:08

Shade Environmental 1 >> 609 633 0664

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 8:27)



Date of Notification (1) 10 / 12 / 18		Name of Building Owner/Operator (2) Our Lady of Good Counsel Church							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-6)	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 42 West Main Street City, State, Zip Code Moorestown, NJ 08057 Name of Contact Robert Kopcho							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Our Lady of Good Counsel Church		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 and commercial buildings, homes, etc.)							
Street Address 42 West Main Street		Square Feet 10,000	# of Floors 2						
City (5) Moorestown		Bldg. Age 80							
County (6) Burlington		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Church						
Name of Monitoring Firm Hired by Building Owner (8) MDG Environmental, LLC		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1000 Maplewood Drive, Suite 207		Street Address 623 Cutler Avenue							
City, State, Zip Code Maple Shade, NJ 08052		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Chris Macri		Telephone No. 856-755-9300	Telephone No. 856-755-0099						
License No. 00842									
Start Date (10) 10 / 17 / 18	Scheduled Completion Date (11) 11 / 16 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08047							
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 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 system 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"/>	Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairfax Landfill					
City, State Freehold, NJ		Disposal Date 11/16/2018	City, State Morrisville, PA						
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations	Signature 			Date 10/12/18			

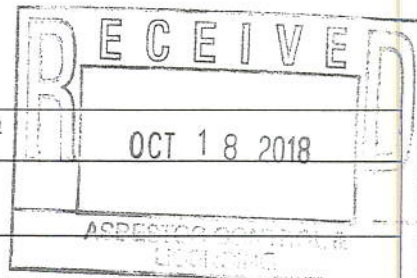
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* Do not use this form for asbestos licensure exempted activities.

CH 4112307

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



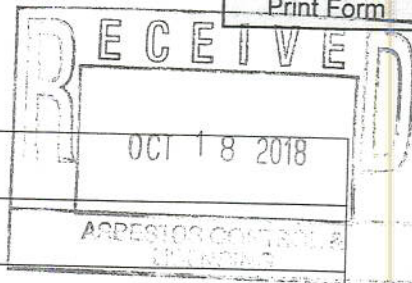
<u>Date of Notification (1)</u> 10/11/18		<u>Name of Building Owner/Operator (2)</u> Paulsboro Refining Company	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA		<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled () Emergency	
<u>Street Address</u> 800 Billingsport Rd		<u>City, State, Zip Code</u> Paulsboro, NJ 08066	
<u>Name of Contact</u> Ravi Jarecha		<u>Tel. Number</u> 856-224-4444	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Paulsboro Refining Company		<u>Type of Facility (4)</u> () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)	
<u>Street Address</u> 800 Billingsport Rd		<u>Sq. Feet</u> N/A <u># of Floors</u> N/A	
<u>City (5)</u> Paulsboro	<u>County (6)</u> Gloucester	<u>County Code (7)</u> (State Use Only)	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC Associates		<u>ASCM No.</u>	
<u>Street Address</u> 3 Terri Lane, Burlington, NJ 08018		<u>Name of Contractor (9)</u> Mansfield Industrial, Inc.	
<u>Project Manager for Monitoring Firm</u> John Lutz		<u>Telephone Number</u> 609-479-8512	<u>License Number</u> 00857
<u>Scheduled Start Date (10)</u> 10/25/18	<u>Scheduled Completion Date (11)</u> 11/9/18	<u>Name of OSHA Monitor</u> Mansfield Industrial, Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe - Removal of ACM within restricted work area in outside area		<u>Street Address</u> 26 Colonial Avenue <u>City, State, Zip Code</u> Woodbury NJ 08096	
<u>Source of Work (Check all that apply)</u> () Demolition (X) 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 - CU7 () Mini-Enclosure (X) Glovebag Procedure - Water Intake			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> _ YES NO NA	<u>Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>
		<u>Abatement Type</u> Rem. Rep. Encap Enclose	
Insulation on T-I Deck 4 at CU7	X	TSI - Full Containment	Approx 250 SF
Pipe At Water Intake Bldg	X	TSI - Glovebag	Approx 100 LF
<u>Name of Reg. Waste Hauler</u> Waste Management, Inc.		<u>NJDEP Waste Hauler ID #</u> 17273	<u>Cubic Yards of Waste</u> <3 CY
<u>City, State</u> South Harrison, NJ		<u>Disp. Date</u> Various	<u>Name of Reg. Landfill</u> Gloucester County Landfill
<u>Completed by (Print or Type)</u> ANDREW GREEN		<u>Title</u> MANAGER - Mansfield Industrial, Inc.	<u>Signature</u> Site Operations Supervisor
		<u>Date</u> 10-11-18	

