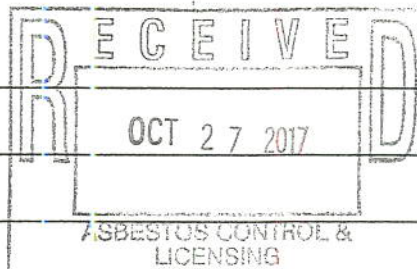


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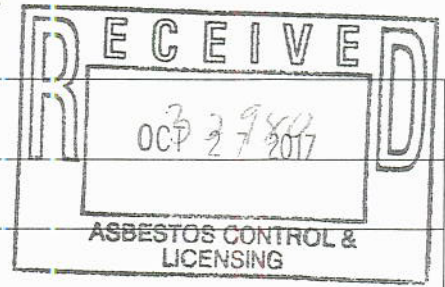
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/24/17		Name of Building Owner/Operator (2) Township of Pemberton							
Agencies Notified	Type Notification	Street Address 500 Pemberton-Browns Mills Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pemberton NJ 08068							
		Name of Contact Phil Sager	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Vacant House		Type of Facility (4)							
Street Address 16 Market Street		<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) Browns Mills NJ 08015		Square Feet 1000+	# of Floors 1.5						
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+						
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.	Telephone No. 856-753-9800						
Start Date (10) 11/2/17		Scheduled Completion Date (11) 11/8/17	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	200 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 1	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/8/17		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 10/24/17		

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



Date of Notification (1) 10 / 24 / 17		Name of Building Owner/Operator (2) Tradewinds Builders, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 34 West Sailboat Lane City, State, Zip Code Peahala Park, NJ 08008 Name of Contact Travis Leply Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc)							
Street Address [REDACTED]		Square Feet 1200							
City (5) Ocean Gate		# of Floors 1	Bldg. Age 65						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 03755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 11 / 6 / 17	Scheduled Completion Date (11) 11 / 8 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 03854							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior-house	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior-garage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 4	Name of Registered Landfill T.R.F.F.					
City, State Toms River, New Jersey			Disposal Date 11/9/17	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature [Signature]	Date 10/24/17					



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

check # 3052

GAC Project # 060-17

Date of Notification (1) October 24, 2017			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address 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 JL & LICENSING	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MEDICAL SCIENCE, BLDG# 7257			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years		
Street Address NEWARK CAMPUS			Current Use (prior if being demolished): ACADEMIC		
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC			Street Address 268 MAIN STREET		
Street Address 3 TERRI LANE			City, State, Zip Code BUTLER, NJ 07405		
City, State, Zip Code BURLINGTON, NJ 08016			Telephone Number 973-492-0477		
Project Manager for Monitoring Firm BRIAN KEARNY			License Number 00840		
Telephone Number 609-386-8800			Name of OSHA Monitor 1 ENVIROVISION, INC.		
Scheduled Start Date (10) 11/03/17			Scheduled Completion Date (11) 11/06/17		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			Street Address 20-21 WARGARAW ROAD		
			City, State, Zip Code FAIRLAWN, NJ		
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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
H584	<input checked="" type="checkbox"/>	VAT	100 SF	<input checked="" type="checkbox"/>	
H512	<input checked="" type="checkbox"/>	VAT	100 SF	<input checked="" type="checkbox"/>	
I504	<input checked="" type="checkbox"/>	VAT	100 SF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJDEP # 4509			Disposal Date 11/06/2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>		Date October 24, 2017

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

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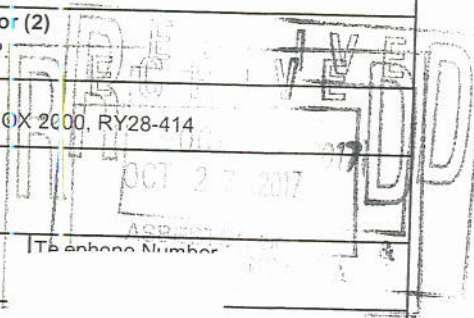
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

