

CH 70912

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

Print Form

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SEP - 6 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/3/18		Name of Building Owner/Operator (2) New Jersey Community Capital	
Agencies Notified	Type Notification	Street Address 108 Church Street, Third Floor	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Brunswick, NJ 08901	
		Name of Contact New Jersey Community Capital	Telephone Number 973.841.2674 ext 334

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 742 South 10th Street		Type of Facility (4)	
Street Address 742 South 10th Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Newark		Square Feet 2323	# of Floors Bldg. Age
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address		Street Address 6 WHITE DOVE COURT		
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701		
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200	

Start Date (10) 9/13/18	Scheduled Completion Date (11) 9/17/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS
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Occupancy Status During Abatement (Check Only One)	Street Address 6 WHITE DOVE COURT
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____	City, State, Zip Code LAKEWOOD, NJ 08701

Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure	
		<input 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
INTERIOR				Flooring	600SF	x			
INTERIOR				Pipe insulation	100 LF				

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI	
City, State NEWARK, NJ			Disposal Date 9/17/18	City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date

CH 2183

PAID State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:20)

RECEIVED SEP 6 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8-24-2018 Name of Building Owner/Operator (2) ST. Paul's Church Street Address 38 Duncan Avenue City, State, Zip Code Jersey City, NJ 07304 Name of Contact Vanessa Foster Telephone Number 973-979-2637

FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Commercial Type of Facility (4) Other (i.e. private & commercial buildings, homes, etc.) Street Address 38 Duncan Avenue City (5) Jersey City, NJ 07304 Square Feet 4000 # of Floors 1 Bldg. Age 80+

Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) Green Environmental Services, LLC Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304 Project Manager for Monitoring Firm Telephone No. 201-333-8855 License No. 01174

Start Date (10) 8-25-2018 Scheduled Completion Date (11) 8-25-2018 Name of OSHA Monitor Green Environmental Services, LLC Street Address 235 Virginia Avenue City, State, Zip Code Jersey City, NJ 07304

Occupancy Status During Abatement (Check Only One) Facility Closed/Vacated During Entire Period of Abatement Scope of Work (Check All That Apply) Renovation Full Containment with Negative Pressure

Table with 5 columns: 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 (Removal, Repair, Encapsulate, Enclosure). Row 1: Boiler room, No, Pipe insulation, 130 LF, Removal.

Name of Registered Waste Hauler Green Environmental Services, LLC NJDEP Waste Hauler ID No. 0034889 Cubic Yards of Waste 1 Name of Registered Landfill G.R.O.W.S. North Landfill City, State Jersey City, NJ Disposal Date 8-25-2018 City, State Morrisville, PA Completed by Lilia Serrano Title Office Manager Signature Lilia Serrano Date 8-24-2018

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

Ch 1703

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

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ASBESTOS CONTROL &
LICENSING

Date of Notification (1) 08-30-18		Name of Building Owner/Operator (2) Rubenstein Properties	
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 101 East Main St. City, State, Zip Code Little Falls, NJ 07424
			Name of Contact Dave Burkart
			Telephone Number (973) 256-6644

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial Property Building # 1		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 114 Beach St.		Square Feet	# of Floors
City (5) Rockaway		Bldg. Age	
County (6) Morris	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.	Telephone No. 201 216-9603
			License No. 01206
Start Date (10) 09-10-18	Scheduled Completion Date (11) 09-13-18	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am - 5:00 pm		Street Address 522 7th St.	
		City, State, Zip Code Union City NJ 07087	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor		x		Pipe Insulation	60 LF	x			
Basement		x		Pipe Insulation	20 LF	x			

Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource Recovery Facility	
City, State Union City, NJ		Disposal Date 09-12-18	City, State Tullytown, PA		
Completed by Jaime Delgado		Title Proj. Manager.	Signature		Date 08-30-18

CK 7085

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

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 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/30/18		Name of Building Owner/Operator (2) Congregation Kehillas Raintree	
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 1373 Alvarado Avenue
	City, State, Zip Code Lakewood, NJ 08701		Name of Contact Shlomo Horowitz
		Telephone Number 732-703-1174	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1690	# of Floors Bldg. Age
City (5) Lakewood, NJ 08701		Current Use (Prior if being demolished) Home	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____		
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address [REDACTED]		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code [REDACTED]		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 9/9/18	Scheduled Completion Date (11) 9/12/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT	
		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/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	2500SF	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI	
City, State NEWARK, NJ			Disposal Date 9/12/18	City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature [REDACTED]		Date 8/30/18

CK 4745

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

CK 4745

Date of Notification (1) 8/31/18		Name of Building Owner/Operator (2) MR JASON OCHRA	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code TEANECK, NJ, 07666	
		Name of Contact MR. OCHRA	

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FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MR. JASON OCHRA		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800	# of Floors 2						
City (5) TEANECK		Bldg. Age 1940							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc.							
Street Address		Street Address 450 South River Street							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 9/11/18	Scheduled Completion Date (11) 9/12/18	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			✓	THEMAL SYSTEM INSULATION	SOLF	x			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2075	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 9/12/18		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>		Date 8/31/18				

Ch 23500

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/1/2018		Name of Building Owner/Operator (2) WEST NEW YORK HOUSING AUTHORITY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6100 ADAMS STREET	
		City, State, Zip Code WEST NEW YORK, NJ 07093	
		Name of Contact DAVE MARTIN	Telephone Number 609-238-0794

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) WEST NEW YORK HOUSING AUTHORITY		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 6100 ADAMS STREET		Square Feet	# of Floors
City (5) WEST NEW YORK		Bldg. Age	
County (6) HUDSON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.	
Street Address 1253 N. CHURCH STREET		Street Address 11 VREELAND AVENUE		
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07512		
Project Manager for Monitoring Firm MIKE STOCKU	Telephone No. 856-840-8800	Telephone No. 973-956-8700	License No. 00494	

Start Date (10) 9/6/2018	Scheduled Completion Date (11) 9/9/2018	Name of OSHA Monitor SAME AS (9) ABOVE		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED; START 9/6 & 9/7: 4 PM		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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FIRST FLOOR OFFICE AREA		X		Popcorn Ceiling (Layer 1)	400 SF	X			
				Smooth Coat Plaster (Layer 2)	400 SF	X			
				Brown Coat Plaster (Layer 3)	400 SF	X			
				Ceiling Patch Material	10 SF	X			

Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
City, State TOTOWA, NJ		Disposal Date 9/10/2018	City, State MORRISVILLE, PA		
Completed by VIVECA RAMOS	Title PROJECT COORDINATOR	Signature 	Date 9/1/2018		

08/31/2018 10:28 Two Brothers Contracting

CH 23500

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:28 and 12:120)

FAX 973 956 8311

P.002/004

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DOL 10 DAY
ASBESTOS CONTROL &
LICENSING
WAVED APPROVAL
Telephone Number 609-238-0794