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

Telephone 609-984-6620

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9/18/00

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

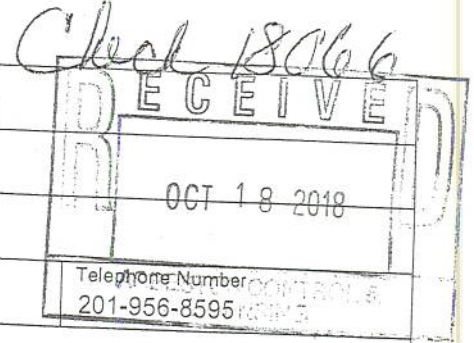


Date of Notification (1) 10/15/18		Name of Building Owner/Operator (2) Guarnieri Private Home		Street Address [REDACTED]		City, State, Zip Code Toms River NJ 08753		Name of Contact Jeff		Telephone Number		
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Guarnieri Private Home Street Address [REDACTED] City (5) Toms River NJ 08753 County (6) Ocean County Code (7) (STATE USE ONLY)								
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1000+		# of Floors 2		Bldg. Age 35+		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 PO Box 329 City, State, Zip Code West Berlin NJ 08091						
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 856-753-9800		License No. 00727				
Start Date (10) 10/24/18		Scheduled Completion Date (11) 10/30/18		Name of OSHA Monitor Same								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address City, State, Zip Code								
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		Abatement Type Removal Repair Encapsulate Enclosure	
Exterior Siding			x			Exterior Siding			2500		x	
Name of Registered Waste Hauler United Roll Off				NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ				Disposal Date 10/30/18		City, State Morrisville PA 19067						
Completed by Anthony T Perna				Title President		Signature 			Date 10/15/17			

10-11-18
NOCK "ON HOLD"

Print Form

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

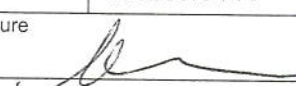


Date of Notification (1) 9/24/18		Name of Building Owner/Operator (2) Coremark Group, LLC Tracey Cooper	
Agencies Notified	Type Notification	Street Address 392 Main Street	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> 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 Wyckoff, NJ 07481	
		Name of Contact Brian Wasinlenko	
		Telephone Number 201-956-8595	
Name of Facility Where Abatement is Taking Place (3) commercial			
Street Address 215 Route 18		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) East Brunswick		Square Feet 5000	# of Floors 2
County (6) Middlesex		Bldg. Age 80	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL	
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) 10/3/18		Scheduled Completion Date (11) 10/17/18	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor	
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		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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Basement East		boiler insulation	60 SF
1st Floor East Building		mastic	240 SF
2nd Floor East Building		glue paneling	1,000 SF
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Name of Registered Landfill Chrin Brothers Sanitary Landfill
City, State Bridgewater, NJ		Cubic Yards of Waste TBD	City, State Easton, PA
Completed by A. Scott Higgins		Title President	Signature
		Date 9/24/18	

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

Check 18/31

Date of Notification (1) 10/12/18		Name of Building Owner/Operator (2) Afco Builders Inc.							
Agencies Notified	Type Notification	Street Address 215 Third Avenue							
<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 Elizabeth, NJ 07206							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Tony Codhlo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2200	# of Floors 2						
City (5) Elizabeth		Bldg. Age 71							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 10/20/18	Scheduled Completion Date (11) 11/3/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st floor entry foyer			X	wall plaster	100 SF	X			
1st floor entry room			X	ceiling plaster	180 SF	X			
2nd floor front bedroom			X	ceiling plaster	144 SF	X			
2nd floor front bedroom			X	wall plaster	300 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 10/12/18			