31452

Date of Notification (1) 10 / 23 / 17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 28-414		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON		RECEIVED OCT 27 2017 CONTROLLING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N		Square Feet 40,000	# of Floors 1
City (5) RAHWAY		Bldg. Age 65	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) RESEARCH LABORATORY AND OFFICE FACILI	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 11 / 6 / 17		Sched. Completion Date (11) 12 / 30 / 17	License Number 1101
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)		Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)
PENTHOUSE-NORTHEAST CORNER		X	PIPE FITTING INSULATION 2 LF
PENTHOUSE-EXTERIOR LOUVER		X	EXTERIOR LOUVER CAULK 4 SF
1ST FLOOR LAB A		X	PIPE FITTING INSULATION 2 LF
1ST FLOOR CORRIDOR B		X	DUCT SEAM CAULK 2 SF
1ST FLOOR CORRIDOR B		X	PIPE INSULATION 4 LF
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1
Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752		Disposal Date 10/23-12/30/17	Signature [Signature]
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Date 10/23/17

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

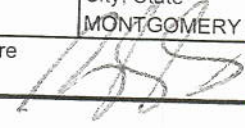
Date of Notification (1) 10 / 23 /17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414		
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
			Name of Contact PATRICIA JOHNSON		



FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 Other than K-12 <input checked="" type="checkbox"/> Other (ie private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80M				Square Feet 39,000	# of Floors 2
City (5) RAHWAY		County (6) UNION		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				ASCM No. 104	
Street Address 655 WEST SHORE TRAIL				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH				City, State, Zip Code SUFFERN, NEW YORK 10901	
Expected State Date (10) 10 / 20 /17				Sched. Completion Date (11) 10 / 23 /17	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM - 3 PM				Telephone Number 973-729-5649	
				License Number 1101	
				Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
				Street Address 117 EAST 30TH STREET	
				City, State, Zip Code NEW YORK, NEW YORK 10016	

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
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Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BUILDING 80 M STEAM PIPE			X	PIPE INSULATION	10 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1/2 CU YARD	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 10/29/17

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

Date of Notification (1) 10 / 20 /17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 City, State, Zip Code RAHWAY, NEW JERSEY 07065		
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input checked="" type="checkbox"/> EMERGENCY NOTIFICATION			Name of Contact PATRICIA JOHNSON Telephone Number (201) 991-1234		

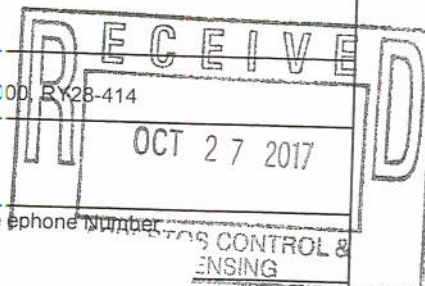
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S Other than K-12 <input checked="" type="checkbox"/> Other (ie private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80M				Square Feet 39,000	# of Floors 2
City (5) RAHWAY		County (6) UNION		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				ASCM No. 104	
Street Address 655 WEST SHORE TRAIL City, State, Zip Code SPARTA, NEW JERSEY 07871				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH				Telephone Number 973-729-5649	
Expected State Date (10) 10 / 20 /17 Month Day Year		Sched. Completion Date (11) 10 / 27 /17 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 7AM - 3 PM				Street Address 117 EAST 30TH STREET City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify S ² or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
BUILDING 80 M STEAM PIPE			X	PIPE INSULATION	10 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1/2 CU YARD	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 10/20/17	

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



Date of Notification (1)

10 / 23 /17

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Agencies Notified

- ☐ EPA
- ☐ DEP
- ☒ DOL
- ☒ DOH
- ☐ DCA

Type Notification

- ☐ Initial Notification
- ☒ Amended Notification #4
- ☐ Cancellation
- ☐ On Hold
- ☐ EMERGENCY NOTIFICATION

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80W

Square Feet

68,000

of Floors

2

Bldg. Age

38

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

9 / 25 /17
Month Day Year

Sched. Completion Date (11)

