

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

Date of Notification (1) <b>10/24/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>		<b>OCT 30 2018</b>					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>80 PARK PLAZA</b>					
		City, State, Zip Code <b>NEWARK, NJ 07101</b>		Name of Contact <b>MATT DECARLO</b>					
				Telephone Number <b>973-803-7349</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>				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 <b>340 CHESTNUT STREET</b>				Square Feet <b>9160</b>					
City (5) <b>NEWARK</b>				# of Floors <b>2</b>					
County (6) <b>ESSEX</b>				Bldg. Age <b>89 yrs</b>					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished) <b>SUBSTATION</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM.No. <b>0045</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC</b>					
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>		Telephone No. <b>732-432-8350</b>					
				License No. <b>01111</b>					
Start Date (10) <b>11/5/18</b>		Scheduled Completion Date (11) <b>11/27/18</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>					
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: <b>necessary operators only</b>				Street Address <b>396 WHITEHEAD AVE.</b>					
				City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glovebag Procedure					
				<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) In Facility (13) <b>TO BE ABATED</b>	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
<b>BASEMENT</b>		<b>X</b>		<b>ACM CABLE Sock</b>	<b>800 LF</b>	<b>X</b>			
<b>"1"</b>				<b>BoILER INSULATION</b>	<b>30 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>VEOLIA</b>		NJDEP Waste Hauler ID No. <b>080631369</b>		Cubic Yards of Waste <b>APPX 20</b>		Name of Registered Landfill <b>FAIRLESS</b>			
City, State <b>FLANDERS, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <i>Carol Raimo</i>		Date <b>10/24/18</b>			



CK # 9254

Print Form

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

Date of Notification (1) <b>10/23/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>		OCT 30 2018				
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		Street Address <b>80 PARK PLAZA</b>				
		City, State, Zip Code <b>NEWARK, NJ 07101</b>		Name of Contact <b>MATT DECARLO</b>				
				Telephone Number <b>973-803-7349</b>				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>			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 <b>340 CHESTNUT STREET</b>			Square Feet					
City (5) <b>NEWARK</b>			# of Floors					
County (6) <b>ESSEX</b>			Bldg. Age					
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) <b>SUBSTATION</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC</b>				
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>				
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		Telephone No. <b>732-290-2217</b>		License No. <b>01111</b>				
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-432-8350</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>				
Start Date (10) <b>11/5/18</b>		Scheduled Completion Date (11) <b>11/27/18</b>		Street Address <b>396 WHITEHEAD AVE.</b>				
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: <b>necessary operators only</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>						
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) <b>TO BE ABATED</b> 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
<b>BASEMENT</b>		<b>X</b>	<b>ACM CABLE Sock</b>	<b>800 LF</b>	<b>X</b>			
<b>"</b>			<b>BoILER INSULATION</b>	<b>30 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>		Cubic Yards of Waste <b>APPX 20</b>		Name of Registered Landfill <b>FAIRLESS</b>		
City, State <b>ELIZABETH, NJ</b>		Disposal Date		City, State <b>MORRISVILLE, PA</b>				
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <b>Carol Raimo</b>		Date <b>10/23/18</b>		

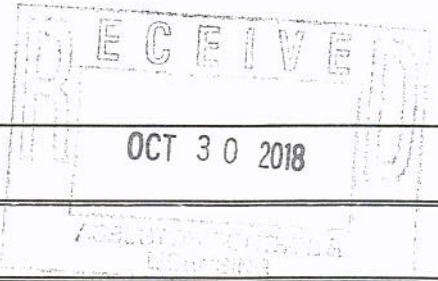


State of NJ

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

D&amp;S Proj. #: 18-238

PAID



Date of Notification (1) 10/12/18		Name of Building Owner/Operator (2) debbie deffaa	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code glen rock, nj 07452	
Name of Contact nadereh yazdi		Telephone Number [REDACTED]	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) debbie deffaa			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) glen rock	County (6) bergen	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 11/19/18		Sched. Completion Date (11) 11/30/18	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply) <input type="checkbox"/> >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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
attic		X		vermiculite	700 sq ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 10 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 11/20/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 10/26/2018



PAID

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

RECEIVED  
OCT 30 2018

Date of Notification (1) 10/29/18		Name of Building Owner/Operator (2) Glenn Springs Holdings							
Agencies Notified	Type Notification	Street Address 5 Greenway Plaza, Suite 110							
<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 Houston, TX 77046							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Rick Passmore	Telephone Number 713-215-7622						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Weeks Marine, White's Basin		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 121 Hanson Row Road		Square Feet Outdoor	# of Floors N/A						
City (5) Bridge Port		Bldg. Age N/A							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Marine Terminal							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Industrial Way, Suite 105		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-322-0076	Telephone No. 484-872-8884						
Start Date (10) 11/12/18		Scheduled Completion Date (11) 12/7/18	License No. 01161						
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: Industrial / marine site		Name of OSHA Monitor EMSL							
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input 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
White's Basin		X		Pipe insulation	2100	X			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 120	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>			Date 10/29/18			



08-08-'18 16:26 FROM-

CK 2791 PAID

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

T-118 P0004/0005 F-118

DOL - 10 DAY

OCT 30 2018

WAIVER APPROVED

Date of Notification (1) 8/8/2018		Name of Building Owner/Operator (2) The Bernardsville Center		Street Address 100 Morristown Road		City, State, Zip Code Bernardsville, New Jersey 07924		Name of Contact Mr. Tom Cumlin		Telephone Number (908) 230-0466	
Agencies Notified		Type Notification		FACILITY INFORMATION							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> PCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Facility Where Abatement is Taking Place (3) The Bernardsville Center		Type of Facility (4)					
Street Address 100 Morristown Road		City (5) Bernardsville		County (6) Somerset		County Code (7) (STATE USE ONLY)		Current Use: (Prior if being demolished) Commercial			
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.		Name of Abatement Contractor (9) Sky Contracting, LLC		Street Address 1385 Valley Road, Suite K		City, State, Zip Code Wayne, New Jersey 07470			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. (973) 828-6140		License No. 00874					
Start Date (10) 8/9/2018		Scheduled Completion Date (11) 9/30/2018		Name of OSHA Monitor Sky Contracting, LLC		Street Address 1385 Valley Road, Suite K		City, State, Zip Code Wayne, New Jersey 07470			
Occupancy Status During Abatement (Check Only One)		Other - Describe:		Full Containment with Negative Pressure		Minimum Enclosure		Glow bag Procedure			
<input checked="" 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:				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Scope of Work (Check All That Apply)		<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Minimum Enclosure <input type="checkbox"/> Glow bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (14) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
Storefront Canopy		Yes No N/A		Roofing Material		1,975 SF		Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprises, LLC		City, State Waynesburg, Ohio			
City, State New Castle, Delaware		Deposited Date TBD		Signature		Date 8/8/2018					
Completed by Predrag Sarcevic		Title Vice President									



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

**CL 2938 PAID**

**CHECK # 2938**

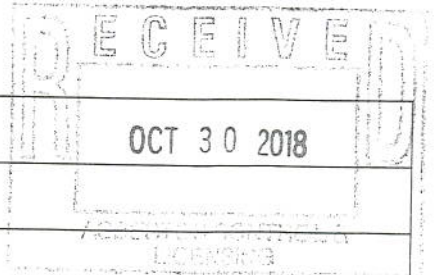
**RECEIVED**

**OCT 30 2018**

Date of Notification (1) 10/26/2018		Name of Building Owner/Operator (2) Residential							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ, 07003							
		Name of Contact Linda Ambrosi	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bloomfield		Square Feet 1800	# of Floors 1						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 60						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 11/05/2018	Scheduled Completion Date (11) 11/8/2018	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<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 Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Insulation & Fittings	60 LF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature [Signature]		Date 10/26/2018			