CK 2158, 2156, 2157

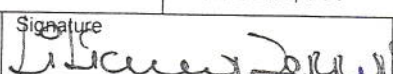
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

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OCT 18 2018
PAGE 1 OF 2

ASBESTOS CONTROL & MONITORING

Date of Notification (1) 10-12-2018		Name of Building Owner/Operator (2) Statco Development, LLC		Street Address 300 Coles Street, Suite 2		City, State, Zip Code Jersey City, NJ 07316		Name of Contact Michael Krisan		Telephone Number 201-726-3587		
Agencies Notified		Type Notification		FACILITY INFORMATION								
<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		Name of Facility Where Abatement is Taking Place (3) Commercial Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address 255-259 Coles Street		City (5) Jersey City, NJ 07316		Square Feet 80000		# of Floors 5		Bldg. Age 60+				
County (6) Hudson		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) Green Environmental Services, LLC						
Street Address				Street Address 235 Virginia Avenue		City, State, Zip Code Jersey City, NJ 07304						
Project Manager for Monitoring Firm				Telephone No.		Telephone No. 201-333-8855		License No. 01174				
Start Date (10) 10-22-2018		Scheduled Completion Date (11) 11-3-2018		Name of OSHA Monitor Green 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 <input type="checkbox"/> Other - Describe:				Street Address 235 Virginia Avenue		City, State, Zip Code Jersey City, NJ 07304						
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)		Abatement Type	
			Yes No N/A								Removal Repair Encapsulate Enclosure	
Building 1 - 2nd Floor			X			Pipe Insul (Rap & Cut)			461 LF		X	
Building 1 - 2nd Floor			X			Glue Dots			27000 SF		X	
Building 1 - 2nd Floor			X			VAT			26650 SF		X	
Building 2 - 2nd Floor			X			Pipe Insul (Rap & Cut)			82 LF		X	
Name of Registered Waste Hauler Green Environmental Services				NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 90		Name of Registered Landfill Fairless Landfill				
City, State Jersey City, NJ 07304				Disposal Date 11-3-2018		City, State Morrisville, PA						
Completed by Liliana Serrano			Title Office Manager			Signature 			Date 10-12-2018			

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:128)

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OCT 10 2018	PAGE 02/03
OCT 10 2018 10 DAY	
WAIVER APPROVED	

Date of Notification (1) 10/12/18		Name of Building Owner/Operator (2) Robert Brady						
Agency 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 type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Bayonne, N.J. 07002 Name of Contact Robert Brady Telephone Number 07002						
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet 2302 # of Floors 2 Bldg. Age +10						
City (5) Bayonne		Current Use (Prior if being demolished) RESIDENTIAL						
County (6) Hudson		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.						
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.						
City, State, Zip Code		Street Address 185 Midland Ave City, State, Zip Code Midland Park, NJ 07432						
Project Manager for Monitoring Firm		Telephone No. 201-262-5841 License No. 00156						
Start Date (10) 10/12/18		Scheduled Completion Date (11) 10/15/18						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc Street Address 280 Huyler Street City, State, Zip Code Hackensack, NJ 07606						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 ft <input checked="" type="checkbox"/> 2160 sf or 2250 ft <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 <input checked="" type="checkbox"/> Non-Enclosed (C) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) Basement Room	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) 63 LF	Abatement Type			
	Yes	No			NA	Removal	Repair	Encapsulate
			PIPE INSULATION		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 3		Name of Registered Landfill Grand Central Sanitary Landfill		
City, State Newark, NJ 07105		Disposal Date 10/15/18		City, State Pa. Argyl, PA 08702				
Completed by Joseph Vaccaro		Title Vice President		Signature J. Vaccaro		Date 10/12/18		

A20-41 (7-08-08)

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

CH 1158

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

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OCT 18 2018	CHECK # 7158
WAIVER APPROVED	