10 / 23 /17
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF-ENTIRE			X	BUILT UP ROOFING complete	40,000 SF	X			
ROOF-PERIMETER			X	ROOF FLASHING complete	120 SF	X			
ROOF -BULKHEAD			X	PIPE PENETRATION complete	3 SF	X			

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

City, State

FREEHOLD, NEW JERSEY

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
1,000

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

City, State

MONTGOMERY, PA 17752

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

Date

10/23/17

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

Date of Notification (1)

9 / 21 /17

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

Street Address

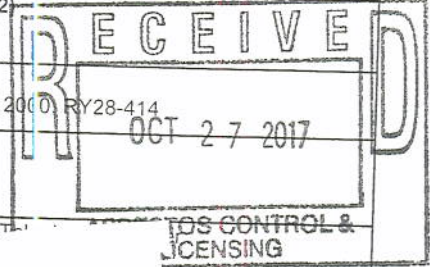
126 E. LINCOLN AVENUE, P.O. BOX 2000 RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON



Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #3
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80W

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

9 / 25 /17
Month Day Year

Sched. Completion Date (11)

12 / 31 /17
Month Day Year

Occupancy Status During Abatement (Check only one)

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

Scope of Work (Check all that apply)

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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF-ENTIRE			X	BUILT UP ROOFING	40,000 SF	X			
ROOF-PERIMETER			X	ROOF FLASHING	120 SF	X			
ROOF -BULKHEAD			X	PIPE PENETRATION complete	3 SF	X			

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

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
1.000

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

City, State
FREEHOLD, NEW JERSEY

Disposal Date
5/22/17-12/31/17

City, State
MONTGOMERY, PA 17152

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

9/21/17


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

Date of Notification (1) 7 / 14 /17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #2 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-114			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
Name of Contact PATRICIA JOHNSON			Telephone Number		

RECEIVED
 OCT 27 2017

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80W				Square Feet 68,000	# of Floors 2
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)	Bldg. Age 38	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.				ASCM No. 104	
Street Address 655 WEST SHORE TRAIL				Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871				Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH				City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 973-729-5649				Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 5 / 22 /17 Month Day Year		Sched. Completion Date (11) 12 / 31 /17 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY-FRIDAY 6 AM-2:30 PM SATURDAY 7 AM-3:30 PM					
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure					

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF-ENTIRE			X	BUILT UP ROOFING	40,000 SF	X			
ROOF-PERIMETER			X	ROOF FLASHING	120 SF	X			
ROOF -BULKHEAD			X	PIPE PENETRATION	3 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1.000	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 7/14/17

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

Date of Notification (1)

6 / 7 /17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #1
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80W

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Square Feet

68,000

of Floors

2

Bldg. Age

38

Current Use (Prior if being demolished)

VACANT

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Moni or

AMERISCI LABORATORIES INC

#11480

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

5 / 22 /17
Month Day Year

Sched. Completion Date (11)

12 / 31 /17
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY-FRIDAY 6 AM-2:30 PM
SATURDAY 7 AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of
Asbestos-containing
Material (ACM)
TO BE ABATED
in Facility (13)

Is Location
normally used
solely by
Maint/Custodial
Staff (12)

Yes No N/A

Description of Asbestos-
Containing Material (ACM)
(ie. Thermal systems
insulation, surfacing, VAT,
or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement Type

REMOVAL
REPAIR
ENCAPSULE
ENCLOSURE

ROOF-ENTIRE

☐ Yes ☐ No ☒ N/A

BUILT UP ROOFING

40,000 SF

X

ROOF-PERIMETER

☐ Yes ☐ No ☒ N/A

ROOF FLASHING

120 SF

X

ROOF -BULKHEAD

☐ Yes ☐ No ☒ N/A

PIPE PENETRATION

3 SF

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

NJDEP Waste
Hauler ID No.
15939

Cubic Yards of Waste
1,000

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGEMENT SE
447 ALEXANDER DRIVE/ROUTE 15

Disposal Date
5/22/17-12/31/17

City, State
MONTGOMERY, PA 17752

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

6/7/17

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

CK 30864

Date of Notification (1)

5 / 9 /17

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Square Feet
68,000

of Floors
2

Bldg. Age
38

Current Use (Prior if being demolished)

VACANT

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Full Containment with Negative Pressure

☐ Mini Enclo.