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



08/10/19 PAID

Date of Notification (1) 10/25/2018		Name of Building Owner/Operator (2) Chris Exon							
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 Glen Ridge, NJ 07028							
		Name of Contact Chris Exon	Telephone Number _____						
<b>FACILITY INFORMATION</b>									
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) Glen Ridge		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address _____		Street Address 11 Rosengren Avenue							
City, State, Zip Code _____		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm _____	Telephone No. _____	Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 11/05/2018	Scheduled Completion Date (11) 11/06/2018	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: <u>Occupied</u>		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	160 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 Oliver Hegedis		Title Project Manager	Signature 	Date 10/25/2018					



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

CIC 4910

RECEIVED

Date of Notification (1) <b>10/25/18</b>		Name of Building Owner/Operator (2) <b>MR JOSEPH SCARANO</b>					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	OCT 30 2018				
		City, State, Zip Code <b>WESTWOOD, NJ. 07675</b>					
		Name of Contact <b>JENNIFER</b>	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>MR. JOSEPH SCARANO</b>		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 <b>2000</b>	# of Floors <b>2</b>				
City (5) <b>WESTWOOD</b>		Bldg. Age <b>1940</b>					
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) <b>Best Removal Inc</b>					
Street Address		Street Address <b>450 South River St</b>					
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>				
Start Date (10) <b>11/5/18</b>	Scheduled Completion Date (11) <b>11/6/18</b>	Name of OSHA Monitor <b>Omega Environmental</b>					
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: <b>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>					
		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>BASEMENT</b>	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) <b>65LF</b>	Abatement Type		
	Yes	No			N/A	Removal	Repair
Name of Registered Waste Hauler <b>Best Removal Inc</b>	NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>11/207</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>				
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>11/6/18</b>	City, State <b>Waynesburg, Oh, 44688</b>				
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>[Signature]</i>			Date <b>10/25/18</b>		




AMENDMENT

NICK

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

RECEIVED  
Check # 1141  
OCT 30 2018

Date of Notification (1) <b>9/10/18</b>		Name of Building Owner/Operator (2) <b>STALWART EQUITIES INC</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>1649 49TH STREET 1ST floor</b>						
	City, State, Zip Code <b>BROOKLYN, NY 11204</b>		Name of Contact <b>SAMUEL WACHSMAN</b>						
		Telephone Number <b>201-771-3002</b>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>ABANDONED FACTORY</b>		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 <b>701 12TH STREET</b>		Square Feet <b>40,000</b>	# of Floors <b>2</b>						
City (5) <b>CARLSTADT</b>		Bldg. Age <b>62</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>PAINT PLANT / DEMO</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ASCM No.</b>		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>							
Street Address <b>185 Vriesland Ave.</b>		Street Address <b>185 Vriesland Ave.</b>							
City, State, Zip Code <b>Midland Park, N.J.</b>		City, State, Zip Code <b>Midland Park, N.J.</b>							
Project Manager for Monitoring Firm <b>Telephone No.</b>		Telephone No. <b>201-282-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>9/24/18</b>	Scheduled Completion Date (11) <b>12/24/18</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>							
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:		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 150$ sf or $\geq 250$ lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frictile 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			Removed	Repair	Encapsulate	Enclosure
THROUGHOUT			X	VAT	6,147 SF	X			
" "			X	PIPE	1,239 SF	X			
" "			X	COVE BASE	546 LF	X			
OUTSIDE			X	TANK BEARLS	720 SF	X			
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>					
City, State <b>Newark, N.J. 07105</b>		Disposal Date <b>9/24/18</b>	City, State <b>Pen Argyl, PA 08072</b>						
Completed by <b>R. McDonald</b>		Title <b>President</b>	Signature 	Date <b>10/24/18</b>					



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

RECEIVED  
Check # 1141  
OCT 30 2018

Date of Notification (1) <b>9/10/18</b>		Name of Building Owner/Operator (2) <b>STALWART EQUITIES INC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCH <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 <b>1649 49TH STREET 1ST FLOOR</b>							
		City, State, Zip Code <b>BROOKLYN, NY 11204</b>							
		Name of Contact <b>SAMUEL WACHSMAN</b>	Telephone Number <b>801-771-3002</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>ABANDONED FACTORY</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>701 12TH STREET</b>		Square Feet <b>40,000</b>	# of Floors <b>2</b>						
City (5) <b>CARLSTADT</b>		Bldg. Age <b>62</b>							
County (6) <b>BERGEN</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>PAINT PLANT / DEMO</b>							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>							
City, State, Zip Code		Street Address <b>165 Vreeland Ave.</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, N.J.</b>							
Telephone No.		Telephone No. <b>201-262-5841</b>	License No. <b>00156</b>						
Start Date (10) <b>9/24/18</b>	Scheduled Completion Date (11) <b>10/24/18</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>							
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 type="checkbox"/> Other - Describe: _____		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> 25 sf or 25 ft <input type="checkbox"/> ≥100 sf or ≥200 ft		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Encapsulated (*) and Non-Frictile 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	NA			Removal	Repair	Encapsulate	Enclosure
THROUGH OUT			X	VAT	6,147 SF	X			
" "			X	PIPE	1,239 SF	X			
" "			X	COVE BASE	544 LF	X			
OUTSIDE			X	TANK DECKS	720 SF	X			
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04508</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>					
City, State <b>Newark, N.J. 07105</b>		Disposal Date <b>9/24/18</b>		City, State <b>Pen Argyl, PA 08072</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <i>R. McDonald</i>		Date <b>9/10/18</b>			



CK1322

PAID

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

RECEIVED  
OCT 30 2018

Date of Notification (1) 10/26/2018		Name of Building Owner/Operator (2) Odair Bombardelli							
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 checked="" type="checkbox"/> Amended Amendment # <u>New Start</u> <input type="checkbox"/> Emergency (including Date justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City NJ 07307							
		Name of Contact Odair Bombardelli	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Odair Bombardelli's Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet	# of Floors						
County (6) Hudson County		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 11/3/2018		Scheduled Completion Date (11) 11/7/2018							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Exterior		X		Siding Transite Material	1485 SF	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD		Cubic Yards of Waste YD	Name of Registered Landfill Keystone Sanitary Lndfill				
City, State		Disposal Date		City, State Dunmore Pennsylvania					
Completed by Darko Raloski		Title Project Manager		Signature 			Date 10/26/2018		



Check#3187

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

CANCELLATION

OCT 30 2018

Date of Notification (1) 10 / 26 / 18		Name of Building Owner/Operator (2) Nick Starace	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Short Hills, NJ 07078	
Name of Contact Nick Starace		Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Short Hills, NJ 07078		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 10 / 27 / 18		License No. 01127	
Scheduled Completion Date (11) 10 / 29 / 18		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

## Scope of Work (Check all that apply)

- ☒ >3 sf or >3 lf  
☒ > 160 sf or >260 lf

- ☒ Renovation  
☐ Demolition

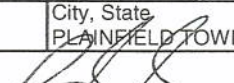
- ☐ Clean up and decontamination with negative pressure  
☒ Full Containment with Negative Pressure  
☒ Mini-Enclosure  
☒ Glovebag Procedure ☐ Tent with Negative Pressure  
☒ Non-Exempted (\*) and Non-Friable Procedure

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT -floor tiles	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT -floor tiles	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct insulation	45 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>John Jevtic</i>		Date 10/26/18	