Date of Notification (1) 8/1/2018		Name of Building Owner/Operator (2) WEST NEW YORK HOUSING AUTHORITY	
Agencies Notified	Type Notification	Street Address 8100 ADAMS STREET	City, State, Zip Code WEST NEW YORK, NJ 07093
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Name of Contact DAVE MARTIN	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) WEST NEW YORK HOUSING AUTHORITY		Type of Facility (4)	
Street Address 8100 ADAMS STREET		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) WEST NEW YORK		Square Feet	# of Floors
County (8) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) TTI ENVIRONMENTAL, INC.		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.
Street Address 1283 N. CHURCH STREET		Street Address 11 VREELAND AVENUE	
City, State, Zip Code MOORESTOWN, NJ 08057		City, State, Zip Code TOTOWA, NJ 07512	
Project Manager for Monitoring Firm MIKE STOCKU		Telephone No. 856-840-8800	Telephone No. 973-956-8700
License No. 00494			
Start Date (10) 8/8/2018	Scheduled Completion Date (11) 9/5/2018	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: OCCUPIED; START 9:00 AM & 4 PM		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 280 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"/> Glove Bag Procedure <input type="checkbox"/> Non-Enclosed (*) 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) (14)
	Yes	No	
FIRST FLOOR OFFICE AREA		X	Popcorn Ceiling (Layer 1)
			Smooth Coast Plaster (Layer 2)
			Brown Coast Plaster (Layer 1)
			Ceiling Patch Material
			400 SF
			400 SF
			400 SF
			10 SF
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 10
City, State TOTOWA, NJ		Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.S.	
Disposal Date 9/10/2018		City, State DOBBSVILLE, PA	
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR	Signature <i>Viveca Ramos</i>
		Date 8/1/2018	

Ch 3244

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

Print Form

R E C E I V E D

SEP - 6 2018

Date of Notification (1) 08/28/18		Check # 3242 & 3244		Name of Building Owner/Operator (2) Trinitas Regional Medical Center	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		255 Williamson St	
				City, State, Zip Code Elizabeth, NJ, 07202	
				Name of Contact William Stranhan	
				Telephone Number 908-756-0085	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Trinitas Regional Medical Center (Owned Property for Demolition)		Type of Facility (4)	
Street Address 635 Livingston St.		<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) Elizabeth		Square Feet 20,000+	# of Floors 2
County (6) Union		Bldg. Age 50+	
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) EA Services	
Street Address N/A		Street Address 426 69th st			
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07093			
Project Manager for Monitoring Firm N/A		Telephone No. N/A		License No. 01074	

Start Date (10) 08/31/18		Scheduled Completion Date (11) 09/07/18		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One)				Street Address N/A	
<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: <u>2 PM</u>				City, State, Zip Code N/A	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥280 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) <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		ACM Plaster Wall	200 SF	X			
2nd Floor		X		ACM Plaster Wall	2,000 SF	X			

Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Enterprise	
City, State Bronx, NY				Disposal Date TBD		City, State Waynesburg, OH	
Completed by Michael Fajardo			Title Office Employee		Signature		Date 08/28/18

CH3042

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

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 SEP - 6 2018
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/28/18		Check # 3242		Name of Building Owner/Operator (2) Trinitas Regional Medical Center	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA	<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial	<input type="checkbox"/> Amended	255 Williamson St
<input type="checkbox"/> DOH	<input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Emergency (including justification)	<input type="checkbox"/> Cancellation	City, State, Zip Code Elizabeth, NJ, 07202	
Name of Contact William Stranhan				Telephone Number 908-756-0085	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Trinitas Regional Medical Center (Owned Property for Demolition)			Type of Facility (4)		
Street Address 693 Livingston St.			<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) Elizabeth			Square Feet 20,000+	# of Floors 2	Bldg. Age 50+
County (6) Union		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) EA Services	
Street Address N/A			Street Address 426 69th st		
City, State, Zip Code N/A			City, State, Zip Code Guttenberg, NJ, 07093		
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	License No. 01074

Start Date (10) 08/31/18	Scheduled Completion Date (11) 09/07/18	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One)		Street Address N/A	
<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: <u>2 PM</u>		City, State, Zip Code N/A	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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		ACM Plaster Wall	200 SF	X			
2nd Floor		X		ACM Plaster Wall	2,000 SF	X			

Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Entreprise	
City, State Bronx, NY				Disposal Date TBD		City, State Waynesburg, OH	
Completed by Michael Fajardo			Title Office Employee		Signature 		Date 08/28/18

MO 2533677817

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/31/2018		Name of Building Owner/Operator (2) Petar Stassou	
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 Fort Lee, NJ 07024	
		Name of Contact Petar Stassou	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Fort Lee	Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Hudson	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) 09/11/2018	Scheduled Completion Date (11) 09/12/2018	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: Occupied		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"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
Kitchen		X		Linolium	220 SF	X			
Garage/Basement		X		Pipe Insulation	35 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA	
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Ned Joksimovic	Title Project Manager	Signature 		Date 08/31/2018	

CH 9858112915

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

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 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/31/2018		Name of Building Owner/Operator (2) Meridith Guida	
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"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07901	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Meridith Guida	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)		
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Summit		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Union	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) 09/13/2018	Scheduled Completion Date (11) 09/15/2018	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)

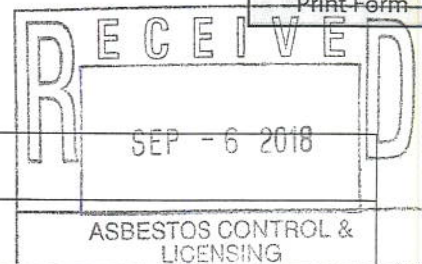
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
Attic		X		Vermiculate	200 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 Ned Joksimovic		Title Project Manager	Signature 	Date 08/31/2018	

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



Date of Notification (1) 08/31/2018		Name of Building Owner/Operator (2) Carolyn Barbara	
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bogota, NJ 07603	
		Name of Contact Carolyn Barbara	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)		
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Bogota	Square Feet N/A	# of Floors N/A	Bldg. Age N/A	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House		

Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.	
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311

Start Date (10) 09/12/2018	Scheduled Completion Date (11) 09/13/2018	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 checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	105 LF	X			

Name of Registered Waste Hauler D&S Abatement, Inc.	NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA
City, State Totowa, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed by Ned Joksimovic	Title Project Manager	Signature 	Date 08/31/2018

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/31/2018		Name of Building Owner/Operator (2) Tammy Williams								
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code South Orange, NJ 07079								
Name of Facility Where Abatement is Taking Place (3) House		Name of Contact Tammy Williams	Telephone Number							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)								
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) South Orange		Square Feet N/A	# of Floors N/A							
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.							
Street Address		Street Address 11 Rosengren Avenue								
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512								
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311							
Start Date (10) 09/14/2018	Scheduled Completion Date (11) 09/15/2018	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
Basement		X		Pipe Insulation	100 LF	X				
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA						
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA						
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 08/31/2018			

B & G proj. #: 2018-165

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State of NJ
 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60-7 and 12:120-7)
 Non Sub 8

Check # 9174

Date of Notification (1) 0 8 / 1 3 1 0 / 1 1 1 8		Name of Building Owner/Operator (2) Care Point Health		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">R E C E I V E D</div> <p>SEP - 6 2018</p> <p>ASBESTOS CONTROL & TESTING</p> <p>(973)296-5089</p>
Agencies Notified		Street Address		
Type Notification		City, State, Zip Code		
Name of Contact		Telephone Number		
<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"/> Amendment <input type="checkbox"/> Cancellation		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		29 East 29th Street Bayonne, NJ 07002 John Gilson		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Bayonne Medical Center (NON Sub 8)			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 29 East 29th Street			Square Feet		
City (5) Bayonne			# of Floors		
County (6) Hudson		County Code (7) (State use only)			
Current Use (Prior if being demolished) Hospital (non sub 8)			Bldg. Age		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address				Street Address 105 Ryerson Road	
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number		Telephone Number (973)696-6869	
				License Number 00378	
Scheduled Start Date (10) 08/30/2018		Sched. Completion Date (11) 09/05/2018			
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code LincolnPark, NJ 07035					
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: work shift 7:00 am - 3:30 pm					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Pharmacy Office			X	pipe fittings	30 fittings	X			
Compound Chemical Room			X	pipe fittings	30 fittings	X			
Compound Chemical Room			X	VAT & Mastic ***	450 SF ***	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 8		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 09/05/2018		City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>		Date 08/20/2018	