☒ Glovebag Procedure

☐ Non-Friable Procedure

Expected State Date (10)

5 / 22 /17
Month Day Year

Sched. Completion Date (11)

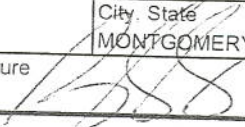
12 / 31 /17
Month Day Year

Occupancy Status During Abatement (Check only one)

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

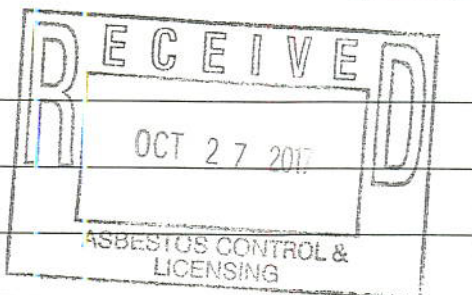
Scope of Work (Check all that apply)

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
ROOF-ENTIRE			X	BUILT UP ROOFING	40,000 SF	X			
ROOF-PERIMETER			X	ROOF FLASHING	120 SF	X			
ROOF -BULKHEAD			X	PIPE PENETRATION	3 SF	X			
Name of Registered Waste Hauler									
FREEHOLD CARTAGE, INC.			NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill		
825 HIGHWAY 33			15939		1,000		LYCOMING COUNTY RESOURCE MANAGEMENT SE		
City, State			Disposal Date		City, State		447 ALEXANDER DRIVE/ROUTE 15		
FREEHOLD, NEW JERSEY			5/22/17-12/31/17		MONTGOMERY, PA 17752				
Completed by (Print or Type)			Title		Signature		Date		
BENJAMIN SANCHEZ			DIRECTOR OF OPERATIONS				5-9-17		

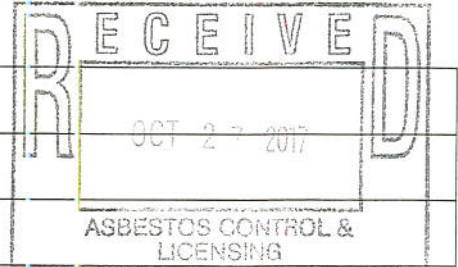
PAID

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



Date of Notification (1) 10/23/2017		Name of Building Owner/Operator (2) David Montague							
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, 07042							
		Name of Contact David Montague	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Harrington Park		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 11/03/2017	Scheduled Completion Date (11) 11/04/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	120 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Nedeljko Joksimovic		Title Project Manager		Signature 		Date 10/23/2017			

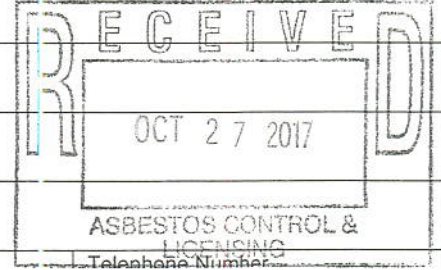
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/23/2017		Name of Building Owner/Operator (2) Kim Mazzola							
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 Harrington Park, NJ 07640							
		Name of Contact Kim Mazzola							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Harrington Park		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 11/02/2017	Scheduled Completion Date (11) 11/03/2017	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe insulation	85 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Nedeljko Joksimovic		Title Project Manager	Signature 			Date 10/23/2017			