Date of Notification (1) 10/15/18		Name of Building Owner/Operator (2) BROOKSTONE HOME CONSTRUCTION INC.		ADDRESS OF BUILDING OWNER/OPERATOR (3) 406 HIGHLAND RD. WYCKOFF NJ 07481	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCN <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation		Telephone Number 1	
Name of Facility Where Abatement is Taking Place (4) House			Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> School Higher K-12 <input type="checkbox"/> Other (Specify) G.A. private & commercial buildings, homes, etc.		
Street Address [REDACTED]			City, State, Zip Code FAIR LAWN NJ 07410		
County (6) Bergen			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]			ASCM No. [REDACTED]		
Street Address [REDACTED]			City, State, Zip Code Midland Park NJ		
Project Manager for Monitoring Firm [REDACTED]			Telephone No. 201-262-554		
Start Date (10) 10/15/18			Scheduled Completion Date (11) 10/22/18		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: [REDACTED]			Name of Off-FA Omega Environmental Services Inc.		
Street Address 280 Huyler St Hackensack NJ 07606			City, State, Zip Code Hackensack NJ 07606		
Scope of Work (Check All That Apply) <input type="checkbox"/> 20 sq ft or less <input type="checkbox"/> 100 sq ft or less <input type="checkbox"/> 1000 sq ft or less <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full C <input type="checkbox"/> Mini-C <input type="checkbox"/> Glove Box <input type="checkbox"/> Hot Box			Statement with Negative Pressure closure by Procedure enclosed C and Non-Pressure Procedures		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12)		Is Location Normally Used Solely by Maintenance/Custodial Staff (13) Yes No N/A		Description of Asbestos-Containing Material (14) (i.e. thermal systems, insulate, surfacing, VAT, or other miscellaneous)	
BASEMENT		X		PIPE	
" STAIRS		Y		TILE	
BASEMENT		X		TRANSIRE	
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04500		Date of Registration 10/15/18	
City, State Newark, N.J. 07105		Disposal Site 10/15/18		Name of Registered Landfill Grand Central Sanitary Landfill	
Completed by R. McDonald		Title President		Date 10/15/18	

MO25013813433

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

Print Form

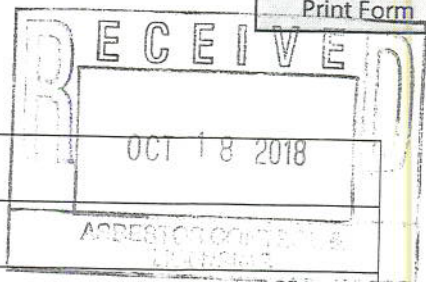
RECEIVED
OCT 18 2018
ASBESTOS CONTROL

Date of Notification (1) 10/12/2018		Name of Building Owner/Operator (2) Ho-Keung Lee							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Ho-Keung Lee	Telephone Number _____						
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) Short Hills		Square Feet N/A	# of Floors N/A						
County (6) Essex		Bldg. Age N/A							
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. _____	Telephone No. 973-345-8685						
Start Date (10) 10/26/2018		Scheduled Completion Date (11) 10/27/2018	License No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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
Basement		X		VAT	380 SF	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 Oliver Hegedis		Title Project Manager	Signature 	Date 10/12/2018					

CK1885

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 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 42:720)

Print Form



Date of Notification (1) 10/12/2018		Name of Building Owner/Operator (2) Jennifer Ko							
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 Montclair, NJ 07043							
		Name of Contact Jennifer Ko	Telephone Number						
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) Montclair		Square Feet N/A	# of Floors N/A						
County (6) Essex		Bldg. Age N/A							
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.	Telephone No. 973-345-8685						
Start Date (10) 10/23/2018		Scheduled Completion Date (11) 10/24/2018	License No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 11 Rosengren Avenue							
		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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	100 SF	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 Oliver Hegedis		Title Project Manager		Signature 		Date 10/12/2018			