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2018-165

Non Sub 8

Check # 9161

Date of Notification (1) <u>10/18/12/10/11/18</u>		Name of Building Owner/Operator (2) Care Point Health		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 0.5em;">R E C E I V E D</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">SEP - 6 2018</div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px; font-size: 0.8em;">ASBESTOS CONTROL & RESTORATION</div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 29 East 29th Street		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Bayonne, NJ 07002		
		Name of Contact John Gilson		
		Telephone Number (973)296-5089		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Bayonne Medical Center (NON Sub 8)			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 29 East 29th Street			Square Feet		
City (5) Bayonne			County (6) Hudson		County Code (7) (State use only)
			Current Use (Prior if being demolished) Hospital (non sub 8)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address				Street Address 105 Ryerson Road	
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number		Telephone Number (973)696-6869	
				License Number 00378	
Scheduled Start Date (10) 08/30/2018		Sched. Completion Date (11) 09/05/2018		Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code LincolnPark, NJ 07035	

Occupancy Status During Abatement (Check only one)

Facility closed/vacated during entire period of abatement.

Abatement performed outside of normal facility hours- Describe: _____

Other-Describe: work shift 7:00 am - 3:30 pm

Scope of Work (check all that apply)

Demolition Renovation Full Containment w/negative pressure Glovebag procedure

>3 sf or >3 lf ≥160 sf or ≥260 lf Mini-enclosure Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Pharmacy Office			<input checked="" type="checkbox"/>	pipe fittings	30 fittings	<input checked="" type="checkbox"/>			
Compound Chemical Room			<input checked="" type="checkbox"/>	pipe fittings	30 fittings	<input checked="" type="checkbox"/>			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 3		Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 09/05/2018		City, State Tullytown, PA			
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>		Date 08/20/2018	

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

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 SEP - 6 2018
 ASBESTOS CONTROL & LICENSING

Date of Notification (1)
 8 / 31 /18

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

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

City, State, Zip Code
 RAHWAY, NEW JERSEY 07065

Name of Contact
 PATRICIA JOHNSON

Telephone Number
 732-594-7746

Agencies Notified

<input type="checkbox"/>	EPA
<input type="checkbox"/>	DEP
<input checked="" type="checkbox"/>	DOL
<input checked="" type="checkbox"/>	DOH
<input type="checkbox"/>	DCA

Type Notification

<input type="checkbox"/>	Initial Notification
<input checked="" type="checkbox"/>	Amended Notification
<input type="checkbox"/>	Cancellation
<input type="checkbox"/>	On Hold
<input type="checkbox"/>	EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

<input type="checkbox"/>	School (K-12)
<input type="checkbox"/>	Subchapter 8 (Other than K-12)
<input checked="" type="checkbox"/>	Other (ie. private & commcl. bldgs., homes, etc.)

Street Address
 126 EAST LINCOLN AVENUE - BUILDING 35

Square Feet 5,000 **# of Floors** 1 **Bldg. Age** 35

City (5) RAHWAY **County (6)** UNION **County Code (7) (STATE USE ONLY)**

Current Use (Prior if being demolished)
 RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)
 ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No. 104

Name of Abatement Contractor (9)
 PAR ENVIRONMENTAL CORPORATION

Street Address
 655 WEST SHORE TRAIL

Street Address
 313 SPOOK ROCK ROAD

City, State, Zip Code
 SPARTA, NEW JERSEY 07871

City, State, Zip Code
 SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm **Telephone Number**
 WILLIAM S. KERBEL, CIH 973-729-5649

Telephone Number **License Number**
 845-369-7500 1101

Expected State Date (10) **Sched. Completion Date (11)**
 8 / 17 /18 10 / 13 /18

Name of OSHA Monitor
 AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

Facility Closed/Vacated During Entire Period of Abatement

Abatement Performed Outside of Normal Facility Hours - Describe:

Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address
 117 EAST 30TH STREET

City, State, Zip Code
 NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

Demolition Renovation

>3SF OR LF

>160 SF OR 260 LF

Full Containment with Negative Pressure

Mini Enclou ,

Glovebag Procedure

Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF EXTERIOR PERIMETER			X	ROOF FLASHING	350 SF	X			

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

NJDEP Waste Hauler ID No.
 15939

Cubic Yards of Waste
 10

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

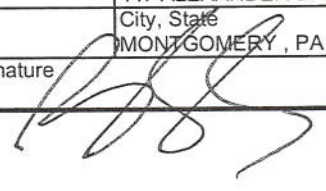
City, State
 FREEHOLD, NEW JERSEY

Disposal Date
 8/16-10/13/18

City, State
 MONTGOMERY, PA 17752

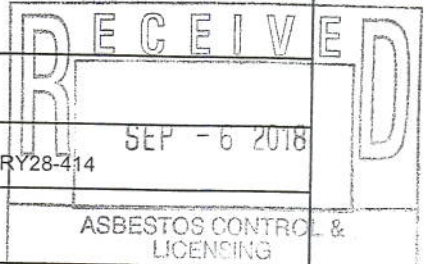
Completed by (Print or Type)
 BENJAMIN SANCHEZ

Title
 DIRECTOR OF OPERATIONS

Signature


Date
 8/31/18

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



Date of Notification (1) 8 / 16 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	ASBESTOS CONTROL & LICENSING	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 35		<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.)
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Square Feet 5,000	# of Floors 1
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	
Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		Street Address 313 SPOOK ROCK ROAD		
Street Address 655 WEST SHORE TRAIL		City, State, Zip Code SUFFERN, NEW YORK 10901		
City, State, Zip Code SPARTA, NEW JERSEY 07871		Telephone Number 845-369-7500		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		License Number 1101		
Telephone Number 973-729-5649		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480		
Expected State Date (10) 8 / 17 /18	Sched. Completion Date (11) 10 / 13 /18			
Month Day Year	Month Day Year			

Occupancy Status During Abatement (Check only one)		Street Address 117 EAST 30TH STREET	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	Abatement Performed Outside of Normal Facility Hours - Describe: MONDAY -FRIDAY 7AM-3:30 PM		
<input checked="" type="checkbox"/> Other - Describe:			
		City, State, Zip Code NEW YORK, NEW YORK 10016	

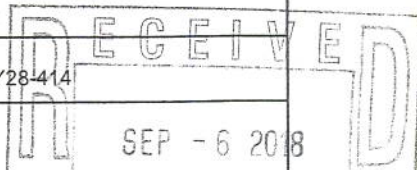
Scope of Work (Check all that apply)		Full Containment with Negative Pressure	
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Mini Enclo.	<input type="checkbox"/> Glovebag Procedure
<input type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/>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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF EXTERIOR PERIMETER			X	ROOF FLASHING	350 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY	Disposal Date 8/16-10/13/18	City, State MONTBOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 8/16/18

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

32496



Date of Notification (1) 8 / 7 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	Name of Contact PATRICIA JOHNSON	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Telephone Number 732-594-7746	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	ASBESTOS CONTROL & ABATEMENT	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold		
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 35		<input type="checkbox"/> School (K-12)	<input type="checkbox"/> Subchapter 8 (Other than K-12)
City (5) RAHWAY	County (6) UNION	<input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	Square Feet 5,000	# of Floors 1
		Bldg. Age 35	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101