PAID

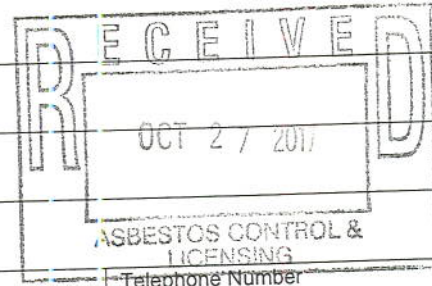
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) OCTOBER 16-2017 CHECK # 3068		Name of Building Owner/Operator (2) Church of St John the Baptist						
Agencies Notified	Type Notification	Street Address 239 Anderson Avenue						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairview, NJ 07022						
		Name of Contact Fr Jose Gamba						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Church of St. John the Baptist		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 239 Anderson Avenue		Square Feet	# of Floors					
City (5) Fairview, NJ		Bldg. Age						
County (6) BERGEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) EA Services Corporationb						
Street Address		Street Address 426 69th Street						
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074					
Start Date (10) 10/21/2017	Scheduled Completion Date (11) 10/23/2017	Name of OSHA Monitor Same as above						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Old Cafetria Room		x	Ceiling Plaster	2 SF	x			
Second Floor HVAC Room			Pipe insulation	3 LF		x		
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc				
City, State Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH				
Completed by Gina Betances		Title Office Manager	Signature 		Date 10-16-2017			

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



Date of Notification (1) Oct 18-2017		Check # <u>3071</u>		Name of Building Owner/Operator (2) Our Lady of Sorrows Church					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		30 Madonna Place					
				City, State, Zip Code Garfield, NJ 07026					
				Name of Contact Mr. Peter Pirog					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bergen Arts & Science School-Basement				Type of Facility (4)					
Street Address 200 MacArthur Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Garfield, NJ 07026				Square Feet 20,000	# of Floors 2				
				Bldg. Age 50+					
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services			ASCM No.	Name of Abatement Contractor (9) EA Services Corporation					
Street Address 280 Hyuler Street			Street Address 426 69th Street						
City, State, Zip Code Hackensack, NJ 07606			City, State, Zip Code Guttenberg, NJ 07093						
Project Manager for Monitoring Firm		Telephone No. 201-489-8700		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 11/4/2017		Scheduled Completion Date (11) 11/6/2017		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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-Boiler Room			x	Boiler insulation	10 SF	x			
			x	Boiler Insulation	4 SF		x		
Name of Registered Waste Hauler Tri-State Transfer Assoc			NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises Inc				
City, State Bronx, NY			Disposal Date tbd		City, State Waynesburg, OH				
Completed by Gina Betances			Title Office Manager	Signature 	Date 10/18/2017				

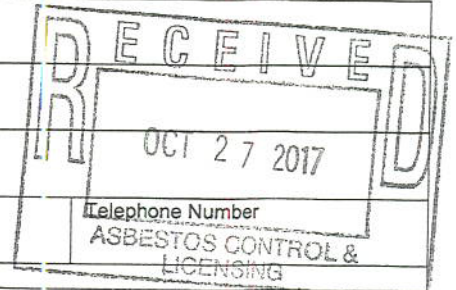
* Do not use this form for asbestos licensure exempted activities.

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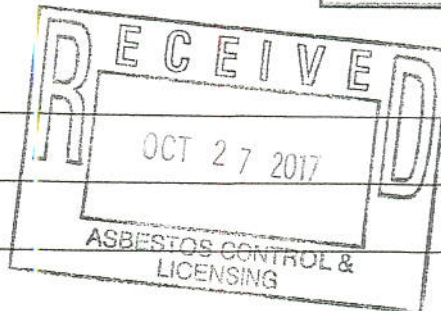
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK# 0634



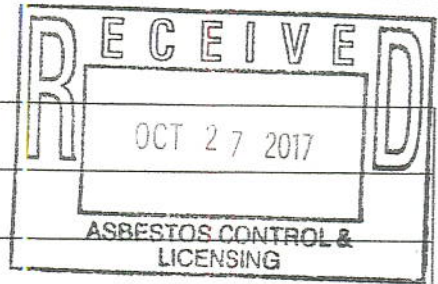
Date of Notification (1) 10/23/17		Name of Building Owner/Operator (2) Wagner Silvera							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083							
		Name of Contact							
Telephone Number ASBESTOS CONTROL & LICENSING									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4)							
Street Address [REDACTED]		<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.)							
City (5) Elizabeth		Square Feet 2000	# of Floors 2						
		Bldg. Age 50+							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
		License No. 01255							
Start Date (10) 10/24/17	Scheduled Completion Date (11) 10/31/17	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 360 Palisade Ave							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: Demolition		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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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			Z	Roofing Material	600 SF				
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD	Name of Registered Landfill To be determined					
City, State Riverdale, NJ		Disposal Date TBD		City, State To be determined					
Completed by Tina Caporino		Title Secretary	Signature Tina Caporino			Date 10/23/17			