10/11/2018 09:19AM 9736381778

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

RECEIVED
PAGE 03/04
OCT 18 2018
DOH - 10545
ASBESTOS CONTROL & REMEDIATION

Check#3184

Date of Notification (1) 10 / 11 / 18		Name of Building Owner/Operator (2) Wkn LLC	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Weehawken, NJ 07086 Name of Contact Rami Haba	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Weehawken, NJ 07086 County (6) Hudson		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 and commercial buildings, houses, etc.) Square Feet # of Floors Bldg. Age County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127	
Project Manager for Monitoring Firm Telephone No.		Name of OSHA Monitor Envirovision Consultants, Inc. Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	
Start Date (10) 10 / 12 / 18 Scheduled Completion Date (11) 10 / 13 / 18		Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 ft <input type="checkbox"/> > 160 sf or > 250 ft		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SIF or LF) Abatement Type Removal Repair Encapsulate Enclosure	
Basement		Pipe insulation 115 LF <input checked="" type="checkbox"/> Removal <input type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure	
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785 Cubic Yards of Waste IBD Name of Registered Landfill T.R. F. Inc. City, State Tullytown, PA	
Completed By (Print or Type) N. Jevtic ASS-41 MAY 11		Title Owner Signature Date 10/11/18	

* 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)**

CL# 027682

Date of Notification (1) 10/12/18		Name of Building Owner/Operator (2) M&T Bank		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED OCT 18 2018 </div>					
Agencies Notified		Type Notification				Street Address 45 Eisenhower Drive, 4th Floor			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 Paramus, NJ 07652			
						Name of Contact Mr. Victor T. Fischetti			
				Telephone Number 201-742-4407					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) M&T Bank				Type of Facility (4)					
Street Address 532 Ocean 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) Jersey City				Square Feet 2,000 +	# of Floors 2				
County (6) Hudson				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50 +				
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.				
Street Address				Street Address 1141 Route 23					
City, State, Zip Code				City, State, Zip Code Wayne, NJ 07470					
Project Manager for Monitoring Firm				Telephone No.	License No.				
				973-628-9200	00408				
Start Date (10) 10/22/18		Scheduled Completion Date (11) 10/28/18		Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 1141 Route 23					
<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: _____				City, State, Zip Code Wayne, NJ 07470					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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 - Furnace			X	Thermal Systems Insulation	64 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819		Cubic Yards of Waste 1	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 10/12/18		

6588 - NJ

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Non-Friable Notification
Check #: 7274

Date of Notification (1)

1 0 / 1 2 / 1 8

Name of Building Owner/Operator (2)

North Hunterdon - Voorhees R.H.S.D.

Street Address

1445 Rt. 31 S.

City, State, Zip Code

Annandale, NJ 08801

Name of Contact

Joe Bilotti, Facilities Director

Telephone Number

908-713-4177

Agencies Notified

☐ EPA☒ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial Notification☐ Amended Notification☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

North Hunterdon Regional High School - Room 125

Street Address

1445 Rt. 31 S.

City (5)

Annandale, NJ 08801

County (6)

Hunterdon

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

50,000

of Floors

2

Bldg. Age

50

Current Use (Prior if being demolished)

School Building

Name of Monitoring Firm Hired by Building Owner (8)

Briggs Associates.

Street Address

3 Crosswicks St.

City, State, Zip Code

Bordentown, NJ 08505

Project Manager for Monitoring Firm

Michael Hoodak, EPA Project Designer

609-298-5520

Scheduled Start Date (10)

1 0 / 1 3 / 1 8

Sched. Completion Date (11)

1 0 / 1 5 / 1 8

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:

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013-1935

Telephone Number

973-614-0377

License Number

00807

Name of OSHA Monitor

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C I O S U R E
Room 125		<input checked="" type="checkbox"/>		Mastic	96 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler

Newark Carting, Co.

City, State

Newark, NJ

NJDEP Waste Hauler ID No.