Expected State Date (10) 8 / 17 /18		Sched. Completion Date (11) 10 / 13 /18		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Month	Day	Year	Month	Day	Year

Occupancy Status During Abatement (Check only one)		Street Address 117 EAST 30TH STREET	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement	Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		
		City, State, Zip Code NEW YORK, NEW YORK 10016	

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF EXTERIOR PERIMETER			X	ROOF FLASHING	350 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 8/16-10/13/18	City, State MONTGOMERY, PA 17752		
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 8/7/18	

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

CIC 4746

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Date of Notification (1) 8/31/18		Name of Building Owner/Operator (2) BASF	
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 2655 Rt 22 WEST	
		City, State, Zip Code UNION NJ. 07083	
		Name of Contact STEVE SANDERS	
		Telephone Number 908-624-7470	

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) BASF			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2655 Rt 22 WEST			Square Feet 155000	# of Floors 1	Bldg. Age 68 YEARS
City (5) UNION			Current Use (Prior if being demolished) STORAGE / OFFICE		
County (6) UNION		County Code (7) <i>(STATE USE ONLY)</i>	Name of Monitoring Firm Hired by Building Owner (8) EHI		
Name of Monitoring Firm Hired by Building Owner (8) EHI		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc.		
Street Address 655 WEST SHORE TRAIL			Street Address 450 South River Street		
City, State, Zip Code SPARTA, NJ. 07871			City, State, Zip Code Hackensack, NJ 07601		
Project Manager for Monitoring Firm J P VON DOEHLER		Telephone No. 973-651-2041	Telephone No. 201-329-7444	License No. 00388	
Start Date (10) 9/17/18		Scheduled Completion Date (11) 10/3/18		Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM TO 5:00 PM			Street Address 280 Huyler Street		
			City, State, Zip Code South Hackensack, NJ 07606		

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
S.E CORNER VACANT STORAGE			✓	VAT	3600 SF X				
S.E CORNER VACANT STORAGE			✓	THERMAL SYSTEM INSULATION	245 LF X				

Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 25 CYS	Name of Registered Landfill Minerva Enterprises, LLC	
City, State Hackensack, NJ 07601		Disposal Date 10/3/18		City, State Waynesburg, OH 44688	
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>		Date 8/31/18

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

CL-32581

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

Date of Notification (1) 8 / 30 /18		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-114	
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		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-7746

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 SEP - 6 2018
 ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
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Street Address 126 EAST LINCOLN AVENUE - BUILDING 60 CEILINGS		Square Feet 89,717	# of Floors 5	Bldg. Age 82
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	

Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	

Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH	Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101
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Expected State Date (10) 9 / 17 /18	Sched. Completion Date (11) 2 / 15 /19	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
--	---	--	--

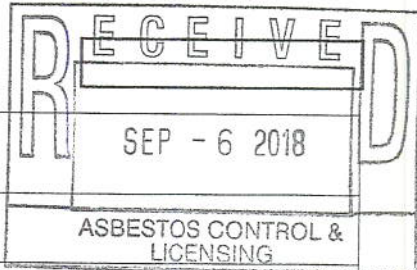
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Street Address 117 EAST 30TH STREET	
		City, State, Zip Code NEW YORK, NEW YORK 10016	

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-JANITOR CLOSET			X	PIPE FITTINGS	5 LF	X			
1ST FLOOR PERIMETER			X	PIPE FITTINGS & INSULATION	1,350 LF	X			
2ND FLOOR			X	PIPE FITTINGS	14 LF	X			
3RD FLOOR			X	PIPE FITTINGS	6 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 80	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY	Disposal Date 9/17/18-02/15/19	City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>[Signature]</i>	Date 8/30/18

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 9:16)



Check#3135

Date of Notification (1) 08 / 31 / 18		Name of Building Owner/Operator (2) Firoz Patka	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Firoz Patka	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	# of Floors
City (5) Morristown, NJ 07960		Bldg. Age	
County (6) Morris	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) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	Telephone No.	License No. 01127

Start Date (10) 09 / 09 / 18	Scheduled Completion Date (11) 09 / 10 / 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)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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>N. Jevtic</i>		Date 08/31/18	

CK 124749

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

Print Form

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) <i>8/29/18</i>		Name of Building Owner/Operator (2) Port Authority of NY & NJ	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 241 Erie Street, Room 236	
		City, State, Zip Code Jersey City, NJ 07310	
		Name of Contact Uday Mehta	Telephone Number (201) 595-4881

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Marine Operations Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address APM Terminals		Square Feet	# of Floors 2
City (5) Elizabeth		Bldg. Age	
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) offices	
Name of Monitoring Firm Hired by Building Owner (8) T&M Associates		ASCM No. 00145	Name of Abatement Contractor (9) Pow/R/Save Inc.
Street Address 11 Tindall Road		Street Address 15 Somerset Place	
City, State, Zip Code Middleton, NJ 07748		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Kevin Burns		Telephone No. (732) 671-6400	Telephone No. (973) 470-0200
License No. 00357			
Start Date (10) 7/23/18	Scheduled Completion Date (11) 9/28/18 <i>9/10/18</i>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

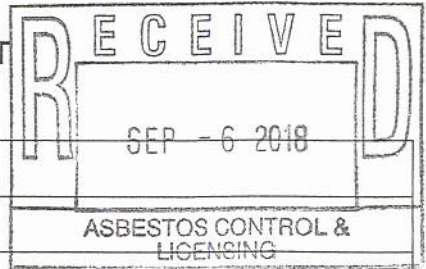
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<i>*</i> second floor & stairwell			x	VAT & mastic	6,125 sf	x			
1st & 2nd floors			x	window sill composite	310 sf	x			
boiler room			x	flue insulation and packing	120 sf + 1/2 cy	x			
roof				roofing material & flashing	4,100 sf	x			

Name of Registered Waste Hauler Waste Mangement		NJDEP Waste Hauler ID No. A-901	Cubic Yards of Waste	Name of Registered Landfill Grows North	
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Sharon Hendee		Title President	Signature <i>[Signature]</i>		Date <i>8/29/18</i>

ASB-41 (R-06-08)
** adding 250 LF non-friable transite piping in exterior trench*

CH 2899

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



Date of Notification (1) 8-31-2018		Name of Building Owner / Operator (2) PNC Bank	
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 909 Bloomfield Avenue
			City, State & Zip Code West Caldwell, NJ 07006
		Name of Contact Brian Havanki	Telephone Number 856-251-9980

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PNC Bank		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 185 Ferry Street		Square Feet 6,139	# of Floors 1
City (5) Newark, NJ		County (6) Essex	County Code (7)
		Bldg. Age 91	
		Current Use (Prior if being demolished) Bank	
Name of Monitoring Firm Hired by Building Owner (8) PT Consultants		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 62 Creek Road		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Bellmaur, NJ 08031		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Brian Havanki		Telephone Number 610-955-5841	Telephone Number 609-914-4279
			License Number 01185
Scheduled Start Date (10) 9-20-2018	Scheduled Completion Date (11) 9-27-2018		Name of OSHA Monitor J&S Environmental Laboratories, Inc.
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 4:30pm - 12:30am <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)