OK 32851

Date of Notification (1) 10 / 25 /18			Name of Building Owner/Operator (2) VERIZON			<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED  OCT 30 2018 </div>					
Agencies Notified			Street Address 1 VERIZON WAY								
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> EPA  <input type="checkbox"/> DEP  <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH  <input type="checkbox"/> DCA </div> <div> 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 </div> </div>			City, State, Zip Code BASKING RIDGE, NEW JERSEY 07920								
			Name of Contact CHARLIE MESSING			Telephone Number 908-559-2001					
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) VERIZON						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)					
Street Address 119 WASHINGTON STREET						Square Feet 37,640		# of Floors 4	Bldg. Age 50		
City (5) TOMS RIVER		County (6) OCEAN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL					
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL				ASCN No. 0003		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION					
Street Address 1253 NORTH CHURCH STREET						Street Address 313 SPOOK ROCK ROAD					
City, State, Zip Code MOORESTOWN, NJ 08057						City, State, Zip Code SUFFERN, NEW YORK 10901					
Project Manager for Monitoring Firm KRISTOPHER SMITH				Telephone Number 609-313-8218		Telephone Number 845-369-7500		License Number 1101			
Expected State Date (10) 11 / 5 /18 Month Day Year			Sched. Completion Date (11) 12 / 30 /18 Month Day Year			Name of OSHA Monitor QUEST					
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: MONDAY - FRIDAY 5 PM-1:30 AM						Street Address 1376 ROUTE 9					
						City, State, Zip Code WAPPINGERS FALL, NEW YORK 12590					
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 checked="" type="checkbox"/> Mini-Enclo, <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure					
Location of Asbestos-containing Material (ACM) <b>TO BE ABATED</b> 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) 60 SF		Abatement Type			
								REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT		X		VAT & MASTIC		X					
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOLD BLVD.		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 10		Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL					
City, State NEWARK, NEW JERSEY 07105				Disposal Date 04/20/15-06/30/2015		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ				Title DIRECTOR OF OPERATIONS		Signature 		Date 10/25/18			



Jan 10 2000 12:34AM NJ Asbestos Control 609.633.0664

page 1

10/24/2018 12:31PM 2013297440

BEST REMOVAL INC

CK 4807  
PAGE 02/04

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

**CK 4807**

Date of Notification (1) <b>10/24/18</b>		Name of Building Owner/Operator (2) <b>MS. ELFRIDA FENTON</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> NJDCOL  <input type="checkbox"/> DDOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Bloomfield, NJ 07003</b> Name of Contact <b>MS. FENTON</b> Telephone Number				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>MS. FENTON</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Hospital (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, health care, etc.)				
Street Address [REDACTED]		Squares Feet <b>1800</b>				
City (5) <b>Bloomfield</b>		# of Floors <b>2</b>				
County (6) <b>Essex</b>		Bldg. Age <b>1935</b>				
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>REMOVAL</b>				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address <b>Best Removal, Inc</b>				
City, State, Zip Code		City, State, Zip Code <b>450 South River St Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>				
Start Date (10) <b>10/26/18</b>		Scheduled Completion Date (11) <b>10/27/18</b>				
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: <b>7:30 AM TO 5:00 PM</b>		Name of OSHA Monitor <b>Omega Environmental</b>				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 25 ft or less <input type="checkbox"/> 26 ft or more		Street Address <b>280 Huyler St</b> City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>				
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Night Enclosure <input type="checkbox"/> Glovebag Procedures <input type="checkbox"/> Non-Encapsulated and Non-Freeze Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED (13) [REDACTED]	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (e.g., thermal system insulation, ceiling tiles, VAV, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
<b>BASEMENT</b>		<b>THERMAL SYSTEM INSULATION</b>	<b>90 LF</b>	<input checked="" type="checkbox"/>		
<b>BASEMENT</b>		<b>THERMAL SURFACING INSULATION</b>	<b>35 SF</b>	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler <b>Best Removal Inc</b>		NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>24 CFY</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>10/29/18</b>	City, State <b>Waynesburg, Oh. 44688</b>			
Completed by <b>J. Maiorano</b>	Title <b>Estimator</b>	Signature <i>J. Maiorano</i>	Date <b>10/24/18</b>			

ASB-41  
\* Do not use this form for asbestos licensure exempted activities.



2012620: 21

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PAGE. 2/3  
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CHECK # 1165

CK 11425 PAID

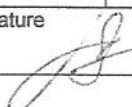
State of New Jersey  
NOTIFICATION OF ABSENTEE VOTING  
(Pursuant to N.J.A.C. 17:27 and 17:28)

Date of Notification (1) <b>10/24/18</b>		Name of Building Owner/Generator (2) <b>TIM KING</b>		<div style="border: 1px solid black; width: 100px; height: 100px; margin: 0 auto;"></div>	
Agencies Notified		Type Notification		Street Address <div style="background-color: black; width: 100px; height: 20px;"></div>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DCL <input type="checkbox"/> DOH <input type="checkbox"/> DOA		<input 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 <b>LITTLE FALLS</b> Name of Contact <b>BOB BOYLE</b>	
Name of Facility Where Abatement is Taking Place (3) <b>TIM KING</b>				Telephone Number <div style="background-color: black; width: 100px; height: 20px;"></div>	
Street Address <div style="background-color: black; width: 100px; height: 20px;"></div>				Type of Facility (4) <input type="checkbox"/> School <input type="checkbox"/> State <input type="checkbox"/> Other (Specify) <b>180</b>	
City (5) <b>LITTLE FALLS</b>				State (6) <b>180</b>	
County (8) <b>MASSACHUSETTS</b>				County Code (7) <b>MASSACHUSETTS ONLY</b>	
Name of Monitoring Firm Hired by Building Owner (9)				Name of Abatement Contractor (10)	
Street Address				Street Address <b>180 Vreeland</b>	
City, State, Zip Code				City, State, Zip Code <b>Midland Park, N.J.</b>	
Project Manager for Monitoring Firm				Telephone No. <b>201-202-5841</b>	
Start Date (10) <b>10/24/18</b>				Scheduled Completion Date (11) <b>10/29/18</b>	
Occupancy Status During Abatement (Check Only One)				Name of OSHA Approved Consultant (12)	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address <b>380 Huyler St</b>	
Scope of Work (Check All That Apply)				City, State, Zip Code <b>Hackensack, N.J. 07606</b>	
<input type="checkbox"/> 24 hr or 24 hr <input type="checkbox"/> 24 hr or 24 hr				<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
<input type="checkbox"/> Full Co <input type="checkbox"/> Mini-En <input type="checkbox"/> Glove <input type="checkbox"/> Non-En				<input type="checkbox"/> Airman with Negative Pressure <input type="checkbox"/> Airman <input type="checkbox"/> Procedure <input type="checkbox"/> Method 1 and Non-Filterable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE REMOVED</b> in Facility (13)		Is Location Normally Used Solely by Maintenance/ Custodial Staff (14)		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, VAT, or other miscellaneous)	
<b>GROUND FLOOR</b>		Yes No N/A <b>X</b>		<b>TLG</b>	
Name of Registered Waste Hauler <b>Newark Carting, Inc.</b>		NJDEP Waste Hauler ID No. <b>04509</b>		Date of Waste <b>10/24/18</b>	
City, State <b>Newark, N.J. 07106</b>		Date of Waste <b>10/24/18</b>		Name of Registered Landfill <b>Central Sanitary Landfill</b>	
Completed by <b>R. McDonald</b>		Title <b>President</b>		Date <b>10/24/18</b>	



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

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Date of Notification (1) 10-17-18		Name of Building Owner/Operator (2) Superior Restoration							
Agencies Notified	Type Notification	Street Address 80 Scenic Drive Suite 5							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Freehold, NJ 07728							
		Name of Contact Michael Diaz	Telephone Number (732) 414-6687						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Nutley		Square Feet	# of Floors						
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 522 7th St.							
City, State, Zip Code		City, State, Zip Code Union City NJ 07087							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 10-18-18		Scheduled Completion Date (11) 10-22-18	Name of OSHA Monitor Delfa Contracting LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 522 7th St.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am - 5:00 pm		City, State, Zip Code Union City NJ 07087							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	400 SF	X			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ		Disposal Date 10-23-18		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 10-17-18			