4509

Cubic Yards of Waste

Name of Registered Landfill

Grand Central Sanitary Landfill

Disposal Date

City, State

Pen Argyl, PA 18072

Completed By (Print or Type)

Bilyana Kulakovska

Title

Office Administrator

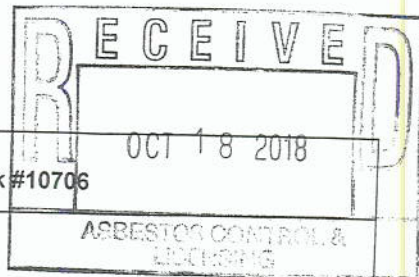
Signature

Date

10/12/18

ASB-41
JUN 95

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



CH10706

Date of Notification (1) 10 / 12 / 18		Name of Building Owner/Operator (2) SJ Gas / Job #1810-5398 Check #10706	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 South Jersey Plaza City, State, Zip Code Folsom, NJ 08037 Name of Contact Patrick Carr Telephone Number 609-923-3643	

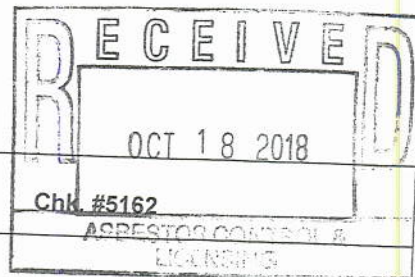
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Pleasantville, NJ		County (6) Atlantic	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	
Start Date (10) 10 / 24 / 18		Scheduled Completion Date (11) 10 / 26 / 18	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor EMSL Analytical	
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		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Materials	432 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Caulk	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rear Door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill ACUA. Landfill
City, State Lumberton, NJ	Disposal Date 10/26/18	City, State Egg Harbor Township, NJ	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>Gmt</i>	Date 10/12/18

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



Ch5162

Date of Notification (1)
9 / 28 / 18

Name of Building Owner/Operator (2)
NJTA / Job #1710-2243

Agencies Notified
☐ EPA
☒ DOLWD
☒ DHSS
☐ DCA (NJAC 5:23-8)

Type Notification
☐ Initial
☒ Amended Amendment #2
☐ Emergency (including justification)
☐ Cancellation

Street Address
1 Turnpike Plaza

City, State, Zip Code
Woodbridge, NJ 07095

Name of Contact
Robert Womelsdorf

Telephone Number
732-442-8600

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
NJTA MUB - E - Hightstown

Street Address
Milepost 67 S - NJ Turnpike

City (5)
East Windsor/Hightstown

County (6)
Mercer

County Code (7) (STATE USE ONLY)

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

Square Feet
20,000

of Floors
1

Bldg. Age
unknown

Current Use (Prior if being demolished)
Office & Shops

Name of Monitoring Firm Hired by Building Owner (8)
Horizon Environmental

Street Address
PO Box 316

City, State, Zip Code
Thorofare, NJ 08086

Project Manager for Monitoring Firm
Dave or Steve Flanigan

Telephone No.
856-848-0800

Start Date (10)
10 / 8 / 18

Scheduled Completion Date (11)
10 / 16 / 18

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Hainesport, NJ 08036

Telephone No.
609-702-0400

License No.
00862

Name of OSHA Monitor
EMSL Analytical, Inc.

Street Address
200 U.S. Route 130 North

City, State, Zip Code
Cinnaminson, NJ 08077

Occupancy Status During Abatement (Check only one)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: ____AM-____PM/____PM-____AM

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)
Locker Room & Bathroom

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)
Pipe Insulation behind block walls

Amount (Specify SF or LF)
unknown

Abatement Type
 Removal Repair Encapsulate Enclose
☒ ☐ ☐ ☐

Garage Closet
☐ ☐ ☒ Transite
 20 SF
☒ ☐ ☐ ☐

Restroom
☐ ☐ ☒ Cementitious Pipe
 10 LF
☒ ☐ ☐ ☐

Restroom
☐ ☐ ☒ Pipe Adhesive
 2 SF
☒ ☐ ☐ ☐

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
10/16/18

City, State
Penn Argyle, PA

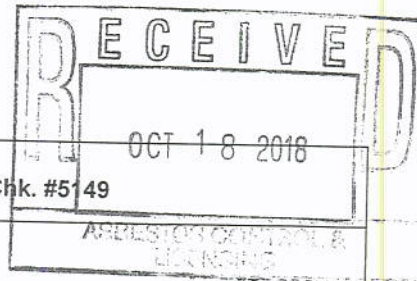
Completed By (Print or Type)
Kimberly Trumbetti