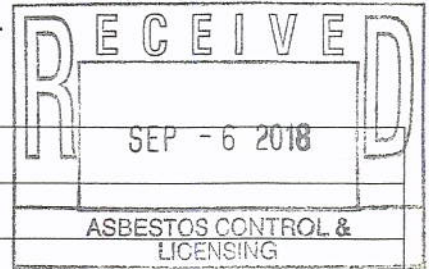
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 	Date 8-31-2018

CK 2899

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 17:27 and 12:120)



Date of Notification (1) 8-31-2018		Name of Building Owner / Operator (2) PNC Bank	
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 909 Bloomfield Avenue	
		City, State & Zip Code West Caldwell, NJ 07006	
		Name of Contact Brian Havanki	Telephone Number 856-251-9980

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) PNC Bank		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 469 Central Ave		Square Feet 8,471	# of Floors 1
City (5) Newark, NJ		County (6) Essex	County Code (7)
		Bldg. Age 75	
Current Use (Prior if being demolished) Bank			

Name of Monitoring Firm Hired by Building Owner (8) PT Consultants		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address 62 Creek Road		Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Bellmaur, NJ 08031		City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Brian Havanki		Telephone Number 610-955-5841	Telephone Number 609-914-4279	License Number 01185

Scheduled Start Date (10) 9-15-2018	Scheduled Completion Date (11) 9-18-2018	Name of OSHA Monitor J&S Environmental Laboratories, Inc.		
--	---	--	--	--

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 4:30pm - 12:30am <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"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 		Date 8-31-2018

2018-08-30 08:57

CK 5057

PAID
 Shade Environmental > 609 633 0664
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:26 and 5:16)

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 P 2/4
 SEP - 6 2018

Date of Notification (1) 08 / 30 / 18		Name of Building Owner/Operator (2) Mount Holly Township Public Schools	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 331 Levis Drive City, State, Zip Code Mount Holly, NJ 08060 Name of Contact William Buffa	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) F.W. Holbein Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 333 Levis Drive		Square Feet 10,000	# of Floors 2
City (5) Mount Holly		Bldg. Age 80	
County (6) Burlington		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental LLC
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08053	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-288-4070	Telephone No. 856-788-0099
Start Date (10) 08 / 31 / 18		Scheduled Completion Date (11) 09 / 04 / 18	License No. 00842
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Name of OSHA Monitor EMSL Analytical, Inc.	
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08037	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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)
	Yes	No	
Room 405	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairleigh Landfill
City, State Freehold, NJ	Disposal Date 09/04/2018	City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 8/30/18

NJ ASBESTOS CONTROL & LICENSING
 AUG 30 2018
 WAIVER APPROVED
 Telephone Number
 609-267-7200 x 6701

ASB-11
JAN 13

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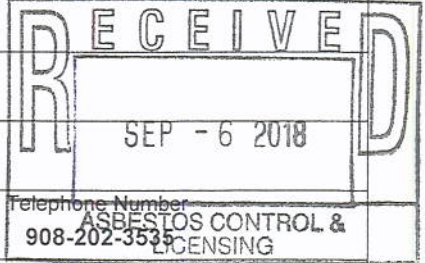
HPP (COVER) BY
 Tom Voorhees, DOL
 8/29/18

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

P A I D

Chk# 3430

Date of Notification (1) 8 / 29 / 18		Name of Building Owner/Operator (2) Edison Housing Authority	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 Rev. Samuel Carpenter Boulevard	
	City, State, Zip Code Edison, NJ 08820		
	Name of Contact Mark Webb	Telephone Number 908-202-3535	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Housing Unit 9A		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 9 A Lyle Place		Square Feet +1500	# of Floors 2
City (5) Edison		Bldg. Age +30	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Dominick Dercole	Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 8 / 30 / 18	Scheduled Completion Date (11) 8 / 31 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00AM-5:00PM/ ___ PM- ___ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
1st Floor beneath subfloor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE	Disposal Date TBD	City, State WAYNESBURG, OH	
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 8-29-18

ASB-41
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Print Form

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8-31-18		Name of Building Owner/Operator (2) CROWLEY MARITIME	
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 36TH & DELAWARE RIVER
	City, State, Zip Code PENNSAUCKEN, NJ 08110		Telephone Number 904-727-2200
Name of Contact STEVE KESSLER		Name of Building Owner/Operator (2) CROWLEY MARITIME	

Name of Facility Where Abatement is Taking Place (3) PETTY'S ISLAND		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 36TH ST & DELAWARE RIVER		Square Feet 500	# of Floors 1
City (5) PENNSAUCKEN NJ 08110		Bldg. Age NA	
County (6) PENNSAUCKEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	

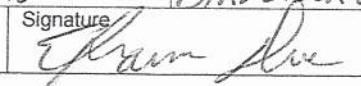
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV. INSPECTIONS		ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION INC	
Street Address PO BOX 11645		Street Address PO BOX 11587		
City, State, Zip Code PHILA PA 19116		City, State, Zip Code PHILA, PA 19116		
Project Manager for Monitoring Firm JASOON DUA		Telephone No. 267-784-4693	Telephone No. 267-784-4694	License No. 01276

Start Date (10) 9-17-18	Scheduled Completion Date (11) 9-18-18	Name of OSHA Monitor EFRAIM DUA	
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 279 HENDRIX PL	
		City, State, Zip Code PHILA PA 19116	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
ROOF				ROOF FLASHING	500SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 20	Name of Registered Landfill WESTERN BERKS	
City, State PHILA PA		Disposal Date 9-18-18		City, State BIRSBORO, PA	
Completed by EFRAIM DUA		Title V. PRES	Signature 		Date 8-31-18

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 8:60 and 5:16)

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ASBESTOS CONTROL & LICENSING

Check#3154

Date of Notification (1) 09 / 01 / 18		Name of Building Owner/Operator (2) Candace Ahrends	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Fair Lawn, NJ 07410	
		Name of Contact Candace Ahrends	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	# of Floors
City (5) Fair Lawn, NJ 07410		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) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-638-1777	License No. 01127

Start Date (10) 09 / 10 / 18	Scheduled Completion Date (11) 09 / 11 / 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)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<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"/> Tent with Negative Pressure
		<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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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>N. Jevtic</i>	Date 09/01/18

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

Check # 1452

Date of Notification (1) August 29, 2018		Name of Building Owner / Operator (2) Elizabeth Martinez	
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"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>	
		City, State & Zip Code Little Egg Harbor, NJ 08087	
		Name of Contact Telephone Number & _____	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>		Square Feet 1,068	# of Floors 1
City (5) Little Egg Harbor		Bldg. Age 57 years	
County (6) Ocean		Residence	
County Code (7) 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) Synatech, Inc.
Street Address		Street Address 829 Radio Road	
City, State & Zip Code		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) September 9, 2018	Scheduled Completion Date (11) October 8, 2018	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

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

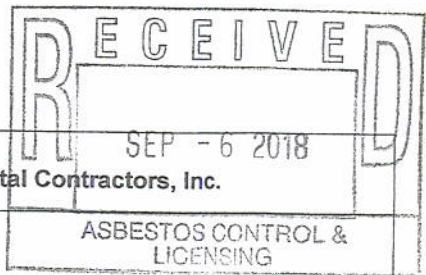
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior		X		Siding	800 SF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ	Disposal Date October 9, 2018	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature 	Date August 29, 2018

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

no ch

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



Date of Notification (1) <u>07</u> / <u>27</u> / <u>18</u>		Name of Building Owner/Operator (2) Metro Industrial Wrecking & Environmental Contractors, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3 Restart</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 273 Walt Whitman Rd. Suite 125	
		City, State, Zip Code Huntington Station, NY 11746	
		Name of Contact Anthony Larosa	Telephone Number 631-873-4357

