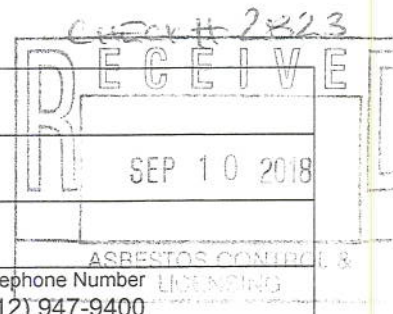
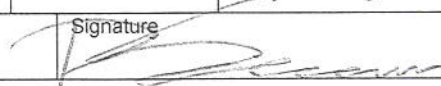


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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/4/2018		Name of Building Owner/Operator (2) Passaic Industrial Properties, LLC							
Agencies Notified	Type Notification	Street Address 10 West 33rd Street, Suite 800							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, New York 10001							
		Name of Contact Mr. Joseph Smouha	Telephone Number (212) 947-9400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Boiler 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 90 Dayton Avenue		Square Feet 9,000	# of Floors 1						
City (5) Passaic		Bldg. Age 120							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Boiler Building							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 9/6/2018	Scheduled Completion Date (11) 11/25/2018	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____		Street Address 1385 Valley Road, Suite K							
		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
See Attached									
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC					
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 				Date 9/4/2018	

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

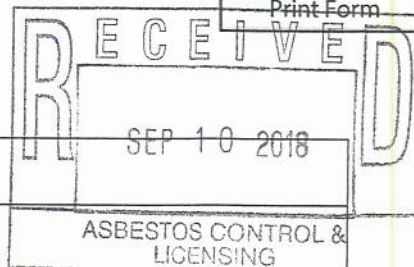
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SEP 10 2018

Date of Notification (1) 08/31/2018		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Springfield NJ 07081							
		Name of Contact Susie Ortner	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Springfield		Square Feet 1,980	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 62						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
Start Date (10) 09/11/2018		Scheduled Completion Date (11) 10/03/2018	License No. 01316						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions							
<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 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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		Floor Tile	785 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager		Signature <i>Alison Lamers</i>		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) Residence							
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 Hillside NJ 07205 Name of Contact Kevin Martinez							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		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) Hillside		Square Feet 1,384	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 89						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 09/11/2018	Scheduled Completion Date (11) 10/03/2018	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		pipe wrap	25 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	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) Residence							
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 Hillside NJ 07205 Name of Contact Joe Fulinella							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hillside		Square Feet 1,548	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 92						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
Start Date (10) 09/11/2018		Scheduled Completion Date (11) 10/03/2018	License No. 01316						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions							
<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 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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 wrap	60 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 08/31/2018					

CH2519

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) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New Providence NJ 07974							
		Name of Contact Stephen Leonard	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		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) New Providence		Square Feet 2,029	# of Floors 2						
		Bldg. Age 60							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
		License No. 01316							
Start Date (10) 09/11/2018	Scheduled Completion Date (11) 10/03/2018	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
Location of Asbestos-Containing Material (ACM) In Facility (13) TO BE ABATED		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	
Ground Level		Yes	No	N/A	Floor Tile	435 SF	x		
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 08/31/2018					

CH2518

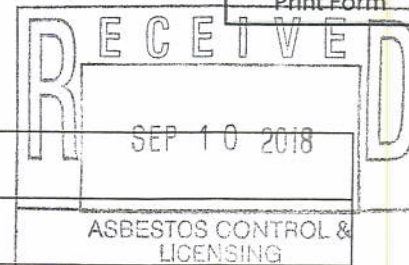
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form

RECEIVED SEP 10 2018 ASBESTOS CONTROL & LICENSING
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Date of Notification (1) 08/29/2018		Name of Building Owner/Operator (2) Residence							
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 Roselle NJ 07203							
		Name of Contact Michael McDonnell	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		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) Roselle		Square Feet 1,724	# of Floors 3						
County (6) Union		County Code (7) (STATE USE ONLY) _____	Bldg. Age 109						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 09/10/2018	Scheduled Completion Date (11) 10/01/2018	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe wrap	10 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alison Lamers</i>	Date 08/29/2018					

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 NOTIFICATION OF ASBESTOS ABATEMENT
 Pursuant to NJAC 8:260 and 12:120



Date of Notification (1) 09/04/2018		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Aberdeen NJ 07747							
		Name of Contact James Portella	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		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) Aberdeen		Square Feet 1,569	# of Floors 2						
County (6) Monmouth		Bldg. Age 57							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
Start Date (10) 09/17/2018		Scheduled Completion Date (11) 10/09/2018	License No. 01316						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor A. Seine Lighthouse Solutions							
<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 354							
		City, State, Zip Code South Orange, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Master Bedroom		X		Floor Tile	150 SF	X			
Second Floor Bedroom (Right)		X		Floor Tile	250 SF	X			
Second Floor Bedroom (Left)		X		Floor Tile	250 SF	X			
First Floor Bedroom		X		Floor Tile	150 SF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill				
City, State East Orange, NJ		Disposal Date		City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager		Signature <i>Alison Lamers</i>			Date 09/04/2018		

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

CHECK # 2822

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SEP 10 2018

Date of Notification (1) 8/20/2018		Name of Building Owner/Operator (2) Residential							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Englewood Cliffs, New Jersey 07632							
Name of Contact Mr. Criss Wass		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 3,800							
City (5) Englewood Cliffs		# of Floors 2							
County (6) Bergen		Bldg. Age 60							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.							
Street Address		Name of Abatement Contractor (9) Sky Contracting, LLC							
City, State, Zip Code		Street Address 1385 Valley Road, Suite K							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, New Jersey 07470							
Telephone No.		Telephone No. (973) 928-5040							
Start Date (10) 08/31/2018		License No. 00874							
Scheduled Completion Date (11) 09/05/2018		Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Wayne, New Jersey 07470							
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		Floor Tiles & associated mastic	1,260 SF	x			
Basement & First Floor		x		Mirror Glue Dots	400 SF	x			
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC				
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio					
Completed by Predrag Sarcev		Title Vice President		Signature 			Date 8/20/2018		

PAID

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

Print Form

RECEIVED

SEP 10 2018

ASBESTOS CONTROL & LICENSING

CH2227

Date of Notification (1) 08/31/18		Name of Building Owner/Operator (2) Archdiocese of Newark	
Agencies Notified	Type Notification	Street Address 171 Clifton Ave.	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07104	
		Name of Contact Tom Meli	Telephone Number 201-261-0148

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St. Joseph's Church		Type of Facility (4)	
Street Address 305 Elm 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) Oradell	Square Feet 5,500	# of Floors 2	Bldg. Age 59 Yrs.
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Lesco Services Inc.	
Street Address		Street Address 156 Maple Ave.	
City, State, Zip Code		City, State, Zip Code Wallington, NJ 07057	
Project Manager for Monitoring Firm		Telephone No. 862-221-9092	License No. 01107
Start Date (10) 09/10/18	Scheduled Completion Date (11) 09/21/18	Name of OSHA Monitor Leslaw Nalodka	
Occupancy Status During Abatement (Check Only One)		Street Address 156 Maple Ave.	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Wallington, NJ 07057	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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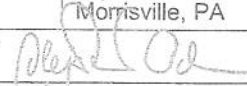
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
boiler room			*	pipe insulation	125 lf.	*			
boiler room			*	boiler insulation	75 sf.	*			

Name of Registered Waste Hauler Newark Carting Inc.	NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 10	Name of Registered Landfill GCSL
City, State Newark, NJ		Disposal Date 09/22/18	City, State Pen Argyl, PA
Completed by Leslaw Nalodka	Title President	Signature	Date 08/31/18

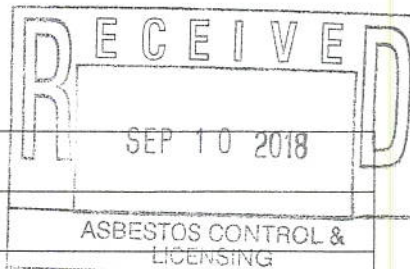
CK 1241

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 42:120)

RECEIVED
SEP 10 2018
Check# 1241
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/05/2018		Name of Building Owner/Operator (2) Denholtz Associates							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 14 Cliffwood Ave, Suite 200 City, State, Zip Code Matawan, New Jersey 07739 Name of Contact Slava Grigorian	Telephone Number 732-956-3108						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Clark 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 bldgs, homes, etc.)							
Street Address 315 Central Avenue & Terminal Avenue		Square Feet 3000							
City (5) Clark, New Jersey 07066		# of Floors 1							
County (6) Union		Bldg. Age 55+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Bank							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services Inc.		ASCM No.							
Street Address 1805 Atlantic Avenue		Name of Abatement Contractor (9) Lilich Corporation							
City, State, Zip Code Manasquan, New Jersey 08736		Street Address 606 McBride Ave							
Project Manager for Monitoring Firm Gary W Fleming		City, State, Zip Code Woodland Park, New Jersey							
Telephone No 732-223-2225		Telephone No. 973-225-8400							
Start Date (10) 09/15/2018		License No. 01104							
Scheduled Completion Date (11) 09/21/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Union, NJ 07083							
<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"/> Glove bag 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
Vault			X	Floor Tile & Mastic	115 SF	X			
Rear Garage at Interior Entry Door			X	Interior Caulk	35 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 10		Name of Registered Landfill Fairless Landfill			
City, State Woodland Park, New Jersey		Disposal Date 09/17/2018		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 		Date 09/05/2018			

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



Date of Notification (1) 8/17/18		Name of Building Owner / Operator (2) TEVA	
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 checked="" type="checkbox"/> Amended #1 – 9/4/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 200 ELMORA AVENUE	
		City, State & Zip Code ELIZABETH, NJ 07207	
		Name of Contact Parthen Parikh	
		Telephone Number 908-659-2770	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) TEVA		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 200 ELMORA AVENUE		Square Feet 30,000	# of Floors 4
City (5) ELIZABETH, NJ	County (6) UNION	Bldg. Age 70 +/-	
County Code (7)		Current Use (Prior if being demolished) PHARMACEUTICAL	

Name of Monitoring Firm Hired by Building Owner (8) EAGLE INDUSTRIAL HYGIENE		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
Street Address 359 DRESHER ROAD				Street Address 1123 BEAVER STREET	
City, State & Zip Code HORSHAM, PA 19044				City, State & Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm MARK HAYES		Telephone Number 215-672-6088		Telephone Number 215-788-6040	License Number 00509