Title
Office Coordinator

Signature

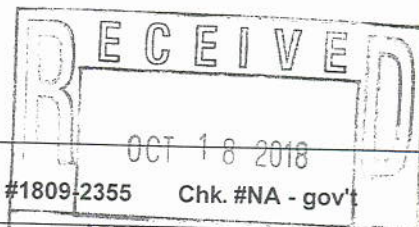
Date
10-12-18

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



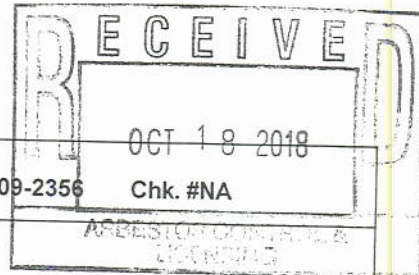
Date of Notification (1) 9 / 28 / 18		Name of Building Owner/Operator (2) NJTA / Job #1710-2243		Chk. #5149					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Turnpike Plaza City, State, Zip Code Woodbridge, NJ 07095					
Name of Contact Robert Womelsdorf				Telephone Number 732-442-8600					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJTA MUB - E - Hightstown			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 Milepost 67 S - NJ Turnpike			Square Feet 20,000						
City (5) East Windsor/Hightstown			# of Floors 1		Bldg. Age unknown				
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office & Shops					
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 or Steve Flanigan		Telephone No. 856-848-0800		Telephone No. 609-702-0400					
Start Date (10) 10 / 8 / 18		Scheduled Completion Date (11) 10 / 16 / 18		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"/> 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 <i>wrap & cut</i> <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
Locker Room & Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation behind block walls	unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	that are to be demolished		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cementitious Pipe	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Adhesive	2 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				
City, State Lafayette, NJ		Disposal Date 10/16/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly Trumbetti		Title Office Coordinator		Signature 			Date 10-11-18		

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



Date of Notification (1) 10 / 15 / 18		Name of Building Owner/Operator (2) Federal Aviation Administration / Job #1809-2355 Chk. #NA - gov't							
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 Environmental & Safety Section ANG-#332-ACY Intl Apt NJ 08405							
		City, State, Zip Code Atlantic City, NJ							
		Name of Contact Chris Jenson, MB Markland	Telephone Number 609-287-7144						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) William J. Hughes Tech Center Building #302		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 Building 302 - WJH TC		Square Feet 10,500	# of Floors 2						
City (5) Atlantic City		Bldg. Age 50							
County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Other							
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 or Steve Flanigan	Telephone No. 856-848-0800	Telephone No. 609-702-0400	License No. 00862						
Start Date (10) 10 / 24 / 18	Scheduled Completion Date (11) 10 / 7 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 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 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
2nd Fl. & Stairwell Landings	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	3600	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout (uncovered during abatement)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Miscellaneous Material - If found**	up to 200 LF/ SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior Doors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Doors	35 each	<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 Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill ACUA					
City, State Lafayette, NJ		Disposal Date 11/7/18		City, State Egg Harbor Township, NJ					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 10-15-18		

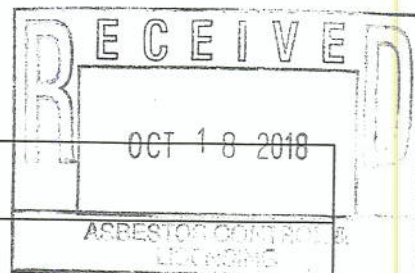
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>9</u> / <u>24</u> / <u>18</u>		Name of Building Owner/Operator (2) Harvey Sternberg / Job #1809-2356							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Gloucester Township, NJ 08081							
		Name of Contact Andrew Folcher, Demo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Gloucester Township		Square Feet 2500	# of Floors 1						
County (6) Gloucester		Bldg. Age 45							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.							
Street Address 671 Stoke Road Suite 4-318		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Medford, NJ 08055		Street Address 3859 Sylon Boulevard							
Project Manager for Monitoring Firm Rebecca Rubnitz		City, State, Zip Code Hainesport, NJ 08036							
Telephone No. 888-715-2211		Telephone No. 609-702-0400	License No. 00862						
Start Date (10) <u>10</u> / <u>3</u> / <u>18</u>	Scheduled Completion Date (11) <u>10</u> / <u>17</u> / <u>18</u>	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 200 U.S. Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Roofing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing	3040 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 10/17/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 10-15-18			