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Warehouse		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 400 Claremont Avenue		Square Feet 65,000	# of Floors 1
City (5) Jersey City NJ 07304		Bldg. Age 1960	
County (6) US; Hudson CO.	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Former Warehouse	

Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc.	ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.	
Street Address 617 Stokes Rd.		Street Address 958 Jackson Rd	
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Mays Landing, NJ 08330	
Project Manager for Monitoring Firm Rebecca Rubnitz	Telephone No. 609-868-1676	Telephone No. 609-561-1901	License No. 01158

Start Date (10) <u>08</u> / <u>29</u> / <u>18</u>	Scheduled Completion Date (11) <u>10</u> / <u>01</u> / <u>18</u>	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7AM-11:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 958 Jackson Rd	
		City, State, Zip Code Mays Landing, NJ 08330	

Scope of Work (Check all that apply)

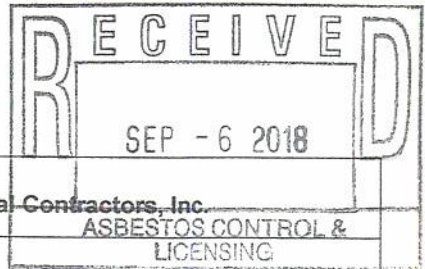
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Roof Flashing	390SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Roofing Material	1,383SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Roof Tar	14,160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Office Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Floor Tile	1,272Sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Graham-Tech Environmental Service, LLC	NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown
City, State 14 Read Drive Sicklerville, NJ 08081		Disposal Date	City, State 1513 Brodentown Rd. Morrisville, PA
Completed By (Print or Type) Vernice Graham	Title President	Signature 	Date 8-27-18

NO CH

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



Date of Notification (1) <u>07</u> / <u>27</u> / <u>18</u>		Name of Building Owner/Operator (2) Metro Industrial Wrecking & Environmental Contractors, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3 Restart</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 273 Walt Whitman Rd. Suite 125	
		City, State, Zip Code Huntington Station, NY 11746	
		Name of Contact Anthony Larosa	Telephone Number 631-873-4357

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Warehouse		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 400 Claremont Avenue			
City (5) Jersey City NJ 07304		Square Feet 65,000	# of Floors 1
		Bldg. Age 1960	
County (6) US; Hudson CO.		County Code (7)(STATE USE ONLY)	
		Current Use (Prior if being demolished) Former Warehouse	

Name of Monitoring Firm Hired by Building Owner (8) Fingog Environmental Inc.	ASCM No.	Name of Abatement Contractor (9) Graham-Tech Environmental Service, LLC.	
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Street Address 617 Stokes Rd.		Street Address 958 Jackson Rd	
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City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Mays Landing, NJ 08330	
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Project Manager for Monitoring Firm Rebecca Rubnitz	Telephone No. 609-868-1676	Telephone No. 609-561-1901	License No. 01158
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Start Date (10) <u>08</u> / <u>29</u> / <u>18</u>	Scheduled Completion Date (11) <u>10</u> / <u>01</u> / <u>18</u>	Name of OSHA Monitor Graham-Tech Environmental Services, LLC.	
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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>7AM-11:30PM</u> / <u> </u> PM - <u> </u> AM		Street Address 958 Jackson Rd	
		City, State, Zip Code Mays Landing, NJ 08330	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input 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
General Office Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos Transite	75SF	<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 Graham-Tech Environmental Service, LLC	NJDEP Waste Hauler ID No. 0034500	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W. North Landfill & Tullytown
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City, State 14 Read Drive Sicklerville, NJ 08081		Disposal Date	City, State 1513 Brodowntown Rd. Morrisville, PA
--	--	---------------	--

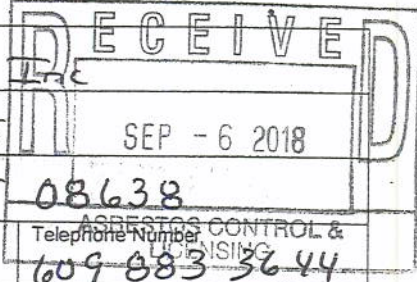
Completed By (Print or Type) Vernice Graham	Title President	Signature 	Date 8-27-18
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* Do not use this form for asbestos licensure exempted activities.

PAID

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

Check # 10480



Date of Notification (1) Sept 1, 2018		Name of Building Owner/Operator (2) J. Vinch + Sons Inc							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P.O. Box 5465						
			City, State, Zip Code Trenton NJ 08638						
			Name of Contact Gary Vinchi						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) St. Mary Roman Catholic Convent House		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 45 Crosswick Street		Square Feet 3	# of Floors 3						
City (5) Bordertown NJ 08505		Bldg. Age 100 +							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Convent House							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	Name of Abatement Contractor (9) EPC Technologies Inc						
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	Telephone No. 609 758-3365						
		License No. 00394							
Start Date (10) 9-11-18	Scheduled Completion Date (11) 9-30-18	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address P.O. Box 337							
		City, State, Zip Code New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof	X			Silver Sealant Paint	1000 SF	X			
Kitchen + Laundry Room		X		Flooring	600 SF	X			
Name of Registered Waste Hauler				NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill			
EPC Technologies				17000	6	Waste Management of PA			
City, State				Disposal Date	City, State				
New Egypt NJ				by 9-30-18	Morrisville PA				
Completed by		Title		Signature		Date			
Steve Schenker		President		Steve Schenker		9-1-18			

CH 3170

State of New Jersey - Notification of Asbestos Abatement

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

PAID

RECEIVED
 SEP - 6 2018
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) August 30, 2018		Name of Building Owner/Operator (2) County of Monmouth - C/O Rencor, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 1 East Main Street		City, State, Zip Code Freehold, NJ 07728	
Name of Contact Christine Thompson		Telephone Number 908.534.2131	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Exterior at Intersection		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address Intersection of Route 34 & Colts Neck Road		Sq. Feet: Unknown # of Floors: Bldg. Age: 	
City (5) Colts Neck	County (6) Monmouth	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) T&M Associates, Inc.		ASCM No. 00145	
Street Address 415 Route 34 N		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code Colts Neck, NJ 07722		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm Kevin Burns		Telephone Number 732.676.4000	License Number 00840
Scheduled Start Date (10) September 17, 2018		Scheduled Completion Date (11) September 30, 2018	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		Name of OSHA Monitor EMSL inc.	
		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Renovation Demolition Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) Exterior	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Transite Panels	Amount (Specify SF or LF) 200 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP #		Name of Registered Landfill Meadowfill Landfill/ G.R.O.W.S/ Monmouth Landfill	
Hauler #2) Freehold Cartage, Inc. 825 State Route 33, Freehold NJ 07728		Disposal Date September 30, 2018	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date August 30, 2018

GAC # 2017-624

08/31/2018 09:44 2012620321

AMAC

CK1135

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

RECEIVED PAGE 03 05 SEP - 6 2018 CHECK # 1135 DOL - 10 DAY ASBESTOS CONTROL & LICENSING AUG 3 2018 WATER APPROVED

DATE OF NOTIFICATION (1) 8/28/18

AGENCIES NOTIFIED
 EPA
 DEP
 DOL
 DOH
 DCA

TYPE NOTIFICATION
 Initial
 Amended
 Amendment #
 Emergency (including justification)
 Cancellation

NAME OF BUILDING OWNER/OPERATOR (2) CRAIG BANES

STREET ADDRESS [REDACTED]

CITY, STATE, ZIP CODE HIGHLANDS, N.J. 07752

NAME OF CONTACT CRAIG BANES

NAME OF FACILITY WHERE ABATEMENT IS TAKING PLACE (3) RESIDENCE

STREET ADDRESS [REDACTED]

CITY (5) HIGHLANDS

COUNTY (6) MORRIS

COUNTY CODE (7) (STATE USE ONLY) 1850

TYPE OF FACILITY (4)
 School (K-12)
 Subchapter B (Other than K-12)
 Other (i.e. private & commercial buildings, homes, etc.)