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

CK 1890

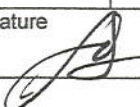
**PAID**

**RECEIVED**  
OCT 30 2018

Date of Notification (1) 10-25-18		Name of Building Owner/Operator (2) IBN Construction 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 <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 49 Hermon St.	
		City, State, Zip Code Newark, NJ 07105	
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568

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) Little Falls		Bldg. Age	
County (6) Bergen	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) Delfa Contracting LLC.
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 216-9603	License No. 01206
Start Date (10) 11-07-18	Scheduled Completion Date (11) 11-13-18	Name of OSHA Monitor Delfa Contracting 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 522 7th St.	
		City, State, Zip Code Union City NJ 07087	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <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 & 2nd Floors		X		Joint Compound	2,000 SF	X			
Exterior		X		Transite Siding	2,500 SF	X			
Roof		X		Flashing Tar	3 SF	X			

Name of Registered Waste Hauler Delfa Contracting LLC	NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Union City, NJ	Disposal Date 11-12-18	City, State Tullytown, PA	
Completed by Jaime Delgado	Title Proj. Manager.	Signature 	Date 10-25-18



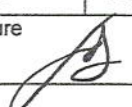
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

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OCT 30 2018

Date of Notification (1) 10-25-18		Name of Building Owner/Operator (2) IBN Construction Corp	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input 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 49 Hermon St.	
		City, State, Zip Code Newark, NJ 07105	
		Name of Contact Nelson Espinosa	Telephone Number (973) 344-4568

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) Little Falls		Bldg. Age	
County (6) Bergen	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) Delfa Contracting LLC.
Street Address		Street Address 522 7th St.	
City, State, Zip Code		City, State, Zip Code Union City NJ 07087	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 216-9603	License No. 01206
Start Date (10) 11-06-18	Scheduled Completion Date (11) 11-10-18	Name of OSHA Monitor Delfa Contracting 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 522 7th St.	
		City, State, Zip Code Union City NJ 07087	
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
Rear Roof		x		Flat Roof	500 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC	NJDEP Waste Hauler ID No. 356240	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Union City, NJ		Disposal Date 11-09-18	City, State Tullytown, PA
Completed by Jaime Delgado	Title Proj. Manager.	Signature 	Date 10-25-18




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

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OCT 30 2018

Date of Notification (1) 10-25-18		Name of Building Owner/Operator (2) IBN Construction Corp		OCT 30 2018					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 49 Hermon St.  City, State, Zip Code Newark, NJ 07105  Name of Contact Nelson Espinosa  Telephone Number (973) 344-4568					
<b>FACILITY INFORMATION</b>									
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  Bldg. Age  						
City (5) Little Falls			County Code (7) (STATE USE ONLY) _____						
County (6) Bergen			Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Delfa Contracting LLC.					
Street Address				Street Address 522 7th St.					
City, State, Zip Code				City, State, Zip Code Union City NJ 07087					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201 216-9603 License No. 01206					
Start Date (10) 11-03-18		Scheduled Completion Date (11) 11-08-18		Name of OSHA Monitor Delfa Contracting 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 522 7th St.  City, State, Zip Code Union City NJ 07087					
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
Exterior		x		Transite Siding	1500 SF	x			
2nd Floor		x		Joint Compound	3,000 SF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 356240		Cubic Yards of Waste 20	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Union City, NJ				Disposal Date 11-09-18	City, State Tullytown, PA				
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 10-25-18			



**PAID**

# State of New Jersey - Notification of Asbestos Abatement

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

Check # 13310

**RECEIVED**

GAC Project # 060-18

Date of Notification (1) <b>October 25, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
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 type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>KESSLER TEACHING LAB, BLDG# 3910</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>RBHS PISCATAWAY CAMPUS</b>		Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>60+</b> years	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	
Street Address <b>3 TERRI LANE</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Street Address <b>511 MAIN STREET</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>11/2/18</b>		Scheduled Completion Date (11) <b>11/5/18</b>	
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: <b>Schedule: 4PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
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)
Room 5219 Suite	<input checked="" type="checkbox"/>	VAT	1200 SF
Room 5219 Suite	<input checked="" type="checkbox"/>	BENCH TOPS	500 SF
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>25 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>11/5/2018</b>	
City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>			
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>	Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i>	Date <b>October 25, 2018</b>

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



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

GAC Project # 060-18

Date of Notification (1) <b>October 12, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ 2018</b>	
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 <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)          74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b> City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>
			Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b> Telephone Number <b>848-445-2550</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>KESSLER TEACHING LAB, BLDG# 3910</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>2</b> Bldg. Age: <b>60+ years</b>	
Street Address <b>RBHS PISCATAWAY CAMPUS</b>		Current Use (prior if being demolished): <b>ACADEMIC</b>	
City (5) <b>PISCATAWAY</b>	County (6) <b>MIDDLESEX</b>	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>	Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>10/25/18</b>	Scheduled Completion Date (11) <b>10/29/18</b>	Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
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: <b>Schedule: 4PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $>3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
Room 5219 Suite	<input checked="" type="checkbox"/>	<b>VAT</b>	<b>1200 SF</b> <input checked="" type="checkbox"/>
Room 5219 Suite	<input checked="" type="checkbox"/>	<b>BENCH TOPS</b>	<b>500 SF</b> <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	Cubic Yards of Waste: <b>25 CY</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date <b>10/29/2018</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>	Signature <i>Raymond C. Pedalino</i> Date <b>October 12, 2018</b>

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



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

**RECEIVED**  
OCT 30 2018

Date of Notification (1) 10 / 15 / 18		Name of Building Owner/Operator (2) Verizon Communications		OCT 30 2018					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-10/26/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>71 Madison Ave</b> City, State, Zip Code <b>Jersey City, NJ 07034</b>					
			Name of Contact <b>Brian Kingsbury</b>		Telephone Number <b>201 356 5166</b>				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Bergen Central Office</b>				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 <b>71 Madison Ave</b>									
City (5) <b>Jersey City</b>				Square Feet <b>113,347</b>	# of Floors <b>7</b>				
				Bldg. Age <b>+50</b>					
County (6) <b>Hudson</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Verizon Communications</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ESIS</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>10 Exchange Place, 13<sup>th</sup> Floor</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Jersey City</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Brian Kingsbury</b>		Telephone No. <b>201 356 5166</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) 11 / 5 / 18		Scheduled Completion Date (11) 11 / 9 / 18		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>      </u> PM <b>5:00PM-2:00AM</b>				Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>					
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 <sup>nd</sup> 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 <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE</b>				Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>				
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillan DeCaro</i>		Date <b>10-26-18</b>			



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

*chk # 3449*

Date of Notification (1) <div style="text-align: center;">10 / 15 / 18</div>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>		OCT 30 2018					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 9663 <input checked="" type="checkbox"/> DOH 9649 <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 <b>71 Madison Ave</b>		City, State, Zip Code <b>Jersey City, NJ 07034</b>					
		Name of Contact <b>Brian Kingsbury</b>		Telephone Number <b>201 356 5166</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Bergen Central Office</b>			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 <b>71 Madison Ave</b>									
City (5) <b>Jersey City</b>			Square Feet <b>113,347</b>	# of Floors <b>7</b>	Bldg. Age <b>+50</b>				
County (6) <b>Hudson</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Verizon Communications</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ESIS</b>		ASCM No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>10 Exchange Place, 13<sup>th</sup> Floor</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Jersey City</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Brian Kingsbury</b>		Telephone No. <b>201 356 5166</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) 10 / 29 / 18		Scheduled Completion Date (11) 11 / 7 / 18		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>					
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 <b>5:00PM-2:00AM</b>			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
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 <sup>nd</sup> 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 <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>Dillian DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillian DeCaro</i>		Date <b>10-15-18</b>			