Scheduled Start Date (10) ON HOLD	Scheduled Completion Date (11)	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: Friday 5pm-1am; Sat & Sun 8am – 5pm <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET
		City, State & Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)		
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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	Encapsulate	Enclosure
First Floor Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 3	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Patrick T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro / JPK</i>		Date 9/4/18

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

Chk # 3423

Date of Notification (1) 8/17/18		Name of Building Owner / Operator (2) TEVA		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 10 2018 </div>
Agencies Notified	Type Notification	Street Address 200 ELMORA AVENUE		
<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"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code ELIZABETH, NJ 07207		
		Name of Contact Parthen Parikh		
		ASBESTOS Telephone Number 908-659-2770		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) TEVA			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 200 ELMORA AVENUE			Square Feet 30,000	# of Floors 4	Bldg. Age 70 +/-
City (5) ELIZABETH, NJ	County (6) UNION	County Code (7)	Current Use (Prior if being demolished) PHARMACEUTICAL		
Name of Monitoring Firm Hired by Building Owner (8) EAGLE INDUSTRIAL HYGIENE		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 359 DRESHER ROAD		Street Address 1123 BEAVER STREET			
City, State & Zip Code HORSHAM, PA 19044		City, State & Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm MARK HAYES		Telephone Number 215-672-6088	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 9/7/18	Scheduled Completion Date (11) 9/10/18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: Friday 5pm-1am; Sat & Sun 8am – 5pm <input checked="" type="checkbox"/> Facility Occupied During Abatement			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 checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥260 lf | <input type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glove Bag Procedures |
| | | <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 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	Enclose
First Floor Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 3	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) Patrick T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>		Date 8/17/18

PAID

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

Check # 1466

Date of Notification (1) September 5, 2018		Name of Building Owner / Operator (2) J. P. Morgan Chase	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 10 2018 </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	1111 Polaris Parkway City, State & Zip Code Columbus, OH 43240	
		Name of Contact Maura McCarthy	
		Telephone Number 331-214-1687	ASBESTOS

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chase 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, home, etc.)	
Street Address 93 Main Avenue		Square Feet 3,000	# of Floors 1
City (5) Wallington		Bldg. Age 50 Years	
County (6) Bergen		Current Use (Prior if being demolished) Bank	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Apex Companies, LLC		ASCM No.	
Street Address 120D Wilbur Place		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Bohemia, NY 11716		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Steve Cotrone		Telephone Number 631-567-1777	License Number 00817
Scheduled Start Date (10) September 15, 2018	Scheduled Completion Date (11) October 15, 2018	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal 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)

☐ ≥ 3 sf or \geq 1f
☒ ≥ 160 sf or ≥ 260 lf

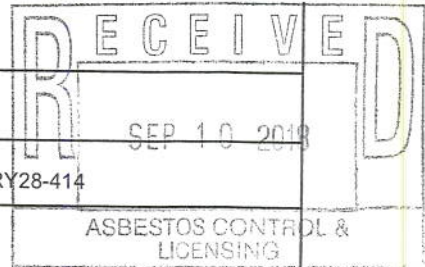
☐ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance 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
Teller Area		X		Floor Tile and Mastic	200 SF	X			
Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 4	Name of Registered Landfill Fairless Hills						
City, State Little Egg Harbor, NJ 08087		Disposal Date	City, State Morrisville, PA						
Completed By Diane Aloia	Title Exec. Administrator	Signature <i>Diane Aloia</i>	Date September 5, 2018						

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

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

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

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

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY 28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

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)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ 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

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

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
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

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

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

[Signature]

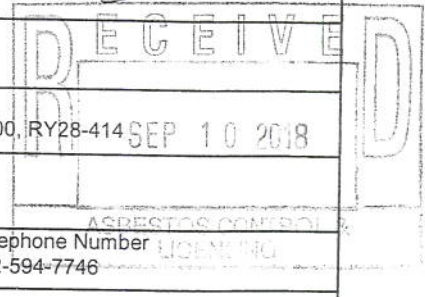
Date

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



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
City (5) RAHWAY			# of Floors 1
County (6) UNION		County Code (7) (STATE USE ONLY)	Bldg. Age 35
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI
Street Address 655 WEST SHORE TRAIL			Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
City, State, Zip Code SPARTA, NEW JERSEY 07871			Street Address 313 SPOOK ROCK ROAD
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH			City, State, Zip Code SUFFERN, NEW YORK 10901
Telephone Number 973-729-5649			Telephone Number 845-369-7500
Expected State Date (10) 8 / 17 / 18			License Number 1101
Sched. Completion Date (11) 10 / 13 / 18			Name of OSHA Monitor AMERISCI LABORATORIES INC #11480

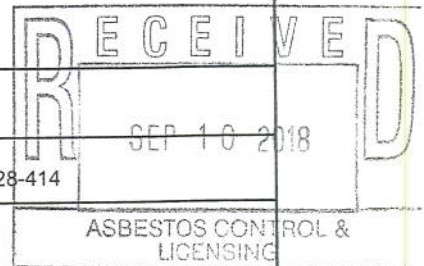
Occupancy Status During Abatement (Check only one)		Street Address 117 EAST 30TH STREET
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/>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

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	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 8/7/18	

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

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

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

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 ADD

Square Feet

8,900

of Floors

1

Bldg. Age

39

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

ASCM No.

104

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

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

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
Month Day Year

Sched. Completion Date (11)

10 / 13 /18
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☐ Full Containment with Negative Pressure
☐ Mini Encl.
☐ 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 PERIMETER & PENETRATIONS			X	ROOFING TAR	935 SF	X			

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

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
15

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 47752

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

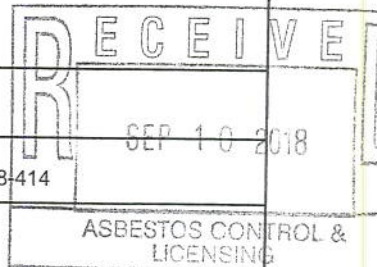
9/16/18

32498
RECEIVED
SEP 10 2018
ASBESTOS CONTROL & HYGIENE

447 ALEXANDER DRIVE/ROUTE 15	
City, State	
MONTGOMERY PA 17752	
	Date 8/7/18

NO CK

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 <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" 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

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 80 M				Square Feet 39,400	# of Floors 2	Bldg. Age 54
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.				ASC 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 Month Day Year		Sched. Completion Date (11) 10 / 13 /18 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM				Street Address 117 EAST 30TH STREET		
				City, State, Zip Code NEW YORK, NEW YORK 10016		

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF LOWER EAST/WEST SIDE			X	ROOR TAR & FLASHING	1,100 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	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 8/16/18						

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

32497

Date of Notification (1) <div style="text-align: center;">8 / 7 /18</div>		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> EPA</div> <div><input type="checkbox"/> DEP</div> <div><input checked="" type="checkbox"/> DOL</div> <div><input checked="" type="checkbox"/> DOH</div> <div><input type="checkbox"/> DCA</div> </div>		Type Notification <div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> Initial Notification</div> <div><input type="checkbox"/> Amended Notification</div> <div><input type="checkbox"/> Cancellation</div> <div><input type="checkbox"/> On Hold</div> <div><input type="checkbox"/> EMERGENCY NOTIFICATION</div> </div>	
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	

RECEIVED
 SEP 10 2018
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> School (K-12)</div> <div><input type="checkbox"/> Subchapter 8 (Other than K-12)</div> <div><input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)</div> </div>	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80 M		Square Feet 39,400	# of Floors 2
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 8 / 17 /18		Sched. Completion Date (11) 10 / 13 /18	License Number 1101
Occupancy Status During Abatement (Check only one) <div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement</div> <div><input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe:</div> <div><input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM</div> </div>		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <div style="display: flex; flex-direction: column;"> <div><input type="checkbox"/> Demolition</div> <div><input type="checkbox"/> >3SF OR LF</div> <div><input checked="" type="checkbox"/> >160 SF OR 260 LF</div> </div>		<div style="display: flex; flex-direction: column;"> <div><input checked="" type="checkbox"/> Full Containment with Negative Pressure</div> <div><input type="checkbox"/> Mini Enclo.</div> <div><input type="checkbox"/> Glovebag Procedure</div> <div><input checked="" type="checkbox"/> Non-Friable Procedure</div> </div>	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
ROOF LOWER EAST/WEST SIDE			X	ROOF TAR & FLASHING	1,100 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 20	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 MONTGOMERY, PA 17752
City, State FREEHOLD, NEW JERSEY	Disposal Date 8/16-10/13/18		
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 8/21/18

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

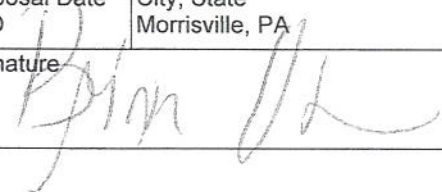
RECEIVED
SEP 10 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9-5-2018		Name of Building Owner / Operator (2) Township of Berkeley Heights	
Agencies Notified	Type Notification	Street Address 59 Locust Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code TWP of Berkeley Heights, NJ	
		Name of Contact Frank Cupa	Telephone Number 908-347-0433

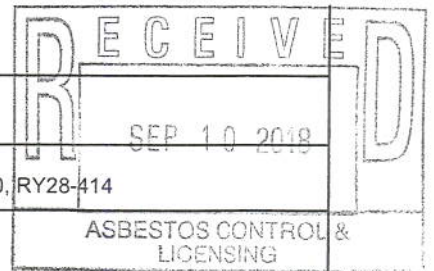
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) YMCA-Berkeley Heights Community Pool		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 59 Locust Avenue		Square Feet	# of Floors
City (5) TWP of Berkeley Heights, NJ	County (6) Union	Bldg. Age	
County Code (7)		Current Use (Prior if being demolished) Community Pool	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, Inc		Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address PO Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	License Number 01185
Scheduled Start Date (10) 9-14-2018	Scheduled Completion Date (11) 10-2-2018	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 Hours: Describe: 7:00am - 7:00pm (including weekends) <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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <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 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			
						Removal	Repair	Encapsulat	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Ceiling Panels	7,900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vertical Seams	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Building Caulk	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	630 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Rolled Roofing	6,270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler 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 9-5-2018

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

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

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

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

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON

Telephone Number
732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address
126 EAST LINCOLN AVENUE - BUILDING 80 P