CH 1386

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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 / 15 / 18		Name of Building Owner/Operator (2) Hopewell Valley Regional School District							
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 425 South Main Street							
		City, State, Zip Code Pennington, NJ 08534							
		Name of Contact Thomas Quinn	Telephone Number 609-915-2294						
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 275 South Main Street									
City (5) Pennington		Square Feet	# of Floors Bldg. Age						
County (6) Mercer	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						
Start Date (10) 10 / 24 / 18		Scheduled Completion Date (11) 11 / 30 / 18	License No. 1188						
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 ALL PRO MANAGEMENT LLC							
		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) <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 type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking	110 Windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste, LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill G.R.O.W.S. North Landfill/Fairless Landfill					
City, State Elizabeth, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 10/15/18			

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

chk# 3449

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RECEIVED
OCT 18 2018
ASBESTOS CONTROL & REMEDIATION

Date of Notification (1) <u>10</u> / <u>15</u> / <u>18</u>		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 1px solid black; padding: 5px;"> RECEIVED OCT 18 2018 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 71 Madison Ave			
		City, State, Zip Code Jersey City, NJ 07034				Name of Contact Brian Kingsbury			
						Telephone Number 201-356-5166			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Bergen 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 71 Madison Ave				Square Feet 113,347					
City (5) Jersey City				# of Floors 7					
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) ESIS		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 10 Exchange Place, 13th Floor		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007					
City, State, Zip Code Jersey City		Telephone No. 201 356 5166		Telephone No. 215-788-6040					
Project Manager for Monitoring Firm Brian Kingsbury		License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Start Date (10) <u>10</u> / <u>29</u> / <u>18</u>		Scheduled Completion Date (11) <u>11</u> / <u>7</u> / <u>18</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 5:00PM-2:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
2 nd Floor Battery Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ceiling Tile & Glue Daubs	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 10-15-18			

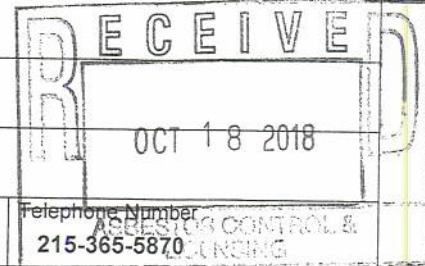
ASB-41
JAN 13 **DP18096**

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

CHK #3448



Date of Notification (1) 10 / 15 / 18		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 27-02 Fair Lawn Ave City, State, Zip Code Fairlawn, NJ 07410 Name of Contact Mark Jenkins							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Fair Lawn C.O.		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 27-02 Fairlawn Ave		Square Feet 36,060	# of Floors 3						
City (5) Fair Lawn		Bldg. Age +50							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8346 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5870	License No. 00509						
Start Date (10) 10 / 29 / 18	Scheduled Completion Date (11) 11 / 9 / 18	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: _____ AM- _____ PM/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
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	1033 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 SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature Dillan DeCaro				Date 10-15-18		

ASB-41
JAN 13 DD18085

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

Check # 25710

Date of Notification (1) 10/16/2018		Name of Building Owner/Operator (2) Huchko							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Dayton, NJ 08810							
		Name of Contact Tom Huchko							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		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) Dayton, NJ 08810		Square Feet 2500	# of Floors 2						
County (6) Middlesex		Bldg. Age 100+/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Crosswicks, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501							
Telephone No. (609) 298-4070		Telephone No. 609 259-9688	License No. 00493						
Start Date (10) 10/16/2018	Scheduled Completion Date (11) 10/31/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 8 am - 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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			Thermal Pipe Insulation	15 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 10/31/2018		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature		Date 10/16/18			