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

**RECEIVED**  
OCT 30 2018

Date of Notification (1) <u>10</u> / <u>17</u> / <u>18</u>			Name of Building Owner/Operator (2) <b>Trustees of Princeton University</b>						
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 checked="" type="checkbox"/> Amended Amendment # <b>2-10/26/18</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>E.A MacMillan Building</b>					
				City, State, Zip Code <b>Princeton, NJ 08544</b>					
		Name of Contact <b>Robert Ortego</b>		Telephone Number <b>609-258-1841</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Lawrence Apts High Rise</b>				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 <b>1 Lawrence Dr</b>				Square Feet					
City (5) <b>Princeton</b>				# of Floors <b>50+</b>					
County (6) <b>MERCER</b>				Bldg. Age <b>50+</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No. <b>00102</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>515 Grove St., Suite 1B</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Brian Clark</b>		Telephone No. <b>856-547-0505</b>		Telephone No. <b>215-788-6040</b>					
Start Date (10) <u>ON HOLD</u>		Scheduled Completion Date (11)		License No. <b>00509</b>					
Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7:00AM-3:30PM</u> / <u>      </u> PM - <u>      </u> AM				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster (drill holes)	42 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 <b>BRISTOL ENVIRONMENTAL INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>				
City, State <b>BRISTOL, PA 19007</b>		Disposal Date		City, State <b>FAIRLESS HILLS, PA 19047</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <u>10/26/18</u>			



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

OCT 30 2018

Date of Notification (1) <div style="text-align: center;">10 / 17 / 18</div>		Name of Building Owner/Operator (2) <b>Trustees of Princeton University</b>							
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 checked="" type="checkbox"/> Amended Amendment #1-10/24/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>E.A MacMillan Building</b>						
			City, State, Zip Code <b>Princeton, NJ 08544</b>						
		Name of Contact <b>Robert Ortego</b>		Telephone Number <b>609-258-1841</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Lawrence Apts High Rise</b>			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 <b>1 Lawrence Dr</b>									
City (5) <b>Princeton</b>			Square Feet	# of Floors	Bldg. Age <b>50+</b>				
County (6) <b>MERCER</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No. <b>00102</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>515 Grove St., Suite 1B</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Brian Clark</b>		Telephone No. <b>856-547-0505</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) <div style="text-align: center;">10 / 27 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">11 / 2 / 18</div>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
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: <b>7:00AM-3:30PM</b> / ____PM-____AM			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
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
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster (drill holes)	42 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 <b>BRISTOL ENVIRONMENTAL INC.</b>		NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>				
City, State <b>BRISTOL, PA 19007</b>				Disposal Date	City, State <b>FAIRLESS HILLS, PA 19047</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>10-24-18</b>			



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

*Chk # 3452*

Date of Notification (1) <b>10 / 17 / 18</b>		Name of Building Owner/Operator (2) <b>Trustees of Princeton University</b>		OCT 30 2018					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <i>9717</i> <input checked="" type="checkbox"/> DHSS <i>9694</i> <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 <b>E.A MacMillan Building</b>							
		City, State, Zip Code <b>Princeton, NJ 08544</b>							
		Name of Contact <b>Robert Ortego</b>		Telephone Number <b>609-258-1841</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University-Lawrence Apts High Rise</b>				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 <b>1 Lawrence Dr</b>									
City (5) <b>Princeton</b>				Square Feet	# of Floors <b>50+</b>				
County (6) <b>MERCER</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates, Inc.</b>		ASCM No. <b>00102</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>515 Grove St., Suite 1B</b>		Street Address <b>1123 BEAVER STREET</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Project Manager for Monitoring Firm <b>Brian Clark</b>		Telephone No. <b>856-547-0505</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>					
Start Date (10) <b>10 / 27 / 18</b>		Scheduled Completion Date (11) <b>11 / 2 / 18</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
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: <b>7:00AM-3:30PM</b> / ____ PM - ____ AM			Street Address <b>1123 BEAVER STREET</b>						
			City, State, Zip Code <b>BRISTOL, PA 19007</b>						
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) <b>TO BE ABATED</b> 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) <b>42 SF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster (drill holes)		<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 <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>				
City, State <b>BRISTOL, PA 19007</b>				Disposal Date	City, State <b>FAIRLESS HILLS, PA 19047</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>		Date <b>10-17-18</b>			



CK 10537

PAID

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

RECEIVED

OCT 30 2018

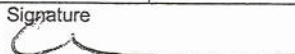
Date of Notification (1) <b>10-26-18</b>		Name of Building Owner/Operator (2) <b>Michael Jesency</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code <b>Hamilton Twp NJ 08610</b>							
		Name of Contact <b>Michael Jesency</b>	Telephone Number <b>N/A</b>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single family Dwelling</b>		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 [REDACTED]									
City (5) <b>Hamilton Twp NJ 08610</b>	Square Feet	# of Floors <b>1</b>	Bldg. Age <b>70+-</b>						
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>						
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>Nov 5, 2018</b>	Scheduled Completion Date (11) <b>Nov 5, 2018</b>		Name of OSHA Monitor <b>EPC Technologies Inc</b>						
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 <b>P.O. Box 337</b> City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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 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
<b>Attic/Furnace Area</b>	<b>X</b>			<b>Transite Cement Pipe</b>	<b>32 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>Nov 5, 2018</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>		Date <b>10-26-18</b>				



PAID

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

CK 7105

Date of Notification (1) 10/26/18		Name of Building Owner/Operator (2) Joe Ragusa 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Brant Beach NJ 08008							
		Name of Contact Joe	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Joe Ragusa 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) Brant Beach NJ 08008		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/6/18	Scheduled Completion Date (11) 11/16/18	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 Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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			x	Exterior Siding	1000 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/14/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President		Signature 			Date 10/26/18		

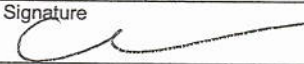


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/26/2018		Name of Building Owner/Operator (2) COUNTY OF BURLINGTON		OCT 30 2018	
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		49 RANOCAS ROAD	
				City, State, Zip Code MOUNT HOLLY, NJ 08060	
		Name of Contact MARK HANSEN		Telephone Number 856-722-6700	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) VACANT RESIDENCE				Type of Facility (4)	
Street Address 2098 BURLINGTON-COLUMBUS ROAD				<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) FLORENCE TOWNSHIP				Square Feet	# of Floors
County (6) BURLINGTON				County Code (7) (STATE USE ONLY)	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) N/A				Current Use (Prior if being demolished)	
Street Address				Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.	
City, State, Zip Code				Street Address 11 VREELAND AVENUE	
Project Manager for Monitoring Firm				City, State, Zip Code TOTOWA, NJ 07512	
Telephone No.				Telephone No. 973-956-8700	License No. 00494
Start Date (10) 11/5/2018		Scheduled Completion Date (11) 11/19/2018		Name of OSHA Monitor SAME AS (9) ABOVE	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT-CONDEMNED				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
				BUILDING	
				TO BE DEMOED AS	
				ASBESTOS, DEEMED UNSAFE	
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 100	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State TOTOWA, NJ		Disposal Date 11/19/2018		City, State MORRISVILLE, PA	
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>	Date 10/26/2018	