Square Feet 4,600 **# of Floors** 1 **Bldg. Age** 54

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

Expected State Date (10)
8 / 17 /18
Month Day Year

Sched. Completion Date (11)
10 / 13 /18
Month Day Year

Name of OSHA Monitor
AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address
117 EAST 30TH STREET

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

Scope of Work (Check all that apply)

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

☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini Encl.
☐ 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 PERIMETER & PENETRATIONS			X	ROOF FLASHING	900 SF	X			

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

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
15

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

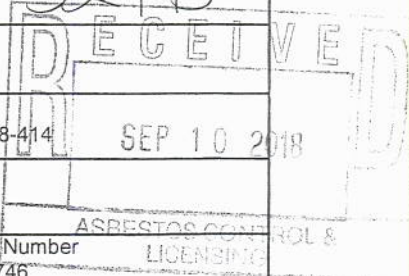
Signature

Date

8/16/18

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

32495



Date of Notification (1) 8 / 7 /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, RY28-414 City, State, Zip Code RAHWAY, NEW JERSEY 07065 Name of Contact PATRICIA JOHNSON Telephone Number 732-594-7746	
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			

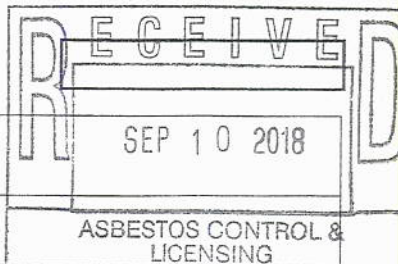
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80 P		Square Feet 4,600	# of Floors 1
City (5) RAHWAY		County (6) UNION	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 8 / 17 /18		Sched. Completion Date (11) 10 / 13 /18	License Number 1101
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

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 PERIMETER & PENETRATIONS			X	ROOF FLASHING	900 SF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 15	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 8/7/18

Check#3161

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



Date of Notification (1) 09 / 05 / 18		Name of Building Owner/Operator (2) Dennis Welden	
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 North Bergen, NJ 07047 Name of Contact Dennis Welden Telephone Number _____	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) North Bergen, NJ 07047 County (6) Hudson		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.) Square Feet _____ # of Floors _____ Bldg. Age _____ County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Name of Monitoring Firm Hired by Building Owner (8) Street Address _____ City, State, Zip Code _____ Project Manager for Monitoring Firm _____ Telephone No. _____ Start Date (10) 09 / 14 / 18 Scheduled Completion Date (11) 09 / 15 / 18 Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM _____ AM Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. _____ License No. 01127 Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	
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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"/> Clean up and decontamination with negative pressure <input checked="" 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
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Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify 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	5 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler insulation	40 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>Dennis Welden</i>	Date 09/05/18	

ASB-41

MAY 11

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

CK # 9206

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

"OPEN NOTIFICATION"

RECEIVED
SEP 10 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/4/2018		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address 4000 HADLEY ROAD							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JEFFREY GAZICK	Telephone Number 856-628-2477						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE+G		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 1148 HENDRICKS Cswy.		Square Feet N/A	# of Floors N/A						
City (5) RIDGEFIELD		Bldg. Age N/A							
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	Telephone No. 732-432-8350						
License No. 01111									
Start Date (10) 9/17/18	Scheduled Completion Date (11) 11/30/18	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: outdoors		Street Address 396 WHITEHEAD AVE.							
		City, State, Zip Code SOUTH RIVER, NJ 08882							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 200 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTDOORS		X		PIPE SEMASTIC		X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 10	Name of Registered Landfill FAIRLESS					
City, State ELIZABETH, NJ		Disposal Date TBD	City, State MORRISVILLE, PA						
Completed by CAROL RAIMO		Title OFFICE MGR.	Signature Carol Raimo				Date 9/4/18		

CK# 9206

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

"OPEN NOTIFICATION"

RECEIVED
SEP 10 2018

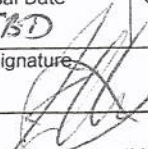
Date of Notification (1) 9/4/2018		Name of Building Owner/Operator (2) PSE&G							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	4000 HADLEY ROAD							
		City, State, Zip Code SOUTH PLAINFIELD, NJ 07080							
		Name of Contact JEFFREY GAZICK	Telephone Number 856-628-2477						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE+G		Type of Facility (4)							
Street Address 95 Willow 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) EAST RUTHERFORD		Square Feet N/A	# of Floors N/A						
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Bldg. Age N/A						
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 0045	Name of Abatement Contractor (9) UNIQUE SYSTEMS OF AMERICA INC						
Street Address 64 BROAD STREET		Street Address 396 WHITEHEAD AVE.							
City, State, Zip Code MATAWAN, NJ 07747		City, State, Zip Code SOUTH RIVER, NJ 08882							
Project Manager for Monitoring Firm TOM GEIGER		Telephone No. 732-290-2217	License No. 01111						
Start Date (10) 9/17/18	Scheduled Completion Date (11) 11/30/18	Name of OSHA Monitor UNIQUE SYSTEMS OF AMERICA INC.							
Occupancy Status During Abatement (Check Only One)		Street Address 396 WHITEHEAD AVE.							
<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: outdoors		City, State, Zip Code SOUTH RIVER, NJ 08882							
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 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
OUTDOORS		X		PIPE SOMASTIC	200 LF	X			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 1125	Cubic Yards of Waste APPX 10	Name of Registered Landfill FAIRLESS					
City, State ELIZABETH, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by CAROL RAIMO		Title OFFICE MGR.		Signature Carol Raimo		Date 9/4/18			

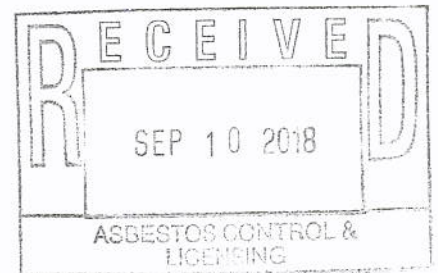
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R	RECEIVED
	SEP 10 2018 Print Form
ASBESTOS CONTROL & LICENSING	

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

Date of Notification (1) 08/30/18		Name of Building Owner/Operator (2) JOHNSON & JOHNSON						
Agencies Notified	Type Notification	Street Address 1 JOHNSON & JOHNSON PLAZA						
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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, 08933						
		Name of Contact MATTHEW PENNISI	Telephone Number 732 524 0400					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PFISER J & J WING E		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 201 TABOR RD		Square Feet 680,000	# of Floors 3					
City (5) MORRIS PLAINS		Bldg. Age 40's						
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Building Owner (8) HSS		ASCM No.	Name of Abatement Contractor (9) ARIAI					
Street Address P.O. BOX 365		Street Address 144 MILL ST						
City, State, Zip Code BERLIN NJ 08009		City, State, Zip Code PATERSON NJ 07501						
Project Manager for Monitoring Firm JAMES PROCTOR		Telephone No. 656 452 1311	License No. 1257					
Start Date (10) 09/10/18	Scheduled Completion Date (11) 12/10/18	Name of OSHA Monitor GORAN IAGV						
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 144 MILL ST						
		City, State, Zip Code PATERSON NJ 07501						
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 checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
SEE ATTACHED					<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler ARIAI		NJDEP Waste Hauler ID No. 36031	Cubic Yards of Waste 1.75	Name of Registered Landfill FARRIS HILLS				
City, State PATERSON NJ		Disposal Date TBD		City, State MORRISVILLE, PA				
Completed by GORAN IAGV		Title CEO	Signature 		Date 08/30/18			

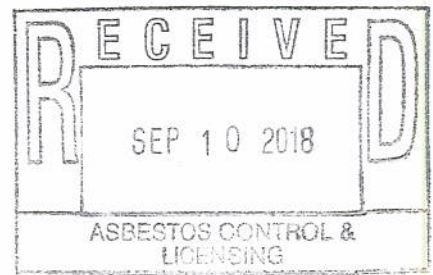


Johnson & Johnson, Inc.
201 Tabor Road
Morris Plains, New Jersey

Asbestos Material Identification Survey Update
September 1 & 2, 2015
EHI Project #: 0759-5781

SUMMARY TABLES OF ASBESTOS MATERIALS

WING E – CIRCA 1966



Johnson & Johnson, Inc.
201 Tabor Road
Morris Plains, New Jersey

Asbestos Material Identification Survey Update
September 1 & 2, 2015
EHI Project #: 0759-5781

Wing E – Ground Floor 1966 Section - Chiller Room & Boiler Room

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	150 in Number

Wing E – Ground Floor 1966 Section – Tunnel to Chiller Room & Boiler Room

No Asbestos Materials Observed in this Space.

Wing E – Ground Floor - 1966 Section - Hallway Extension of Tunnel (w/ Caged Area)

Material	Location	Approximate Amount
1' x 1' Gray w/ Blue & White Markings Vinyl Floor Tiling and Associated Mastic	Corridor & Caged Area	280 sq. ft.
1' x 1' Tan w/ White Markings Vinyl Floor Tiling and Associated Mastic	Corridor & Caged Area	6000 sq. ft.
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	50 in Number

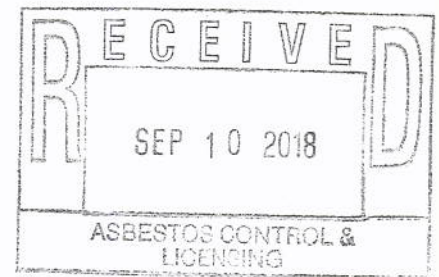
Wing E – Ground Floor - 1966 Section – Fan Room

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	135 in Number

Wing E – Ground Floor - 1966 Section – Main Hallway

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	50 in Number

Note: A brown sealant material was observed on the seams of metal HVAC Ducts. This material should be sampled and analyzed to determine whether or not it is asbestos-containing. This material may also exist in other areas.



Johnson & Johnson, Inc.
201 Tabor Road
Morris Plains, New Jersey

Asbestos Material Identification Survey Update
September 1 & 2, 2015
EHI Project #: 0759-5781

Wing E – Ground Floor - 1966 Section – Telecom Closet by Elevator

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	3 in Number

Wing E – Ground Floor - 1966 Section – Old CIT & MOPS Storage Areas

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	35 in Number

Wing E – Ground Floor - 1966 Section – Communications Office (Next to Old Credit Union)

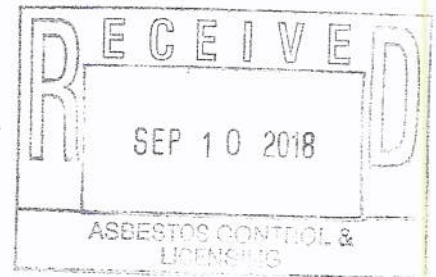
Material	Location	Approximate Amount
Black Floor Mastic Under (Assumed)*	Throughout Area Under Carpeting & Carpet Glue & Leveling Compound	Not Quantified – Extent of Mastic Not Determined Assumed it is in the Entire Room
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	2 in Number

*Note – It is recommended that this material be sampled and analyzed to verify whether or not it is asbestos-containing.