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



Date of Notification (1) 10/19/2017		Name of Building Owner/Operator (2) TOWNSHIP OF SCOTCH PLAINS							
Agencies Notified	Type Notification	Street Address 2445 PLAINFIELD AVE.							
<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 SCOTCH PLAINS, NJ 07076							
		Name of Contact FRANK DINIZO	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1320 COOPER RD.		Square Feet 700	# of Floors 1						
City (5) SCOTCH PLAINS 07076		Bldg. Age 52							
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.						
Street Address		Street Address 1126 - 51 ST.							
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201.776. 0642	License No. 01300						
Start Date (10) 10/28/2017	Scheduled Completion Date (11) 10/29/2017	Name of OSHA Monitor ENVIRO PROBE INC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 108 LIBERTY ST							
		City, State, Zip Code METUCHEN NJ.							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Window & door		X		Exterior Caulking	75 LF	X			
Name of Registered Waste Hauler TRI - STATE - ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State BRONX NY.		Disposal Date TBD	City, State WAYNESBURG, OHIO						
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 			Date 10/18/2017			

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



Date of Notification (1) 10/19/2017		Name of Building Owner/Operator (2) TOWNSHIP OF SCOTCH PLAINS	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2445 PLAINFIELD AVE.	
		City, State, Zip Code SCOTCH PLAINS, NJ 07076	
		Name of Contact FRANK DINIZO	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1320 COOPER RD.		Square Feet 700	# of Floors 1
City (5) SCOTCH PLAINS 07076		Bldg. Age 52	
County (6) UNION	County Code (7) (STATE USE ONLY) _____	Current Use (P for if being demolished) YES	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.	
Street Address		Street Address 1126 - 51 ST.	
City, State, Zip Code		City, State, Zip Code NORTH BERGEN NJ. 07047	
Project Manager for Monitoring Firm		Telephone No. 201.776. 0642	License No. 01300
Start Date (10) 10/28/2017	Scheduled Completion Date (11) 10/29/2017	Name of OSHA Monitor ENVIRO PROBE NC	
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 108 LIBERTY ST.	
		City, State, Zip Code METUCHEN NJ.	

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 checked="" type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Window & door		X		Exterior Caulking	75 LF	X			

Name of Registered Waste Hauler TRI - STATE - ASSOCC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINEVA ENTERPRISE INC	
City, State BRONX NY.		Disposal Date TBD		City, State WAYNESBURG, OHIO	
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 10/18/2017	

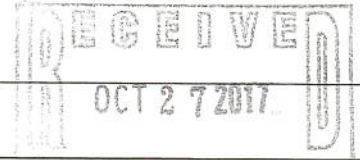
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 10/18/17		Name of Building Owner/Operator (2) Abdul Hamdan							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07501							
		Name of Contact							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Bldg		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 20-22 Genesee Ave		Square Feet 2500	# of Floors 1						
City (5) Paterson		Bldg. Age 50+							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Bldg							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	License No. 01255						
Start Date (10) 10/27/17	Scheduled Completion Date (11) 11/15/17	Name of OSHA Monitor Harmony Contracting Inc							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Scheduled for Demo</u>		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07023							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			x	Roofing Material	2,500 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033058	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>			Date 10/18/17			

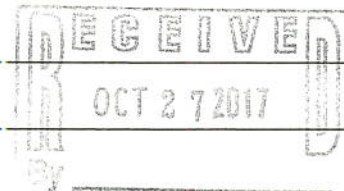
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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