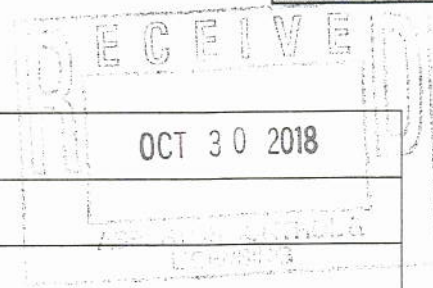


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 10/26/18		Name of Building Owner/Operator (2) Matt Garabedian Private Home		CK 7107	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<input type="checkbox"/> [Redacted] City, State, Zip Code Surf City NJ 08008	
		Name of Contact Matt		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Matt Garabedian				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) Surf City NJ 08008				Square Feet 1000 +	# of Floors 2
County (6) Ocean		County Code (7) (STATE USE ONLY)		Bldg. Age 50+	
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	License No. 00727
Start Date (10) 11/6/18		Scheduled Completion Date (11) 11/14/18		Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input 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)
	Yes	No	N/A		
Exterior Siding			x	Exterior Siding	2000 SF
Name of Registered Waste Hauler United Containers		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 11/14/18		City, State Morrisville PA 1960	
Completed by Anthony T Perna		Title President		Signature 	Date 10/26/18



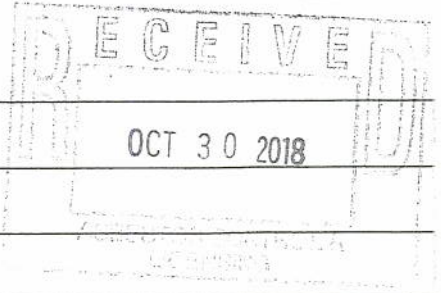
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 10/26/2018		Name of Building Owner/Operator (2) Department of VA							
Agencies Notified	Type Notification	Street Address 130 Kingsbridge Road							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bronx, NY 10468							
		Name of Contact Christina Katz	Telephone Number 718-741-4329						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) VA New Jersey Healthcare System / East Orange Campus		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 358 Tremont Avenue		Square Feet N/A	# of Floors N/A						
City (5) East Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VA New Jersey Healthcare System							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 3 Crosswicks Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Douglas Ferry		Telephone No. 609-847-2957	Telephone No. 973-345-8685						
License No. 01311									
Start Date (10) 10/29/2018	Scheduled Completion Date (11) 11/30/2018	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 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
4D Floor		X		Pipe Insulation	447 LF	X			
4D Floor		X		VCT & Mastic	4372 SF	X			
4D Floor		X		VAT & Mastic	40 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste 20996	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 Management		Signature 		Date 10/26/2018			



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



Date of Notification (1) 09/21/2018		Name of Building Owner/Operator (2) Department of VA	
Agencies Notified	Type Notification	Street Address 130 Kingsbridge Road	
<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 Bronx, NY 10468	
		Name of Contact Christina Katz	Telephone Number 718-741-4329

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) VA New Jersey Healthcare System / East Orange Campus		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 358 Tremont Avenue		Square Feet N/A	# of Floors N/A
City (5) East Orange		Bldg. Age N/A	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VA New Jersey Healthcare System	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address 3 Crosswicks Street		Street Address 11 Rosengren Avenue	
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm Douglas Ferry		Telephone No. 609-847-2957	Telephone No. 973-345-8685
Start Date (10) 10/01/2018		Scheduled Completion Date (11) 10/30/2018	License No. 01311
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Name of OSHA Monitor D&S Abatement, Inc.	
		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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("I") 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	Encapsulation	Enclosure
4D Floor		X		Pipe Insulation	350 LF	X			
4D Floor		X		VCT & Mastic	4372 SF	X			
4D Floor		X		VAT & Mastic	40 SF	X			

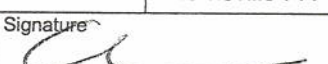
Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by Oliver Hegedis	Title Project Manager	Signature 	Date 09/21/2018



PAID

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

CK 7106


Date of Notification (1) 10/26/18		Name of Building Owner/Operator (2) Betsy Shaltry Private Home							
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 Beach Haven NJ 08008							
		Name of Contact Eric	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Betsy Shaltry 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 2						
City (5) Beach Haven NJ 08008		Bldg. Age 50+							
County (6) Ocean	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. [REDACTED]	Name of Abatement Contractor (9) Pernaco Inc						
Street Address [REDACTED]		Street Address PO Box 329							
City, State, Zip Code [REDACTED]		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]	License No. 00727						
Start Date (10) 11/6/18	Scheduled Completion Date (11) 11/16/18	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 [REDACTED]							
		City, State, Zip Code [REDACTED]							
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	2500 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/16/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President	Signature 			Date 10/26/18			



PAID

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

CK 7108

Date of Notification (1) 10/26/18		Name of Building Owner/Operator (2) Jeff Seddon 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 Spray Beach NJ 08008							
		Name of Contact Jeff	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Jeff Seddon 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 2						
City (5) Spray Beach NJ 08008		Bldg. Age 50+							
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 11/6/18	Scheduled Completion Date (11) 11/14/18	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)			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	1800 SF	x			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 11/14/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President		Signature 			Date 10/26/18		



2018-10-26 12:37

Shade Environmental 1 &gt;&gt; 609 633 06 4

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 8:19)

P 2/3  
**OCT 30 2018**

Date of Notification (1) 10 / 26 / 18		Name of Building Owner/Operator (2) Liran Kappano	
Agency Notice <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-2)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including notification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Glassboro, NJ 08028 Name of Contact Liran Kappano	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter <input checked="" type="checkbox"/> Other (i.e., homes, etc.)	
Street Address [REDACTED]		Squall Feet 1,000	
City (5) Glassboro		# of Floors 2	
County (6) Gloucester		County Code (NJ STATE USE ONLY) Current Use (if not being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No. Name of Abatement Contractor (7) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 823 Cedar Avenue	
City, State, Zip Code Owensfield, NJ 08818		City, State, Zip Code Maple Shade, NJ 08053	
Project Manager for Monitoring Firm Bill Weygand		Telephone No. 856-768-6059	
Start Date (10) 10 / 26 / 18		Scheduled Completion Date (11) 10 / 31 / 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 AM		Name of OSHA Monitor EMAL Analytical, Inc.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 25 ft x 20 ft <input checked="" type="checkbox"/> > 150 sq ft or 2000 ft <sup>3</sup>		Full Containment with Positive Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Permit 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 system insulation, surfacing, VAT, or other miscellaneous)	Abatement Type Amount (Specify SF or LR) Removal Encapsulation
Bedrooms	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floor Tiles and Mastic	263 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"/>
Name of Registered Waste Hauler Freehold Garbage		NJDEP Waste Hauler ID No. 18839	Name of Registered Landfill Fairless
City, State Freehold, NJ		Dispose Date 10/31/2018	City, State Middletown, PA
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature [Signature]	Date 10/26/18

AS 41  
JAN 13

\* Do not use table name for asbestos removals exempted activities.