Wing E – Ground Floor - 1966 Section – Old Engineering/Technology/Documentation Offices

Material	Location	Approximate Amount
Black Floor Mastic Under Carpeting (Assumed)*	Throughout Area Under Carpeting Glue & Leveling Compound	3,000 SF
1'x1' Light Tan Floor Tiling & Associated Mastic (Assumed)*	Under Carpet	600 SF
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	30 in Number

*Note – It is recommended that these materials be sampled and analyzed to verify whether or not it is asbestos-containing.



Johnson & Johnson, Inc.
201 Tabor Road
Morris Plains, New Jersey

Asbestos Material Identification Survey Update
September 1 & 2, 2015
EHI Project #: 0759-5781

Wing E – Ground Floor - 1966 Section – Old Copy Storage Room & Imaging Center

Material	Location	Approximate Amount
9"x9" Vinyl Floor Tiling & Associated Mastic	Throughout Area	1,500 SF
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	30 in Number

Note: The 1'x1' Green Floor Tiling found in the Kitchenette in the Imaging Center was previously sampled and shown not to be asbestos containing.

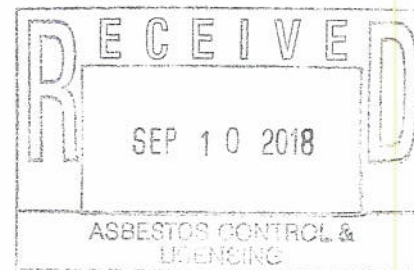
Wing E – Ground Floor - 1966 Section – Old Copier Storage Room/North Staircase/Hallway Connection

Material	Location	Approximate Amount
9"x9" Vinyl Floor Tiling & Associated Mastic	In Hallway Leading to Stairway – Under Carpet	450 SF
Cementitious Fitting Insulation on FG Insulated Line	In Copier Storage Room	5 in Number
1'x1' Tan & White Floor Tiling *	On Stairway Steps	170 SF
Mastic Associated w/ 1'x1' Grey & White Floor Tiling	On Stairway Landings	700 SF

*Note - Three samples of the mastic associated with the same 1' x 1' tan and white floor tiles were collected from each the West and East Stairwells. Analysis of these samples show that the mastic material is not asbestos containing

Wing E – Ground Floor - 1966 Section – Old Bennett Brothers Room (Next to Old Credit Union)

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	7 in Number



Johnson & Johnson, Inc.
201 Tabor Road
Morris Plains, New Jersey

Asbestos Material Identification Survey Update
September 1 & 2, 2015
EHI Project #: 0759-5781

Wing E – Ground Floor - 1966 Section – Men’s Bathroom

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line*	In Plenum	15 in Number

* **Note:** Pipelines run behind existing walls feeding bathroom fixtures. It is unknown whether the pipe inside the wall is insulated or not. It must be presumed that they are and that the same elbow/joint insulation found in the other parts of the room exist here also.

Wing E – 1966 Section – South Staircase

Material	Location	Approximate Amount
1’x1’ Tan w/ White Markings Floor Tiling*	On Stairs & Landings	800 SF

* **Note:** Three samples of the mastic associated with the same 1’ x 1’ tan and white floor tiles were collected from each the West and East Stairwells. Analysis of these samples show that the mastic material is not asbestos containing

Wing E – 1966 Section – North Staircase

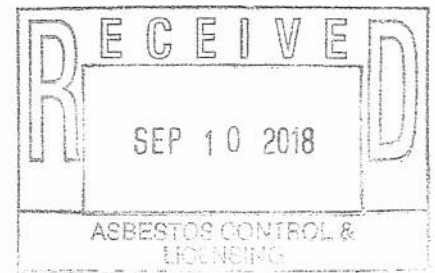
Material	Location	Approximate Amount
1’x1’ Tan w/ White Markings Floor Tiling& Associated Mastic*	On Stairs & Landings	800 SF

* **Note:** Three samples of the mastic associated with the same 1’ x 1’ tan and white floor tiles were collected from each the West and East Stairwells. Analysis of these samples show that the mastic material is not asbestos containing.

Wing E – 1966 Section – Ground Floor – Room 262 Adj. to Men’s Bathroom

Material	Location	Approximate Amount
1’x1’ Tan w/ White Markings Floor Tiling & Associated Mastic*	On Stairs & Landings	100 SF

* **Note:** Three samples of the mastic associated with the same 1’ x 1’ tan and white floor tiles were collected from each the West and East Stairwells. Analysis of these samples show that the mastic material is not asbestos containing. . It is recommended that the mastic associated with the tile in this room be sampled in order to verify whether or not it is asbestos-containing.



Johnson & Johnson, Inc.
201 Tabor Road
Morris Plains, New Jersey

Asbestos Material Identification Survey Update
September 1 & 2, 2015
EHI Project #: 0759-5781

Wing E – 1966 Section – Ground Floor - Slop Sink Closet

No asbestos materials were observed in this area.

Note: Access to the ceiling plenum in this area was limited. No asbestos materials were observed given the amount of access available. If any non-fiberglass insulation materials are discovered in this space, specifically cementitious pipe elbow/joint insulation, they should be considered an asbestos containing materials.

Wing E – 1966 Section - Ground Floor - Pipe Chase Between Men's & Women's Bathrooms

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Space	15 in Number

Wing E – 1966 Section – Ground Floor – Women's Bathroom

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum & Wall Chase	15 in Number

Note: Pipelines run behind existing walls feeding bathroom fixtures. It is unknown whether the pipe inside the wall is insulated or not. It must be presumed that they are and that the same elbow/joint insulation found in the other parts of the room exist here also.

**Wing E – 1966 Section – Ground Floor - Contractor's Loading Dock/Garbage Compactor Room
and Associated Corridor**

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	Throughout Area	15 in Number
Acoustical Ceiling Plaster*	Corridor Above Doorway into Main Hallway	80 SF

***Note:** Plaster encloses a soffit located at the entranceway into the ground floor's main hallway. This soffit has a hatchway, but this hatchway was inaccessible during this survey. Therefore, it is unknown what exists inside this soffit. If any non-fiberglass insulation materials



Johnson & Johnson, Inc.
201 Tabor Road
Morris Plains, New Jersey

Asbestos Material Identification Survey Update
September 1 & 2, 2015
EHI Project #: 0759-5781

are discovered in this space, specifically cementitious pipe elbow/joint insulation, they should be considered an asbestos containing materials.

Wing E – 1966 Section – Ground Floor - Mail Center/Administrative Services

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	16 in Number
Mastic Associated w/ 1'x1' Gray Floor Tiling	Under 1'x1' Blue/Gray/White Floor Tiling	1,300 SF

Wing E – 1966 Section – Ground Floor – Shipping & Receiving

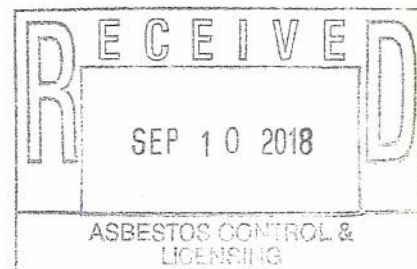
Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	35 in Number
Mastic Associated w/ 1'x1' Gray Floor Tiling	Throughout Space	1,500 SF

Wing E – 1966 Section – Ground Floor – Medical Center

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	65 in Number

Wing E – 1966 Section – Ground Floor – East Elevator Bank & Staircase

Material	Location	Approximate Amount
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	6 in Number



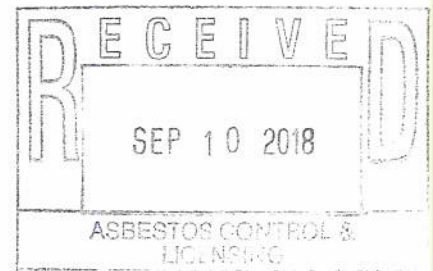
Johnson & Johnson, Inc.
201 Tabor Road
Morris Plains, New Jersey

Asbestos Material Identification Survey Update
September 1 & 2, 2015
EHI Project #: 0759-5781

Wing E – 1966 Section – First Floor – First Floor Office Area

Material	Location	Approximate Amount
1'x1' Tan w/ White Markings Floor Tiling & Associated Mastic*	Throughout Floor – Under Carpet	54,000 SF
Cementitious Fitting Insulation on FG Insulated Line	In Plenum	250 in Number
Cementitious Fitting Insulation on FG Insulated Line	Insider HVAC Register Units – Along Perimeter Wall	750 in Number Note: This Insulation was Observed to be Damaged in Many of the Inspected HVAC Registers & Debris Was Found on the Floor in a Number of Registers.
Tar Waterproofing	Interior Face of Exterior Walls	9,000 SF
Cementitious Fitting Insulation on FG Insulated Line	In Pipe Chase in Between Men's & Women's Rest Rooms & in Wall Behind Sinks	40 in Number

*Note: The mastic associated with 1'x1' white & tan floor tiling found in the stairways of this wing was sampled and shown not to be asbestos-containing. It is recommended that the mastic associated with the tile on this floor also be sampled to verify whether or not it is asbestos-containing.