SQUARE FEET 1850

OF FLOORS 2

BLDG. AGE 750

CURRENT USE (Prior if being demolished) RESIDENTIAL

NAME OF MONITORING FIRM HIRED BY BUILDING OWNER (8) A.M.A.C. Contracting Inc.

STREET ADDRESS 165 Midland Ave

CITY, STATE, ZIP CODE Midland Park, NJ 07432

PROJECT MANAGER FOR MONITORING FIRM [REDACTED]

TELEPHONE NO. 201-262-5541

LICENSE NO. 00158

START DATE (10) 8/30/18

SCHEDULED COMPLETION DATE (11) 9/15/18

NAME OF OSHA MONITOR Omega Environmental Services Inc

STREET ADDRESS 280 Huyler Street

CITY, STATE, ZIP CODE Hackensack, NJ 07606

OCCUPANCY STATUS DURING ABATEMENT (Check Only One)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours
 Other - Describe:

SCOPE OF WORK (Check All That Apply)
 23 sf or 23 ft²
 200 sf or 200 ft²
 Renovation
 Demolition
 Full Containment with Negative Pressure
 Non-Expendable
 Non-Expendable
 Non-Expendable

Location of Asbestos-Containing Material (ACM) 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	Encapsulation	Enclosure
ATDC			/	VERMICULITE	235 SF	/			

NAME OF REGISTERED WASTE HAULER Newark Carting Inc.

NJDEP WASTE HAULER ID NO. 04509

CUBIC YARDS OF WASTE 3

NAME OF REGISTERED LANDFILL Grand Central Sanitary Landfill

CITY, STATE Newark, NJ 07105

DISPOSAL DATE 9/30/18 ON

CITY, STATE Pennsylvania, PA 08702

COMPLETED BY Joseph Vocaturo

TITLE Vice President

SIGNATURE J. Vocaturo

DATE 8/30/18

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

08/31/2018 09:34 2012520321

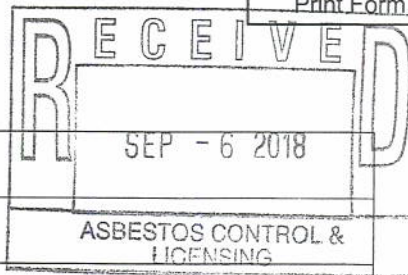
AMAC

PAID CK 1136

ASBESTOS CONTROL & LICENSING
PAGE 02/03
RECEIVED
SEP 10 2018
CHECK # 1136

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:90 and 12:120)

Date of Notification (1) 8/31/18		Name of Building Owner/Operator (2) BOROUGH OF WOODCLIFF LAKE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 188 PASCOCK WAY		City, State, Zip Code WOODCLIFF LAKE, N.J. 07677	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Name of Contact TOM PADILLA	
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Telephone Number 201-201-3404 x 216	
City (5) WOODCLIFF LAKE		Square Feet 2350	
County (6) BERGEN		# of Floors 2	
County Code (7) (STATE USE ONLY)		Bldg. Age + 50	
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Current Use (If being demolished) RESIDENTIAL	
Street Address		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
City, State, Zip Code		Street Address 185 Midland Ave	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432	
Start Date (10) 8/31/18		Telephone No. 201-262-5841	
Scheduled Completion Date (11) 9/10/18		License No. 00155	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 2100 sf or 2200 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"/> Grovbag <input type="checkbox"/> Non-Existing and Non-Friable Procedure		Street Address 280 Huyler Street	
Location of Asbestos Containing Material (ACM) in Facility (12) TO BE ABATED		City, State, Zip Code Hackensack, NJ 07106	
Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Roof		CHIMNEY FLASHING	
1ST FL CLOSET (OFFICE)		VAT	
Amount (Specify SF or LF)		Abatement Type	
25 SF		Removal	
85 SF		Repair	
		Encapsulate	
		Enclosure	
Name of Registered Waste Hauler Newark Carting Inc.		Name of Registered Landfill Grant Central Sanitary Landfill	
City, State Newark, NJ 07105		City, State Philly, PA 08702	
NIEEP Waste Hauler ID No 04508		Disposal Date 8/31/18 ON	
Cubic Yards of Waste		Signature J. Vocaturo	
Completed by Joseph Vocaturo		Date 8/31/18	
Title Vice President			



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

Ch 11081

Date of Notification (1) 9/1/18		Name of Building Owner/Operator (2) Alex Hopwood	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Glen Rock, NJ 07452	
		Name of Contact Alex Hopwood	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential 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) Glen Rock	Square Feet 3000	# of Floors 2	Bldg. Age 65 +/-
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement
Street Address		Street Address 280 N. Midland Ave.	
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-600-3184	License No. 01305
Start Date (10) 9/10/18	Scheduled Completion Date (11) 9/12/18	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code	

Scope of Work (Check All That Apply)

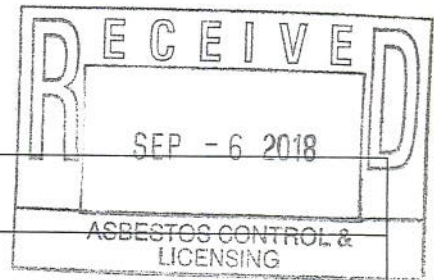
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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 Wrap	97 LF	x			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Richard Cristofol		Title President	Signature		Date 9/1/18

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



Date of Notification (1) <u>09</u> / <u>04</u> / <u>18</u>		Name of Building Owner/Operator (2) Metro Real Estate Companies	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street, Suite 400	
		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact Warren Sprake	Telephone Number 973-429-7900

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings; homes, etc.)	
Street Address 169 Minnisink Road		Square Feet	# of Floors
City (5) Totowa		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188

Start Date (10) <u>09</u> / <u>04</u> / <u>18</u>	Scheduled Completion Date (11) <u>12</u> / <u>19</u> / <u>18</u>	Name of OSHA Monitor ALL PRO MANAGEMENT LLC
--	---	---

Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM	Street Address 27 Outwater Lane
	City, State, Zip Code Garfield, NJ 07026

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation - Wrap & Bag	TBD	<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 ATC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste As Needed	Name of Registered Landfill
City, State Shirley, NY		Disposal Date TBD	City, State
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>	Date 09/04/2018

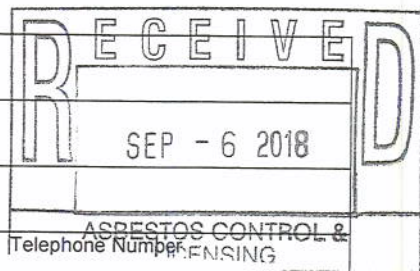
* Do not use this form for asbestos licensure exempted activities.