<u>Date of Notification (1)</u> 10/24/2017		<u>Name of Building Owner/Operator (2)</u> PSEG	
<u>Agencies Notified</u> (X) EPA () DEP (X) DOL (X) DOH () DCA	<u>Notification Type</u> (X) Initial Notification () Amended Certification () Cancelled	<u>Street Address</u> 164 Van Keuren Ave <u>City, State, Zip Code</u> Jersey City, NJ 07306 <u>Name of Contact</u> Mike Percarpio	
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> PSEG Jersey City & Howell St Switching Stations – DEMO ONLY <u>Street Address</u> 164 Van Keuren Ave <u>City (5)</u> Jersey City <u>County (6)</u> Hudson <u>County Code (7)</u> (State Use Only)		<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>Sq. Feet # of Floors</u> 1 <u>Bldg. Age</u> 10 <u>Current Use</u> (prior if being demolished) Electrical Substation.	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> Bureau Veritas <u>Street Address</u> Raritan Plaza One, 4 th floor 110 Fieldcrest Avenue <u>City, State, Zip Code</u> Edison, NJ 08837		<u>ASCM No.</u> <u>Name of Contractor (9)</u> Brandenburg Industrial Service Company <u>Street Address</u> 2217 Spillman Dr <u>City State, Zip Code</u> Bethlehem Pennsylvania 18015	
<u>Project Manager for Monitoring Firm</u> JB Chadwick	<u>Telephone Number</u> 732 623 4538	<u>Telephone Number</u> 610-691-1800	<u>License Number</u> 00721
<u>Scheduled Start Date (10)</u> 11/07/2017	<u>Scheduled Completion Date (11)</u> 11/21/2017	<u>Name of OSHA Monitor</u>	
<u>Occupancy Status During Abatement (Check only one)</u> (x) Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - <u>Describe Demolition – No ACM Present</u> (x) Scheduled Demo Start Scheduled Demo Completion		<u>Street Address</u> <u>City, State, Zip Code</u>	
<u>Source of Work (Check all that apply)</u> (x) Demolition () Renovation () 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) () Full Containment with Negative Pressure () Mini-Enclosure () Glovebag Procedure			
<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 miscell.)</u>	<u>Amount (Specify S² or LF)</u> <u>Abatement Type</u> Rem. Rep. Encap. Enclose
<u>Name of Reg. Waste Hauler</u> NJDEP Waste Hauler ID #		<u>Cubic Yards of Waste</u>	<u>Name of Reg. Landfill</u>
<u>City, State</u>		<u>Disp. Date</u>	<u>City, State</u>
<u>Completed by (Print or Type)</u> Jennifer Polzer	<u>Title</u> Contract Manager	<u>Signature</u> 	<u>Date</u> 10/24/17

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



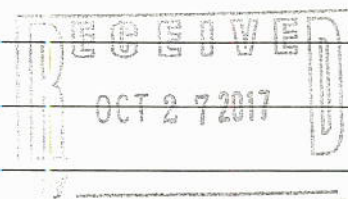
Date of Notification (1) 10/25/17		Name of Building Owner/Operator (2) Mary Bakalian							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oradell, NJ 07649							
		Name of Contact Mary Bakalian	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2275	# of Floors 2						
City (5) Oradell		Bldg. Age 65 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 10/27/17	Scheduled Completion Date (11) 10/31/17	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: 8 A.M to 4 P.M		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
Basement		x		VAT	170 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 CU	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 10/25/17			

Paid.

CK # 193

Print Form

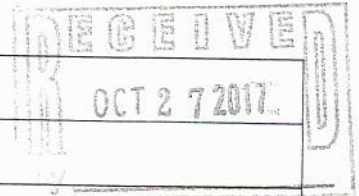
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/25/2017		Name of Building Owner/Operator (2) Gabbi Zaccheria							
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 Whippany NJ 07981							
		Name of Contact Marko Stankovic, Project Manager							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Zaccheria Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Whippany		Square Feet 1500	# of Floors 2						
		Bldg. Age 55							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (If prior to being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 109 Heritage Lane							
City, State, Zip Code		City, State, Zip Code Hamburg							
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334						
Start Date (10) 11/3/2017	Scheduled Completion Date (11) 11/8/2017	Name of OSHA Monitor Checkmark Industrial							
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 109 Heritage Lane							
		City, State, Zip Code Hamburg NJ 07419							
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		9X9 Floor Tiles	850 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 10	Name of Registered Landfill Waste Management					
City, State Wayne NJ		Disposal Date		City, State Tullytown, PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 10/25/2017			