DOL - 10 DAY

WAVEN APPROVED



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

OCT 30 2018

Date of Notification (1) 10-26-2018		Name of Building Owner / Operator (2) Alpha Metals	
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"/> Emergency <input type="checkbox"/> Cancellation		Street Address 245 Freight Street
			City, State & Zip Code Waterbury, CT 06702
			Name of Contact Richard A. Nave
			Telephone Number 203-575-5747

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Cookson ALpha			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 600 Route 440			Square Feet 151,000		
City (5) Jersey City, NJ			County (6) Hudson		County Code (7)
			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) Acer Environmental			ASCM No.		
Street Address 1012 Industrial Drive			Name of Abatement Contractor (9) Resource Management Group, LLC		
City, State & Zip Code West Berlin, NJ			Street Address 2115 Hamilton Ave, Suite 202		
Project Manager for Monitoring Firm Matt Depalma			Telephone Number 856-809-1202		License Number 01185
Scheduled Start Date (10) 11-8-2018		Scheduled Completion Date (11) 11-23-2018		Name of OSHA Monitor J&S Environmental Laboratories, 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 during Normal Hours: Describe: 8:30am-5:30pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulat	Enclosure
Engineering Spooling, Office(in locker rm)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Fittings	75 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HR, Engineering, Spooling & Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	1,000 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HR, Engineering, Spooling & Office	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Wrap	1,000 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 Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ 08619		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature <i>Brian Haney</i>		Date 10/26/2018



PAID

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

OK 32853

Date of Notification (1) 10 / 26 /18			Name of Building Owner/Operator (2) VERIZON		
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 1 VERIZON WAY			City, State, Zip Code BASKING RIDGE, NJ 07920		
Name of Contact CHARLIE MESSING			Telephone Number 908-559-2001		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) VERIZON			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 216 LEXINGTON AVENUE			Square Feet 29,255	# of Floors 2	Bldg. Age 50
City (5) LAKEWOOD	County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL			ASCM No. 3	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 1253 NORTH CHURCH STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MOORESTOWN, NJ 08057			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm KRISTOPHER SMITH			Telephone Number 609-313-8218	Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 11 / 13 /18 Month Day Year		Sched. Completion Date (11) 3 / 30 /19 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
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 5 PM-1:30 AM			Street Address 1376 ROUTE 9		
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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo , <input 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) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	
BASEMENT		X		VAT & MASTIC	
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 10	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL	
City, State NEWARK, NJ 07105		Disposal Date 11/13-3/30/18		City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 10/26/18	

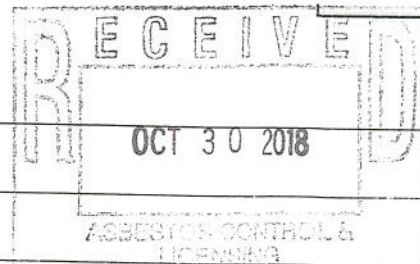
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OCT 30 2018



CK 7300

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



Date of Notification (1) 10/26/18		Name of Building Owner/Operator (2) JB MANAGEMENT		OCT 30 2018	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address	
				City, State, Zip Code	
		Name of Contact		Telephone Number 908-907-4232	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3)			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 2500		
City (5) FREEHOLD			# of Floors 2		Bldg. Age
County (6) MONMOUTH		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address		Street Address 6 WHITE DOVE COURT			
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	
Start Date (10) 11/04/18		Scheduled Completion Date (11) 11/12/18		License No. 1200	
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: _____		Name of OSHA Monitor AAA LEAD PROFESSIONALS			
		Street Address 6 WHITE DOVE COURT			
		City, State, Zip Code LAKEWOOD, NJ 08701			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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				SIDING	3500SF
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 11/12/18	
City, State NEWARK, NJ		Disposal Date 15		Name of Registered Landfill IESI	
City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature	
				Date 10/23/18	



CHECK-134  
CK134 PAID

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

RECEIVED  
OCT 30 2018  
FACILITY CONTROL  
COUNTY

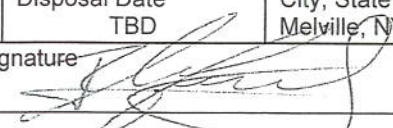
Date of Notification (1) 10-26-18		Name of Building Owner/Operator (2) BENITO LOPEZ							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code NEWARK, NJ 07105							
Name of Contact BENITO		Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 141-147 Railroad Ave.		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 141-147 RAILROAD AVE.		Square Feet 7000	# of Floors 1						
City (5) NEWARK		Bldg. Age +50							
County (6) ESSEX	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) GARAGE							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) DINAGO CORP.						
Street Address		Street Address 339-LAFAYETTE STREET							
City, State, Zip Code		City, State, Zip Code NEWARK, NJ 07105							
Project Manager for Monitoring Firm		Telephone No. 973-491-0877	License No. 01240						
Start Date (10) 11-6-18	Scheduled Completion Date (11) 11-16-18	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
ROOF		X		FLASHING	340LF.	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem landfill					
City, State PO Box 5670, Newark, NJ			Disposal Date	City, State 2335-Applebutter Rd, Bethlehem, PA					
Completed by Carlos Gomes		Title President	Signature 			Date 10/26/18			



PAID

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

RECEIVED  
OCT 30 2018

Date of Notification (1) 10/26/18		Name of Building Owner/Operator (2) Ashland Incorporated							
Agencies Notified (X) EPA ( ) DEP (X) DOL (X) DOH ( ) DCA	Notification Type ( ) Initial Notification (X) Amended Amendment # 1 ( ) Emergency (including justification) ( ) Cancellation	Street Address 500 Hercules Road							
		City, State, Zip Code Wilmington, DE 19805							
		Name of Contact Edward Meeks	Tel. Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Former Drew Chemical Facility		Type of Facility (4) ( ) School (K-12) ( ) Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1000 Harrison Ave		Square Feet	# of Floors						
City (5) Kearny, NJ 07032		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Bldg. Owner		ASCM No.	Name of Contractor (9) CID CONSTRUCTION SERVICES, LLC						
Street Address		Street Address 300-2 State Route 17 South - Suite #3							
City, State, Zip Code		City State, Zip Code Lodi, NJ 07644							
Project Manager for Monitoring Firm (8)	Telephone Number	Telephone Number (973)685-9791	License Number 01191 "A"						
Scheduled Start Date (10) 10/29/2018	Scheduled Completion Date (11) 11/22/2019	Name of OSHA Monitor							
Occupancy Status During Abatement (Check only one) (X) Facility Closed/Vacated During Entire Period of Abatement ( ) Abatement Performed Outside of Normal Facility Hours ( ) Other - Describe:		Street Address							
		City, State, Zip Code							
Source of Work (Check all that apply) (X) ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf ( ) Renovation (X) Demolition ( ) Full Containment with Negative Pressure ( ) Mini-Enclosure ( ) Glove bag Procedure (X) 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 720 - 3rd Fl		X		Pipe Insulation	320 LF	X			
Building 720 - 3rd Fl		X		Vessel Insulation	40 SF	X			
Building 720 - 1st Fl		X		Fire Door	25 SF	X			
Name of Reg. Waste Hauler Cid Construction Services, LLC	NJDEP Waste Hauler ID # 32905		Cubic Yards of Waste TBD	Name of Reg. Landfill 110 Sand Company Landfill					
City, State Garfield, NJ			Disposal Date TBD	City, State Melville, NY					
Completed by Roque G Schipilliti	Title Project Manager		Signature 			Date 10/26/2018			



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

CK  
7833

**PAID**

Date of Notification (1) 10/25/18 Type Notification		Name of Building Owner / Operator (2) <b>Christine Rudczynski</b>	
Agencies Notified EPA DEP <b>X</b> DOL <b>X</b> DOH DCA	Emergency Notification	Street Address [REDACTED]	
	<b>X</b> Initial Notification	City, State & Zip Code <b>Piscataway, NJ 08854</b>	
	Amended Notification	Name of Contact <b>Christine Rudczynski</b>	
	Cancellation	Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <b>X</b> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet      # of Floors      Bldg. Age <b>2,500                      2                      70</b>	
City (5) <b>Piscataway</b>	County (6) <b>Middlesex</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residential</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>	
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	Telephone Number      License Number <b>732-605-9062                      00714</b>
Scheduled Start Date (10) <b>11/5/18</b>	Scheduled Completion Date (11) <b>11/10/18</b>	Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <b>X</b> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:		Street Address <b>443 Schoolhouse Road</b> City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Scope of Work (Check all that apply)			
Demolition <b>X</b> Renovation		Full Containment with Negative Pressure	
Large Project		Mini-Enclosure	
<b>X</b> Quantity is $\geq 3$ SF or $\geq 3$ LF ACM		<b>X</b> Glovebag Procedure	
Quantity is $\geq 160$ SF or $\geq 260$ LF ACM		Other: <b>Non-friable</b>	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
<b>Basement</b>	<b>N/A</b>	<b>TSI Pipe</b>	<b>175 LF</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>8</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>11/10/18</b>	Name of Registered Landfill <b>TRRF</b>
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>
			Date <b>10/25/18</b>