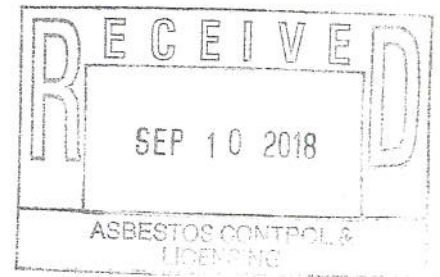
Johnson & Johnson, Inc.
201 Tabor Road
Morris Plains, New Jersey

Asbestos Material Identification Survey Update
September 1 & 2, 2015
EHI Project #: 0759-5781

Wing E – 1966 Section – 2nd Floor – First Floor Office Area

Material	Location	Approximate Amount
1'x1' Tan w/ White Markings Floor Tiling & Associated Mastic*	Throughout Floor – Under Carpet	54,000 SF
Cementitious Fitting Insulation on FG Insulated Line	In Plenum of Rest Rooms	8 in Number
Cementitious Fitting Insulation on FG Insulated Roof Drain Lines	In Plenum	10 in Number Note: The Insulation Associated w/ 7 Roof Drains was Observed to be Water Stain. The Insulation was Still Intact.
Cementitious Fitting Insulation on FG Insulated Line	Insider HVAC Register Units – Along Perimeter Wall	750 in Number Note: This Insulation was Observed to be Damaged in Many of the Inspected HVAC Registers & Debris Was Found on the Floor in a Number of Registers.
Tar Waterproofing	Interior Face of Exterior Walls	9,000 SF
Cementitious Fitting Insulation on FG Insulated Line	In Pipe Chase in Between Men's & Women's Rest Rooms & in Wall Behind Sinks	40 in Number

*Note: The mastic associated with 1'x1' white & tan floor tiling found in the stairways of this wing was sampled and shown not to be asbestos-containing. It is recommended that the mastic associated with the tile on this floor also be sampled to verify whether or not it is asbestos-containing.



Johnson & Johnson, Inc.
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Morris Plains, New Jersey

Asbestos Material Identification Survey Update
September 1 & 2, 2015
EHI Project #: 0759-5781

Wing E – 1966 Section – Totals

1' x 1' vinyl floor tiling and associated mastic	117,500 SF
Tar Paper Water Proofing Inside Face of all Brick/Masonry perimeter walls	18,000 SF
Cementitious Fitting Insulation on FG Insulated Roof Drain Lines	10 in Number
Cementitious Fitting Insulation on FG Insulated Line	2,500 in Number
Mastic Associated w/ 1'x1' Floor Tiling	2,700 SF
Black Mastic Under Carpets	6,000 SF
9"x9" Floor Tiling & Associated Mastic	1,950 SF
Acoustical Ceiling Plaster	80 SF
Fire Doors	All

Note: Totals do not include materials that are inaccessible and/or not observed.

CH3243

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 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:260 and 12:120)

Print Form

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SEP 10 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 8/31/18 Check # 3243		Name of Building Owner/Operator (2) St Rose of Lima Church	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<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	50 Shorts Hills Avenue	
		City, State, Zip Code Short Hills, NJ 07073	
		Name of Contact Joan Schultz	Telephone Number 973-379-3912

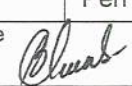
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St Rose of Lima Church		Type of Facility (4)	
Street Address 50 Short Hills Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Short Hills		Square Feet 10,000	# of Floors 1
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) EA Services Corporation	
Street Address		Street Address 426 69th Street	
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 9/1/2018	Scheduled Completion Date (11) 9/4/2018	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: AM		City, State, Zip Code	

Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
Crawl space	x			Pipe insulation	30 LF	x			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste tbd	Name of Registered Landfill Grand Central Sanatory Landfill	
City, State Wayne, NJ			Disposal Date tbd	City, State Pen Argyl, PA	
Completed by Gina Betances	Title Office Manager	Signature 		Date 8/31/18	

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

Date of Notification (1)

9/5/2018

Name of Building Owner/Operator (2)

Bryan Chorost

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Street Address

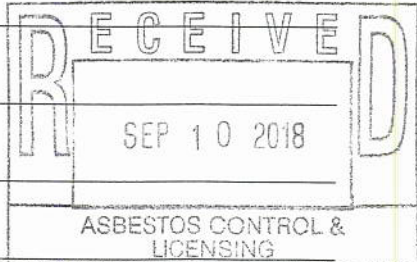
City, State, Zip Code

Lake Hiawatha, NJ, 07034

Name of Contact

Bryan Chorost

Telephone Number



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Bryan Chorost

Type of Facility (4)

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

Street Address

City (5)

Lake Hiawatha

County

07034

County Code (7)

(STATE USE ONLY)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

9 21 18

Sched. Completion Date (11)

9 23 18

Month Day Year

Month Day Year

Name of OSHA Monitor

N/A

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»☐ Other - Describe: «Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Boiler insulation	10LF	X				

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.

17040

Cubic Yards

of Waste .5

Name of Registered Landfill

Tri- State

City, State

Montclair, NJ 07042

Disposal Date

9/24/18

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

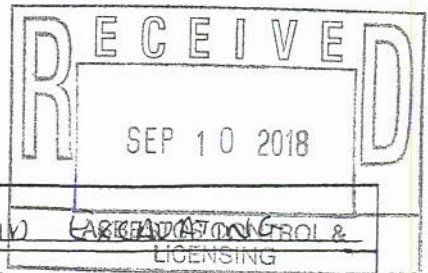
Signature

Date

9/5/2018

CK# 4615

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

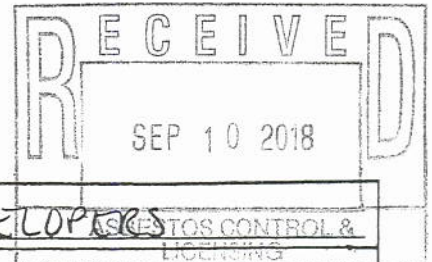


Date of Notification (1) 9-4-18		Name of Building Owner/Operator (2) JOHNATHAN HAWK							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address P.O. BOX 198		City, State, Zip Code CAPE MAY COURT HOUSE							
Name of Contact JOHN		Telephone Number 609-780-3810							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		City (5) AVIACON							
County (6) CAPE MAY		County Code (7) (STATE USE ONLY)	Square Feet 1500						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	# of Floors 2						
Street Address		Name of Abatement Contractor (9) KLEWCO INC	Bldg. Age 50+						
City, State, Zip Code		Street Address 369 S. SPRUCE AVE	Current Use (Prior if being demolished) VACANT						
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE, N.J. 08052	Telephone No. 856-779-0472						
Telephone No.		License No. 01371							
Start Date (10) 9-18-18	Scheduled Completion Date (11) 9-26-18	Name of OSHA Monitor N/A							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address							
		City, State, Zip Code							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	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
SIDING			X	TRANSITE	1250 SF	X			
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3	Name of Registered Landfill C.M.C.M.U.A					
City, State MAPLE SHADE N.J.		Disposal Date		City, State WOODBINE					
Completed By MICHAEL KLEW		Title SUP.	Signature MICHAEL KLEW		Date 9-4-18				

CK# 4615

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



Date of Notification (1) 9-4-18		Name of Building Owner/Operator (2) HARBAUGH DEVELOPERS	
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 318 GLASSBORO RD	
		City, State, Zip Code WOODBURY HEIGHTS N.J 08097	
		Name of Contact SAME	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) AVACON	Square Feet 1500	# of Floors 2	Bldg. Age 50+
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052	
Project Manager for Monitoring Firm		Telephone No. 856 779-0472	License No. 01371
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE
	Yes	No	
Name of Registered Waste Hauler KLEMMCO INC	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5 YDS	Name of Registered Landfill C. M. C. M. V. A
City, State MAPLE SHADE N.J		Disposal Date	City, State WOODBINE N.J.
Completed By MICHAEL KLEMM	Title SUPER	Signature [Signature]	Date 9-4-18

CK# 4615

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


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SEP 10 2018

Date of Notification (1) <u>9-4-18</u>		Name of Building Owner/Operator (2) <u>JERRY'S EXCAVATION & ASBESTOS CONTROL & REMEDIATION</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>274 INDIAN TRAIL RD</u>					
		City, State, Zip Code <u>CAPE MAY COURT HOUSE</u>					
		Name of Contact <u>SAME</u>	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet <u>1500</u>	# of Floors <u>2</u>				
City (5) <u>WILLOWOOD</u>		Bldg. Age <u>50+</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMMCO INC</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>					
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>					
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>				
Start Date (10) <u>9-17-18</u>	Scheduled Completion Date (11) <u>9-25-18</u>	Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
		City, State, Zip Code					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>3000 sf</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMMCO INC</u>		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill <u>C.M.C. M.O.A</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>WOODBINE</u>				
Completed By <u>MICHAEL KLEMM</u>	Title <u>SUPERVISOR</u>	Signature <u>[Signature]</u>	Date <u>9-4-18</u>				

CH 6986

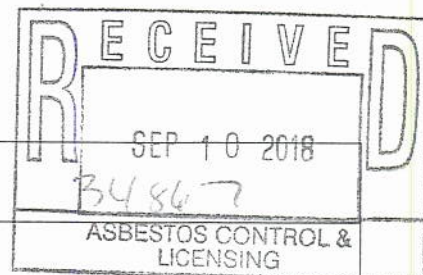
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form
RECEIVED
SEP 10 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/4/18		Name of Building Owner/Operator (2) Joe McCloskey Private Home							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Browns Mills NJ 08015 Name of Contact Brian							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Joe McCloskey Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Browns Mills NJ 08015		Square Feet 1000 +	# of Floors 2						
County (6) Burlington		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No.	License No. 00727						
Start Date (10) 9/17/18	Scheduled Completion Date (11) 9/21/18	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Exterior Siding			X	Exterior Siding	2000 SF	X			
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/21/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President		Signature 			Date 9/4/18		

CH34867

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



Date of Notification (1) 09 / 05 / 18		Name of Building Owner/Operator (2) New Jersey Turnpike Authority							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 335 City, State, Zip Code Hightstown, NJ 08520 Name of Contact Rich Treglown							
		Telephone Number 856-227-2030							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) New Jersey Turnpike Authority-Multi use 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 and commercial buildings, homes, etc.)							
Street Address Mile Post 67.7									
City (5) Barnegat	Square Feet 3000 sf	# of Floors 1	Bldg. Age 60						
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Multi use building							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 09 / 17 / 18	Scheduled Completion Date (11) 09 / 28 / 18	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	window glazing	200 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	door caulk	280 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	roof flashing	105 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 09/28/18	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 			Date 9/5/18		