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

Print Form

Check # 25674



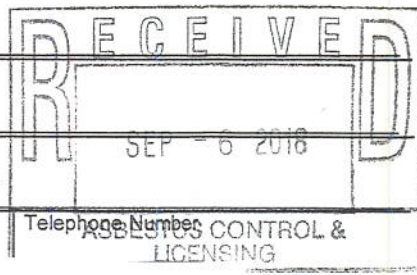
Date of Notification (1) 9/4/2018		Name of Building Owner/Operator (2) Klinges							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 Princeton, NJ 08540							
		Name of Contact Linda Twining - Callaway Realtors							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 4500	# of Floors 2						
City (5) Princeton, NJ 08540		Bldg. Age 80+/-							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609) 298-4070	Telephone No. 609 259-9688						
License No. 00493									
Start Date (10) 9/18/2018	Scheduled Completion Date (11) 9/28/2018	Name of OSHA Monitor MECS							
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 PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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			
Crawl Space		X		Pipe Insulation	20 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ 08501			Disposal Date 9/28/18	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 			Date 9/4/18			

State of NJ
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 Notification of Asbestos Abatement
 (Pursuant to NJAC 8:60-7 and 12:120-7)

B & G proj. #: 2018-176

Check # 9176

Date of Notification (1) <u>10/19/10/14/11/18</u>		Name of Building Owner/Operator (2) Michael Jackson	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact Michael Jackson	Telephone Number [REDACTED]



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Michael Jackson			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Bloomfield, NJ 07003		County (6) Essex		County Code (7) (State use only)	
Current Use (Prior if being demolished) Residential			# of Floors		
Bldg. Age					

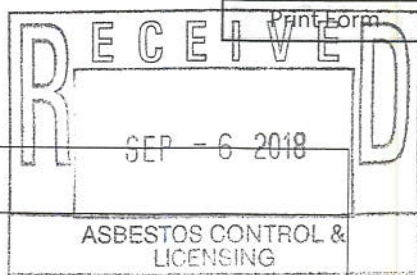
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]		Street Address 105 Ryerson Road	City, State, Zip Code Lincoln Park, NJ 07035		
City, State, Zip Code [REDACTED]		Telephone Number (973)696-6869	License Number 00378		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Name of OSHA Monitor B & G Restoration, Inc.		
Scheduled Start Date (10) 09/14/2018		Sched. Completion Date (11) 09/15/2018			
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 type="checkbox"/> Other-Describe: _____					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
boiler room & laundry room			X	pipe insulation	33 lf	X			

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill		
City, State Lincoln Park, NJ		Disposal Date 09/15/2018		City, State Pen Argyle, PA		
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature <i>Gordana Luna</i>		Date 09/04/2018



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

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Date of Notification (1) 08/24/2018		Name of Building Owner/Operator (2) Rutgers University	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address Livingston Campus #27 Road #1	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Frank Cocilovo	Telephone Number 732-932-2917

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Language Department Auxillary Bldg		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 12 Morrel Street		Square Feet 3000	# of Floors 2	Bldg. Age 50+
City (5) New Brunswick	County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Unoccupied	

Name of Monitoring Firm Hired by Building Owner (8) ATC Group		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.	
Street Address 3 Terri Lane		Street Address 135 Kinnelon Rd Suite 102		
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Kinnelon, NJ 07405		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880	License No. 01228

Start Date (10) 9/4/2018	Scheduled Completion Date (11) 9/17/2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 135 Kinnelon Rd Suite 102		
		City, State, Zip Code Kinnelon, NJ 07405		

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Kitchen Pantry			X	VAT & Linoleum	188 sf	X			
Through out			X	TSI Pipe Insuation	100 lf	X			
Basement, Boiler Room Bathroom			X	Linoleum & VAT	583 sf	X			
Stairs and Stairwell			X						

Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80	Name of Registered Landfill Growa/ Fairless Hills	
City, State Kinnelon, NJ		Disposal Date 9/18/2018		City, State Fairless Hills, PA	
Completed by John Mucha	Title Sr. Project Manager	Signature <i>John Mucha</i>		Date 9/4/2018	

CH 00627471

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

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 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/04/2018		Name of Building Owner/Operator (2) The Chemours Company	
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 1007 Market Street	
		City, State, Zip Code Wilmington, DE 19899	
		Name of Contact Jim Lacey	Telephone Number 856-540-2394

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility - Bldg 460 Tank Farm		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 Canal Road		Square Feet 2000	# of Floors 1
City (5) Deepwater		Bldg. Age 35+	
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office/Storage	
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No. _____	Name of Abatement Contractor (9) Brandenburg Industrial Service Company
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Drive	
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Bethlehem, PA 18015	
Project Manager for Monitoring Firm JT Morrison	Telephone No. 302-326-2333	Telephone No. 610-691-1800	License No. 00721
Start Date (10) 09/18/2018	Scheduled Completion Date (11) 11/30/18	Name of OSHA Monitor Brandenburg	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO - 10/08/18-11/30/18		Street Address 2217 Spillman Drive	
		City, State, Zip Code Bethlehem PA 18015	

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

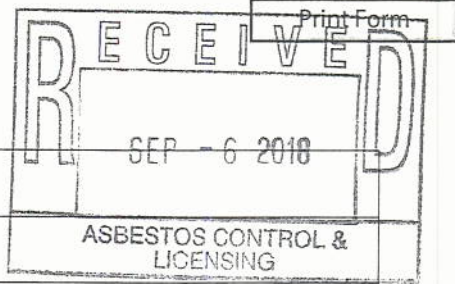
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B 460			X	Pipe Insulation	360 LF	X			
B 460			X	Mastic	190 SF	X			
B 460			X	Fire Door	3 EA	X			
B 460			X	Galbestos	1750 SF	X			

Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 60	Name of Registered Landfill Salem Cty Landfill/Chemours Onsite	
City, State Bethlehem, PA		Disposal Date 9/20/18-10/19/18	City, State Alloway Twnship/Deepwater NJ		
Completed by Stephen Carne		Title Environmental Manager	Signature 	Date 09/04/2018	

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



Date of Notification (1) 09/04/2018		Name of Building Owner/Operator (2) The Chemours Company	
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 1007 Market Street	
		City, State, Zip Code Wilmington, DE 19899	
		Name of Contact Jim Lacey	Telephone Number 856-540-2394

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility - Bldg 661		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 Canal Road		Square Feet 41,750	# of Floors 1
City (5) Deepwater		Bldg. Age 35+	
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Chemical Plant	

Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No.	Name of Abatement Contractor (9) Brandenburg Industrial Service Company	
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Drive		
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Bethlehem, PA 18015		
Project Manager for Monitoring Firm JT Morrison		Telephone No. 302-326-2333	Telephone No. 610-691-1800	License No. 00721

Start Date (10) 09/18/2018	Scheduled Completion Date (11) 12/30/18	Name of OSHA Monitor Brandenburg		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO - 10/08/18-12/30/18		Street Address 2217 Spillman Drive		
		City, State, Zip Code Bethlehem PA 18015		

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 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
B 661			X	Pipe Insulation	460 LF	X			
B 661			X	Floor Tile/Mastic	160 SF	X			
B 661			X	Fire Doors	9 EA	X			
B 661			X	Galbestos	7500 SF	X			

Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 100	Name of Registered Landfill Salem Cty Landfill/Chemours Onsite	
City, State Bethlehem, PA		Disposal Date 9/20/18-10/19/18		City, State Alloway Twntship/Deepwater NJ	
Completed by Stephen Carne		Title Environmental Manager	Signature 	Date 09/04/2018	