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

**PAID**

CK  
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Date of Notification (1) 10/24/18 Type Notification		Name of Building Owner / Operator (2) <b>Colin Conway</b>	
Agencies Notified	<input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	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		City, State & Zip Code <b>Fairhaven, NJ 07704</b>	
		Name of Contact <b>Kevin Martin</b>	
		Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Abandoned Residence</b>		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <b>163 Park Road</b>		Square Feet <b>2,000</b>	# of Floors <b>2</b>
City (5) <b>Fairhaven</b>	County (6) <b>Monmouth</b>	County Code (7)	Bldg. Age <b>70</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Tactics, Inc</b>		ASCM No.	Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>
Street Address <b>64 Broad Street</b>		Street Address <b>443 Schoolhouse Road</b>	
City, State & Zip Code <b>Matawan, NJ 07747</b>		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Project Manager for Monitoring Firm <b>Tom Geiger</b>		Telephone Number <b>732-290-2217</b>	License Number <b>00714</b>
Scheduled Start Date (10) <b>11/4/18</b>	Scheduled Completion Date (11) <b>11/8/18</b>	Name of OSHA Monitor <b>Global Abatement Services, LLC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: <b>Area Isolated During Abatement</b> Other - Describe:		Street Address <b>443 Schoolhouse Road</b>	
		City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Large Project Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Amount (Specify Square Feet or Linear Feet)
<b>Exterior</b>		<b>N/A</b>	<b>1.500 SF</b>
		<b>Transite siding</b>	<b>Removal</b>
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>	Cu. Yds. of Waste <b>10</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>11/8/18</b>	Name of Registered Landfill <b>TRRF</b>
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Pres.</b>	Signature <i>Dominick Tringali</i>
			Date <b>10/24/18</b>



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

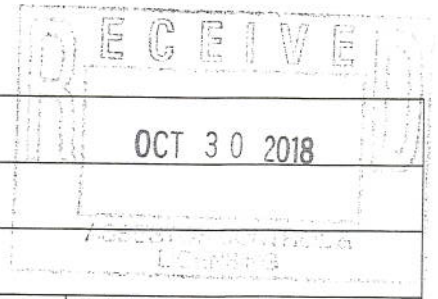


<b>Date of Notification (1)</b> 10/25/2018		<b>Name of Building Owner/Operator (2)</b> Thomas Cosgrove		<b>OCT 30 2018</b>					
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>Street Address</b> <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div> <b>City, State, Zip Code</b> Belleville, NJ 07109 <b>Name of Contact</b> Thomas Cosgrove					
				<b>Telephone Number</b> 					
<b>FACILITY INFORMATION</b>									
<b>Name of Facility Where Abatement is Taking Place (3)</b> House			<b>Type of Facility (4)</b> <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.)						
<b>Street Address</b> <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>			<b>Square Feet</b> N/A						
<b>City (5)</b> Belleville			<b># of Floors</b> N/A		<b>Bldg. Age</b> N/A				
<b>County (6)</b> Essex		<b>County Code (7)</b> (STATE USE ONLY) _____		<b>Current Use (Prior if being demolished)</b> House					
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> N/A		<b>ASCM No.</b> 		<b>Name of Abatement Contractor (9)</b> D&S Abatement, Inc.					
<b>Street Address</b> 		<b>Street Address</b> 11 Rosengren Avenue							
<b>City, State, Zip Code</b> 		<b>City, State, Zip Code</b> Totowa, NJ 07512							
<b>Project Manager for Monitoring Firm</b> 		<b>Telephone No.</b> 		<b>Telephone No.</b> 973-345-8685	<b>License No.</b> 01311				
<b>Start Date (10)</b> 11/09/2018		<b>Scheduled Completion Date (11)</b> 11/10/2018		<b>Name of OSHA Monitor</b> D&S Abatement, Inc.					
<b>Occupancy Status During Abatement (Check Only One)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>				<b>Street Address</b> 11 Rosengren Avenue					
				<b>City, State, Zip Code</b> Totowa, NJ 07512					
<b>Scope of Work (Check All That Apply)</b> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	60 LF	X			
<b>Name of Registered Waste Hauler</b> D&S Abatement, Inc.		<b>NJDEP Waste Hauler ID No.</b> 20996		<b>Cubic Yards of Waste</b> TBD		<b>Name of Registered Landfill</b> Waste Management of PA			
<b>City, State</b> Totowa, NJ				<b>Disposal Date</b> TBD		<b>City, State</b> Morrisville, PA			
<b>Completed by</b> Oliver Hegedis		<b>Title</b> Project Manager		<b>Signature</b> 		<b>Date</b> 10/25/2018			



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

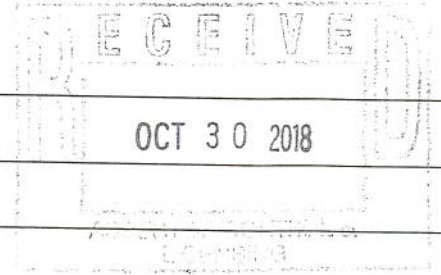


Date of Notification (1) 10/25/2018		Name of Building Owner/Operator (2) Angel Cordero		OCT 30 2018					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Chatham, NJ 07928 Name of Contact Angel Cordero Telephone Number 					
<b>FACILITY INFORMATION</b>									
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 Bldg. Age N/A						
City (5) Chatham		County (6) Morris		County Code (7) (STATE USE ONLY) _____					
Current Use (Prior if being demolished) House			Name of Monitoring Firm Hired by Building Owner (8) N/A ASCN No. _____ Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address [REDACTED]			Street Address 11 Rosengren Avenue						
City, State, Zip Code [REDACTED]			City, State, Zip Code Totowa, NJ 07512						
Project Manager for Monitoring Firm [REDACTED]		Telephone No. [REDACTED]		Telephone No. 973-345-8685 License No. 01311					
Start Date (10) 11/08/2018		Scheduled Completion Date (11) 11/09/2018		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	30 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 Oliver Hegedis		Title Project Manager		Signature 		Date 10/25/2018			



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



Date of Notification (1) 10/25/2018		Name of Building Owner/Operator (2) Frank Carmody		OCT 30 2018					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		[REDACTED] City, State, Zip Code Chatham, NJ 07928 Name of Contact Frank Carmody					
				Telephone Number					
<b>FACILITY INFORMATION</b>									
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) Chatham			Square Feet N/A	# of Floors N/A	Bldg. Age N/A				
County (6) Morris		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	License No. 01311				
Start Date (10) 11/07/2018		Scheduled Completion Date (11) 11/08/2018		Name of OSHA Monitor D&S Abatement, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 11 Rosengren Avenue					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>				City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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	20 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 10/25/2018			



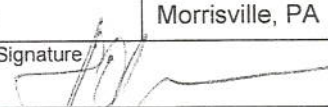
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 Pursuant to NJAC 8:60 and 12:120)

**PAID**

**RECEIVED**

**OCT 30 2018**

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Date of Notification (1) 10/25/2018		Name of Building Owner/Operator (2) Elizabeth Rashbaum							
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 South Orange, NJ 07079							
		Name of Contact Elizabeth Rashbaum	Telephone Number						
<b>FACILITY INFORMATION</b>									
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) South Orange		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 11/06/2018	Scheduled Completion Date (11) 11/07/2018	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: <u>Occupied</u>		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 Closet		X		Pipe Insulation	12 LF	X			
Shed / Basement		X		VAT	100 SF	X			
Garage Lower Level		X		VAT	360 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 10/25/2018		