CH 7097

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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) 9/5/18		Name of Building Owner/Operator (2) Seminole Construction												
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 128 Bartlett Avenue City, State, Zip Code West Creek, NJ 08092 Name of Contact Seminole Construction Telephone Number 609-296-0700												
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 2014 # of Floors Bldg. Age												
City (5) Beach Haven		County (6) Ocean County Code (7) (STATE USE ONLY) _____												
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Home Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS												
Street Address		Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701												
City, State, Zip Code		Project Manager for Monitoring Firm Telephone No. 732-668-9078 License No. 1200												
Start Date (10) 9/16/18		Scheduled Completion Date (11) 9/21/18 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 checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure														
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes</td> <td style="width: 33%; text-align: center;">No</td> <td style="width: 33%; text-align: center;">N/A</td> </tr> </table>	Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="4" style="text-align: center;">Abatement Type</th> </tr> <tr> <td style="width: 25%; text-align: center;">Removal</td> <td style="width: 25%; text-align: center;">Repair</td> <td style="width: 25%; text-align: center;">Encapsulate</td> <td style="width: 25%; text-align: center;">Enclosure</td> </tr> </table>	Abatement Type				Removal	Repair	Encapsulate	Enclosure
Yes	No	N/A												
Abatement Type														
Removal	Repair	Encapsulate	Enclosure											
EXTERIOR		SIDING	3500SF <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">x</td> <td style="width: 25%; text-align: center;"></td> <td style="width: 25%; text-align: center;"></td> <td style="width: 25%; text-align: center;"></td> </tr> </table>	x										
x														
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15 Name of Registered Landfill IESI											
City, State NEWARK, NJ		Disposal Date 9/21/18	City, State BETHLEHEM PA											
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature Date 9/5/18											

CK 7098

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

Print Form
<div style="font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div>
SEP 10 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/5/18		Name of Building Owner/Operator (2) Joanne Long	
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 <div style="background-color: black; height: 1.2em; width: 100%;"></div> City, State, Zip Code Neptune, NJ Name of Contact Joanne Long	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <div style="background-color: black; height: 1.2em; width: 100%;"></div>		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 <div style="background-color: black; height: 1.2em; width: 100%;"></div>			
City (5) Neptune, NJ		Square Feet 2525	# of Floors
County (6) Neptune		County Code (7) (STATE USE ONLY) _____	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) home	
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) 9/16/18	Scheduled Completion Date (11) 9/21/18		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)

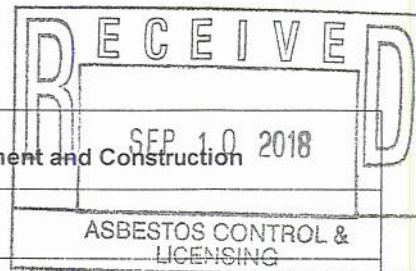
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input checked="" 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
INTERIOR				Flooring	350SF	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 9/21/18		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature	Date 9/5/18

CH 5070

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)



Date of Notification (1) 09 / 06 / 18		Name of Building Owner/Operator (2) New Jersey Division of Property Management and Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 33 West State Street, 9th Floor City, State, Zip Code Trenton, NJ 08625-0034 Name of Contact Joseph Syp Telephone Number 856-467-2800							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) New Jersey State Museum		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 205 West State Street		Square Feet 10,000							
City (5) Trenton		# of Floors 4							
County (6) Mercer		Bldg. Age 80							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Museum							
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1805 Atlantic Avenue		Street Address 623 Cutler Avenue							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Gary Fleming		Telephone No. 732-223-2225							
Start Date (10) 09 / 24 / 18		License No. 00842							
Scheduled Completion Date (11) 09 / 28 / 18		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Elevator Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Elevator Drum Brake Pads	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Elevator Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Insulator Panels	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 09/28/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 9/16/18			

CK TD16

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/5/2018		Name of Building Owner/Operator (2) Hampshire Venture Partners							
Agencies Notified	Type Notification	Street Address 22 Maple Avenue							
<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 Morristown, NJ 07960							
		Name of Contact Chris Megnin	Telephone Number 973-892-4006						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lackawanna Plaza		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 1 Lackawanna Plaza		Square Feet 50,000	# of Floors 2						
City (5) Montclair		Bldg. Age 80							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Shopping Plaza							
Name of Monitoring Firm Hired by Building Owner (8) EWMA		ASCM No. _____	Name of Abatement Contractor (9) Incinia Contracting, Inc						
Street Address 100 Misty Lane P.O Box 5430		Street Address 1360 Clifton Avenue Unit 365							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Craig Gorczyca		Telephone No. 973-703-6649	License No. 01036						
Start Date (10) 9/17/2018	Scheduled Completion Date (11) 9/26/2018	Name of OSHA Monitor Incinia Contracting, 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 1360 Clifton Avenue Unit 365							
		City, State, Zip Code Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 1/2, 2nd Floor Roof		X		Roof Caulking Material	375 LF	X			
Building 2, 1st Floor Pump Room		X		Black Mastic Material	75 SF	X			
Building 1, 1st Floor, Unit H		X		White Floor Tile	5,000 SF	X			
Name of Registered Waste Hauler Atlantic Carting LTD		NJDEP Waste Hauler ID No. NJ641	Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Wayne, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Adam Vurchio		Title Administrator	Signature			Date 9/5/2018			

Pg. 1

no ch

ASB-41
JAN 13

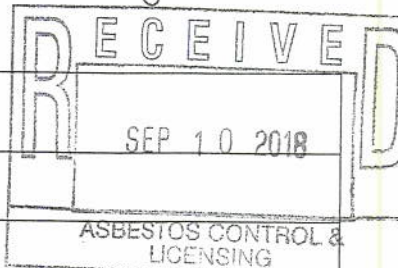
PP 18060

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

**** NOTE: BACK ON SITE 9/5/18.**

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

Pg 2



Date of Notification (1) <u>7</u> / <u>30</u> / <u>18</u>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-9/5/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 51 Old Ledgewood Road	
		City, State, Zip Code Flanders, NJ 07836	
		Name of Contact Mark Jenkins	Telephone Number 215-365-5870

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Netcong C.O.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 51 Old Ledgewood Road			
City (5) Flanders, NJ 07836		Square Feet +10,000	# of Floors 1
		Bldg. Age +50	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5870	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <u>8</u> / <u>13</u> / <u>18</u>	Scheduled Completion Date (11) <u>10</u> / <u>1</u> / <u>18</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u>5:00</u> PM - <u>2:00</u> AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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
Ice #7 Fios Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fios Maintenance Room #6	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SSADC Room #5	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CFO Office #2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 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 / jil</i>		Date 9/5/18	

ASB-41
JAN 13 DD18060

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**** - NOTE: BACK ON SITE 9/5/18**

09/05/2018 09:11AM 9736381778

CH3160

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State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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PAGE 03/04
SEP 10 2018
ASBESTOS CONTROL & REMEDIATION
ST 71
WAIVER APPROVED
Telephone Number

Date of Notification (1) 09 / 05 / 18		Name of Building Owner/Operator (2) Danna Dorsett	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Ridgefield, NJ 07657	
Name of Contact Danna Dorsett		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 S (Other than K-12) <input checked="" type="checkbox"/> Other i.e., private and commercial buildings, homes, etc.	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Ridgefield, NJ 07657		County (6) Bergen	
County Code (7) (STATE USE ONLY) Bergen		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 [REDACTED]		Street Address 576 Valley Rd #283	
City, State, Zip Code Wayne, NJ 07470		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 09 / 06 / 18		Scheduled Completion Date (11) 09 / 07 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Street Address 20-21 Wagaraw Road, Bldg. 35E		City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check all that apply) <input 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"/> Clean up and abatement with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Basement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Pipe insulation		Amount (Specify SIF or LF) 120 LF	
		Abatement Type Removal Repair Encapsulation Enclosure	
		<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"/>	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Cubic Yards of Waste TBD	
Completed By (Print or Type) N. Jevtic		Name of Registered Landfill T.R.R.F. Inc	
Title Owner		City, State Tullytown, PA	
Signature [Signature]		Date 09/05/18	

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

09/05/2018 08:18

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ASBESTOS CONTROL & LICENSING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Prescribed to NJAC 17:27 and 17:28)

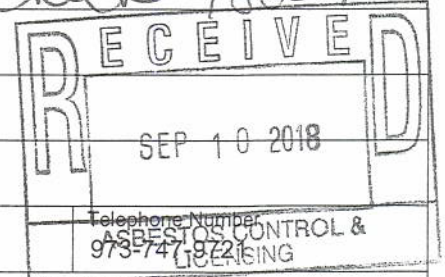
Date of Notification (1) 9/5/18		Name of Building Owner/Operator (2) REFURGE MILLER	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		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 [REDACTED]		City, State, Zip Code ELIZABETH NJ	
Name of Contact DANIEL PICKANY		Signature [Signature]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) REFURGE MILLER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)	
Street Address [REDACTED]		Square Feet 1650	
City (5) ELIZABETH		# of Floors 2	
County (6) UNION		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code		Street Address 185 Vreeland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, N.J.	
Telephone No.		Telephone No. 201-262-6841	
Start Date (10) 9/5/18		Scheduled Completion Date (11) 9/10/18	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		License No. 00166	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> AS of or AS of <input checked="" type="checkbox"/> R150 of or AS150 of <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Permitted (*) and Non-Permissible Procedures		Name of OSHA Monitor Omega Environmental Services Inc.	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) Basement		Street Address 280 Huyler Street	
Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (13) Yes No N/A X		City, State, Zip Code Hackensack, N.J. 07605	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 70 LF	
Abatement Type Removal Repair Encapsulation Enclosure X			
Name of Registered Waste Hauler Newark Carting, Inc.		NJ DEP Waste Hauler ID No. 04509	
City, State Newark, N.J. 07105		Cubic Yards of Waste 7	
Completed by R. McDonald		Name of Registered Landfill Grand Central Sanitary Landfill	
Title President		City, State Pen Argyl, PA 08072	
Signature [Signature]		Date 9/5/18	

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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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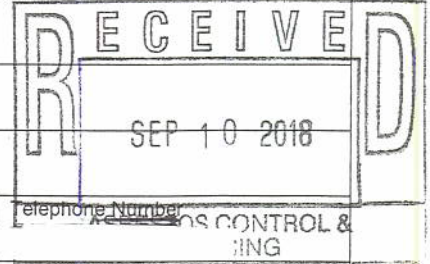


Date of Notification (1) 9/5/18		Name of Building Owner/Operator (2) Consolidated Environmental							
Agencies Notified	Type Notification	Street Address 26 B Law Drive							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fairfield, NJ 07004							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Chris Alvaredo							
Telephone Number 973-747-1821									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Nutley		Square Feet 2000	# of Floors 1						
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 62						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) home							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No.		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/8/18	Scheduled Completion Date (11) 9/22/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			X	floor tile	400 SF	X			
Name of Registered Waste Hauler Tonys Cleanup & Hauling		NJDEP Waste Hauler ID No. 17787	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill					
City, State Bridgewater, NJ		Disposal Date TBD		City, State Easton PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 9/5/18		