Hand.
CK #1085

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

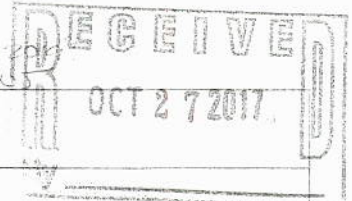


Date of Notification (1) 10/24/2017		Name of Building Owner/Operator (2) Mink Young Kim							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Closter, NJ 07624							
		Name of Contact Richard							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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	# of Floors						
City (5) Closter		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No. 973-400-8711	License No. 01332						
Start Date (10) 11/02/2017	Scheduled Completion Date (11) 11/03/2017	Name of OSHA Monitor Removal Safety LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00am - 4:30pm		Street Address 8 Crosby Ave							
		City, State, Zip Code Paterson, NJ 07502							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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	875 SF	x		x	
Attic			x	Pipe Insulation Wrap And Cut	30 LF	x			
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill GROWS North					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President		Signature <i>Lasko Veskov</i>			Date 10/24/2017		

Check # 11508 For 2017!

Paid.

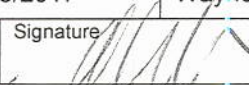
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 10 / 25 / 17		Name of Building Owner/Operator (2) City of Camden							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5.23-8)	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 PO Box 95120 City, State, Zip Code Camden, NJ 08101 Name of Contact James Rizzo							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 2019, 2027 FILMORE STREET STRUCTURE		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 2019, 2027 FILMORE STREET STRUCTURE		Square Feet varies							
City (5) Camden		# of Floors varies	Bldg. Age 50+						
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSING DEEMED UNSAFE							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Controlled Environmental Systems							
Street Address		Street Address 1121 N. Bethlehem Pike - Suite 60							
City, State, Zip Code		City, State, Zip Code Spring House, PA 19477							
Project Manager for Monitoring Firm		Telephone No. 215 542 7000	License No. 00847						
Start Date (10) 10 / 26 / 17	Scheduled Completion Date (11) 12 / 31 / 17	Name of OSHA Monitor CES							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-5:00PM/____PM-____AM		Street Address 1121 N Bethlehem Pike - Suite 60 City, State, Zip Code Spring House, PA 19477							
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
See Attached Notice of Hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Notice of Hazard	200 YD per res	<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 Waste Management of NJ		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 200/residence	Name of Registered Landfill GROWS					
City, State Fairless Hills, PA		Disposal Date 12/31/17		City, State Tullytown PA					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature <i>Patricia Visco</i>		Date 10/25/17			

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

Paid.
OK #1319

Date of Notification (1) October 24, 2017		Name of Building Owner/Operator (2) City of Summit Dept. of Community Programs							
Agencies Notified	Type Notification	Street Address 100 Morris Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07091							
		Name of Contact Jaime Colucci							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Community Center - Ground Floor		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 100 Morris Avenue		Square Feet 7000	# of Floors 1						
City (5) Summit, NJ 07091		Bldg. Age 63							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Community Center							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services		ASCM No. 00120	Name of Abatement Contractor (9) Unipro Environmental LLC						
Street Address 280 Huyler St		Street Address 234 Grandview Avenue							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Staten Island, NY 10303							
Project Manager for Monitoring Firm Stan Blackman		Telephone No. (201) 489-8700	License No. 01324						
Start Date (10) 11/03/2017	Scheduled Completion Date (11) 11/10/2017	Name of OSHA Monitor Unipro Environmental 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 234 Grandview Avenue							
		City, State, Zip Code Staten Island, NY 10303							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor Office		X		Exterior Transite Window Panels	85 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW2105	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 8/28/2017	City, State Waynesburg, OH 44688					
Completed by Raymond Blum		Title Operations Manager	Signature 	Date October 24, 2017					