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

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Date of Notification (1) 9/6/18		Name of Building Owner/Operator (2) Linda Missonellie							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hawthorne, NJ 07506							
		Name of Contact Linda Missonellie							
Telephone Number [REDACTED]									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 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) Hawthorne		Square Feet 2100	# of Floors 2						
County (6) Passaic		Bldg. Age 62							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____							
Street Address		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive							
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418							
Telephone No. _____		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 9/28/18	Scheduled Completion Date (11) 10/5/18	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: <u>basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	200 LF	x			
			x	boiler insulation	50 SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold, NJ		Disposal Date TBD		City, State Birdsboro PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 9/6/18			

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

Check
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Date of Notification (1) 9-7-18		Name of Building Owner/Operator (2) Hakim Wilkerson	
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 Maplewood NJ 07040	
Name of Contact Hakim Wilkerson		Name of Facility Where Abatement is Taking Place (3) Single family Dwelling	
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter-8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 2	
City (5) Maplewood NJ 07040		# of Floors 2	
County (6) Essex		Bldg. Age 80+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		ASCM No. N/A	
Street Address P.O. Box 337		Name of Abatement Contractor (9) EPC Technologies Inc	
City, State, Zip Code New Egypt, NJ 08533		Street Address P.O. Box 337	
Project Manager for Monitoring Firm Steve Schenker		City, State, Zip Code New Egypt NJ 08533	
Telephone No. 609 758-3365		Telephone No. 609 758-3365	
License No. 00394		Start Date (10) 9-17-18	
Scheduled Completion Date (11) 9-17-18		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	
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		City, State, Zip Code New Egypt NJ 08533	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation		Amount (Specify SF or LF) 100 LF X	
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	
Cubic Yards of Waste 2		Name of Registered Landfill Waste Management of PA	
City, State New Egypt NJ		Disposal Date 9-18-18	
City, State Morrisville PA		Signature Steve Schenker	
Completed by Steve Schenker		Title President	
Date 9-7-18			

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

RECEIVED	Print Form
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ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/14/17		Name of Building Owner/Operator (2) MATTT CONSTRUCTION			
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code LAKEWOOD NJ Name of Contact MATT GROSS Telephone Number 908-910-3074	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4)	
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5)				Square Feet	# of Floors
				1500	1
County (6) OCEAN		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOME	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS	
Street Address				Street Address 6 WHITE DOVE COURT	
City, State, Zip Code				City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 09/17/18/		Scheduled Completion Date (11) 09/20/18		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
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"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
EXTERIOR				SIDING	1000SF
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 09/20/18		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature	Date

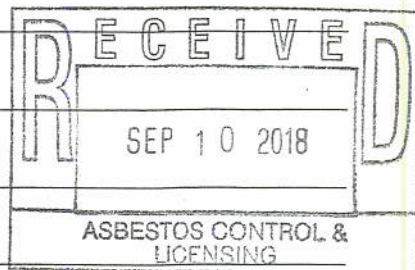
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State of New Jersey

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

Date of Notification (1) 9/5/2018		Name of Building Owner/Operator (2) Julietta Diaz	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Jersey City, NJ, 07307	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Name of Contact Julietta Diaz	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> EMERGENCY	Telephone Number	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Julietta Diaz			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Jersey City			County 07302		# of Floors
			County Code (7) (STATE USE ONLY)		Bldg. Age
			Current Use (Prior if being demolished)		
Name of Monitoring Firm hired by Building Owner (8) N/A			Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc.		
Street Address			Street Address 86 Christopher St.		
City, State, Zip Code			City, State, Zip Code Montclair, NJ 07042		
Project Manager for Monitoring Firm			Telephone Number N/A		License Number 00371
Scheduled Start Date (10) 9 19 18 Month Day Year			Sched. Completion Date (11) 9 21 18 Month Day Year		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript»			Name of OSHA Monitor N/A		
			Street Address		
			City, State, Zip Code		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E	
Basement			X	Pipe Insulation	180 LF	X				

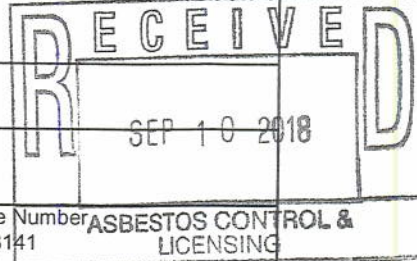
Name of Registered Waste Hauler AZTECH MANAGEMENT, INC.		NJDEP Waste Hauler ID No. 17040	Cubic Yards of Waste 1.5	Name of Registered Landfill Tri- State	
City, State Montclair, NJ 07042		Disposal Date 9/22/18		City, State Bronx, NY, 10474	
Completed By (Print or Type) Constantine Vivian		Title President		Signature <i>Constantine Vivian</i>	Date 9/5/2018

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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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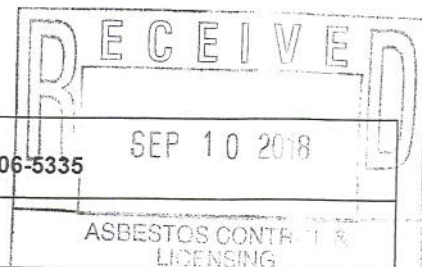
Date of Notification (1) 9 / 5 /2018		Name of Building Owner/Operator (2) THE VALLEY HOSPITAL	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 223 NORTH VAN DIEN AVENUE City, State, Zip Code RIDGEWOOD, NEW JERSEY 07652	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact GEORGE GANCOSOS Telephone Number 201-447-8141	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) VALLEY HOSPITAL		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 670 WINTER AVENUE		Square Feet 50,000	# of Floors 1
City (5) PARAMUS	County (6) BERGEN	County Code (7) (STATE USE ONLY)	Bldg. Age 40+
Name of Monitoring Firm Hired by Building Owner (8) COLDEN CORPORATION		ASCM No.	Current Use (Prior if being demolished) ABANDONED
Street Address 131 VARICK STREET, SUITE 1022		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code NEW YORK, NEW YORK 10013		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm JIM MIADES		Telephone Number 347-435-3561	City, State, Zip Code SUFFERN, NEW YORK 10901
Expected State Date (10) 6 / 7 /18		Sched. Completion Date (11) 3 30 /19	Telephone Number 845-369-7500
Month Day Year		Month Day Year	License Number 1101
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor EMSL #11506	
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		Street Address 307 WEST 38TH STREET City, State, Zip Code NEW YORK, NEW YORK	
		<input checked="" type="checkbox"/> Full Containment <input checked="" type="checkbox"/> Mini Encl. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

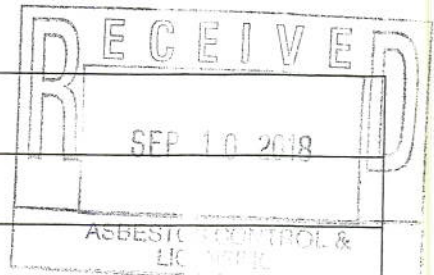
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR THROUGHOUT			X	JOINT COMPOUND	25,000 SF	X			
1ST FLOOR ROOMS 100 & 101			X	CEILING TILES	1,500 SF	X			
1ST FLOOR ROOMS 101 & 102			X	VAT & MASTIC	1,450 SF	X			
1ST FLOOR ROOM 182			X	BOILER INSULATION	100 SF	X			
1ST FLOOR ROOM 182			X	BOILER BREECHING	80 SF	X			
1ST FLOOR ROOM 180			X	ROOF HATCH TAR	2 SF	X			
ADDITION TO SCOPE:									
1ST FLOOR THROUGHOUT			X	PIPE INSULATION	136 LF	X			
1ST FLOOR THROUGHOUT			X	FIBERGLASS CEILING INSULATION/GLUEDABS	17,478 SF	X			
Name of Registered Waste Hauler ASBESTOS TRANSPORTATION CO. INC.	NJDEP Waste Hauler ID No. 1A-371			Cubic Yards of Waste 700	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL				
City, State SHIRLEY, NEW YORK 11967	Disposal Date 6/07/18 - 12/30/18			City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Signature 	Date 9/5/18				

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



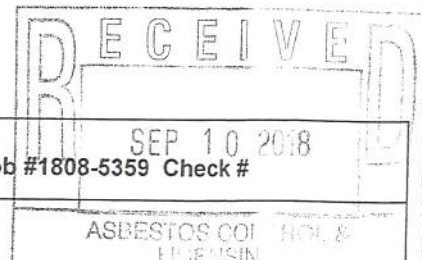
Date of Notification (1) <u>8</u> / <u>31</u> / <u>18</u>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1806-5335							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact John Greco Telephone Number 201-602-1499							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L- Morristown		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 7 Andrea Lane		Square Feet # of Floors Bldg. Age							
City (5) Morristown, NJ		County Code (7)(STATE USE ONLY) Morris							
County (6) Morris		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 140 S. Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525							
Start Date (10) <u>7</u> / <u>12</u> / <u>18</u>		Scheduled Completion Date (11) <u>9</u> / <u>28</u> / <u>18</u>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u>1:30</u> PM- <u> </u> AM		Name of OSHA Monitor EMSL Analytical							
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pole JC149MRT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 9/28/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 		Date 8/31/18			

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



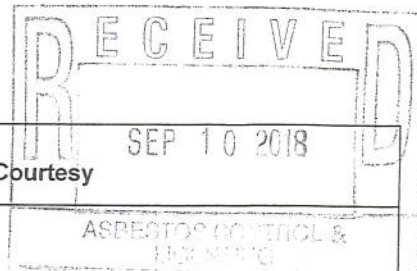
Date of Notification (1) <u>8</u> / <u>31</u> / <u>18</u>		Name of Building Owner/Operator (2) PSE&G / Job # 1806-5327 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ							
		Name of Contact Andrew Puk	Telephone Number 201-481-2415						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Fernwood Substation		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 959 Lower Ferry Road		Square Feet	# of Floors						
City (5) Trenton, NJ 08628		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Utility							
Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 109 North Center Drive		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code North Brunswick, NJ 08092		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm J-B Chadwick	Telephone No. 732-489-2813	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>6</u> / <u>22</u> / <u>18</u>	Scheduled Completion Date (11) <u>9</u> / <u>28</u> / <u>18</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior East Side North end of Bldg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior East Side South end of Bldg	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Panels	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Material	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Conduit	450 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Camden, NJ		Disposal Date 9/28/18		City, State Morrisville, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 8/31/18		

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



Date of Notification (1) 8 / 31 / 18		Name of Building Owner/Operator (2) Pinelands Regional School District / Job #1808-5359 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 520 Nugentown Road							
		City, State, Zip Code Little Egg Harbor, NJ							
		Name of Contact Kevin MacDonald	Telephone Number 856-662-9500						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Pinelands Junior High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 590 Nugentown Road									
City (5) Little Egg Harbor, NJ		Square Feet	# of Floors						
		Bldg. Age							
County (6) Ocean		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 1253 North Church Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Guilardi		Telephone No. 856-840-8800	License No. 00529						
Start Date (10) 8 / 22 / 18	Scheduled Completion Date (11) 11 / 17 / 18								
Name of OSHA Monitor EMSL Analytical									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input 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/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
Various Bathroom/Locker Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bathroom fixture caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ		Disposal Date 11/17/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/31/18			

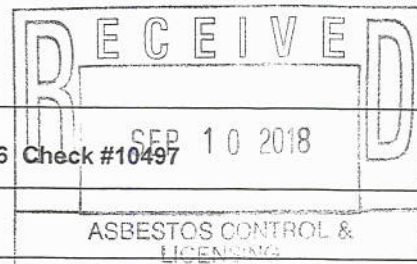
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>8</u> / <u>31</u> / <u>18</u>		Name of Building Owner/Operator (2) PSE&G / Job # 1808-5357 Courtesy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ							
		Name of Contact Grady Toughill	Telephone Number 732-674-1525						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Essex Switching Station		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 155 Raymond Blvd.									
City (5) Newark, NJ 07105	Square Feet	# of Floors	Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Switching Station							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <u>8</u> / <u>10</u> / <u>18</u>	Scheduled Completion Date (11) <u>9</u> / <u>28</u> / <u>18</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Abandoned Transite on ground	3300	<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 Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste 40	Name of Registered Landfill Conestoga Landfill					
City, State Flanders, NJ		Disposal Date 9/28/18		City, State Morgantown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature 			Date 8/31/18			

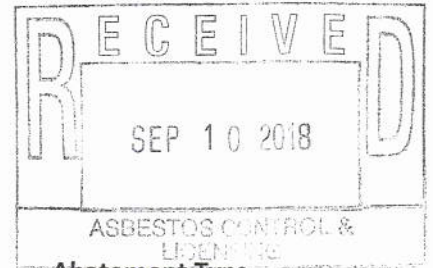
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)



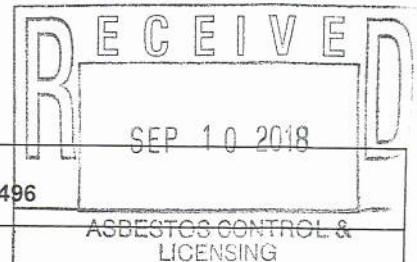
Date of Notification (1) 9 / 5 / 18		Name of Building Owner/Operator (2) PSE&G / Job #1809-5376		Check #10497					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Keith Soper Telephone Number 908-756-7736					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Jackson Road Substation				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 7 Jackson Road				Square Feet					
City (5) Totowa, NJ				# of Floors					
County (6) Passaic				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432		License No. 00529					
Start Date (10) 9 / 17 / 18		Scheduled Completion Date (11) 9 / 28 / 18		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 9/28/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9/5/18			

Scope of Work



<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Exterior	NO	Transite Conduit	8,760 LF	Removal
Control House	NO	Mottled tile	830 SF	Removal
Control House	NO	Expansion Caulk	170 LF	Removal
Control House	NO	Sealant Caulk	120 LF	Removal
Control House	NO	Roofing	1,050 SF	Removal

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



Date of Notification (1) <div style="text-align: center;">9 / 6 / 18</div>		Name of Building Owner/Operator (2) HMS Host / Job #1808-5372 Check #10496	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6905 Rockledge Drive	
		City, State, Zip Code Bethesda, MD 20817	
		Name of Contact Business office	Telephone Number 240-694-4369

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Thomas Edison Service Area		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 NJ Turnpike South Mile Marker 92.9			
City (5) Woodbridge, NJ		Square Feet	# of Floors
		Bldg. Age	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Service Plaza	
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 1600 Route 22 East		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 00529
Start Date (10) <div style="text-align: center;">9 / 13 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 20 / 18</div>	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

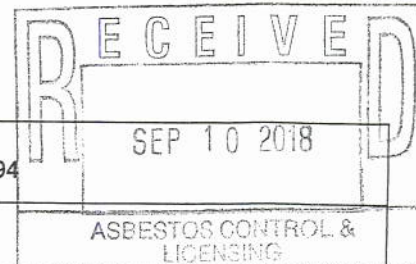
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 9/20/18		City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 9/10/18	

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



Date of Notification (1) 9 / 6 / 18		Name of Building Owner/Operator (2) HMS Host / Job #1808-5373 Check #10494							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 6905 Rockledge Drive City, State, Zip Code Bethesda, MD 20817 Name of Contact Business office							
		Telephone Number 240-694-4369							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Monmouth Service Area		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 Garden State Parkway Mile Post 100 NB/SB		Square Feet	# of Floors						
City (5) Wall Township		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Service Plaza							
Name of Monitoring Firm Hired by Building Owner (8) Hillaman Consulting, Inc.	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 385		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Craig Downs	Telephone No. 908-721-2302	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 9 / 13 / 18	Scheduled Completion Date (11) 9 / 20 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 9/20/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 9/6/18		

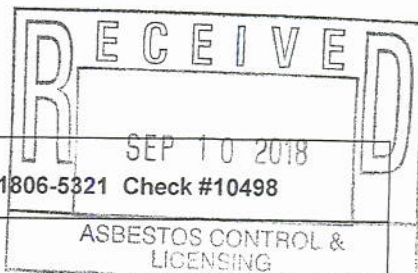
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SEP 10 2018
ASBESTOS CONTROL &
LICENSING

ASB-41
MAY 11

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

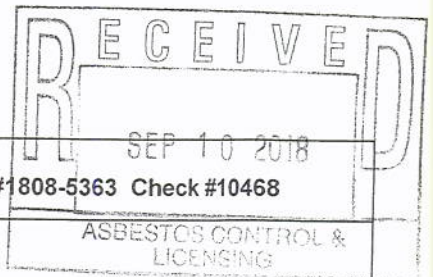
CK110498

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



Date of Notification (1) <div style="text-align: center;">9 / 7 / 18</div>		Name of Building Owner/Operator (2) Municipal Maintenance Company / Job #1806-5321 Check #10498							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1352 Taylors Lane							
		City, State, Zip Code Cinnaminson, NJ 08077							
		Name of Contact Bradley Mease	Telephone Number 856-786-9434						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Trenton Water Works- Ewing Booster Station		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 Route 29		Square Feet	# of Floors						
City (5) Trenton, NJ 08604		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Booster Station							
Name of Monitoring Firm Hired by Building Owner (8) Environmenal Connection, Inc		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 120 N. Warren Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Steve Mania		Telephone No. 609-392-4200	License No. 00529						
Start Date (10) <div style="text-align: center;">9 / 17 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 18 / 18</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Shingles	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bathroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile & Mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 9/18/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9/7/18			

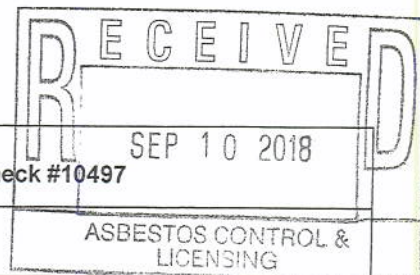
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 9 / 7 / 18		Name of Building Owner/Operator (2) Rahway Valley Sewerage Authority/ Job #1808-5363 Check #10468							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1050 East Hazelwood Avenue City, State, Zip Code Rahway, NJ 07065 Name of Contact John Buonocore Telephone Number 732-388-0868 Ext. 231							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rahway Valley Sewerage Authority		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 1050 East Hazelwood Avenue		City (5) Rahway, NJ 07065							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Public Building							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 3 Crosswicks Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mike hoodak	Telephone No. 609-298-5520	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 8 / 21 / 18	Scheduled Completion Date (11) 9 / 30 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours -- Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached	See Attached	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ			Disposal Date 9/30/18	City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9/7/18			

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



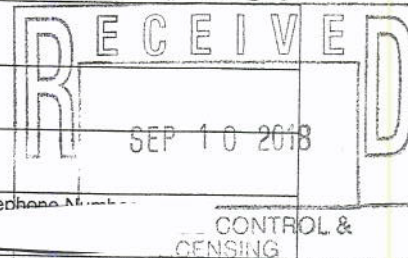
Date of Notification (1) <u>9</u> / <u>7</u> / <u>18</u>		Name of Building Owner/Operator (2) PSE&G / Job #1809-5376 Check #10497							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road							
		City, State, Zip Code South Plainfield, NJ							
		Name of Contact Cliff Brenner	Telephone Number 732-904-6464						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G Metuchen Switchyard		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 234 Pierson Avenue		Square Feet	# of Floors						
City (5) Edison, NJ		Bldg. Age							
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Switchyard							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-839-2432	License No. 00529						
Start Date (10) <u>9</u> / <u>17</u> / <u>18</u>	Scheduled Completion Date (11) <u>9</u> / <u>28</u> / <u>18</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electrical Panel Boards	33 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Floor Panels	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Electrical Panel Boards	6 each	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Panel House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Floor Panels	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 9/28/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 9/7/18			

PAID

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

Print Form

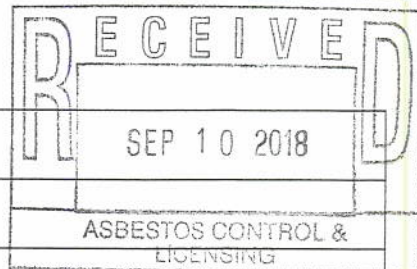
Check #0099



Date of Notification (1) 09/06/2018		Name of Building Owner/Operator (2) Chris Singh							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Chris Singh	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) Bloomfield		Square Feet	# of Floors						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Rizov LLC						
Street Address		Street Address 246 Gaston Ave.							
City, State, Zip Code		City, State, Zip Code Garfield NJ 07026							
Project Manager for Monitoring Firm		Telephone No. (862)262-8006	License No. 01369						
Start Date (10) 09/16/2018	Scheduled Completion Date (11) 09/17/2018	Name of OSHA Monitor Rizov LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 246 Gaston Ave							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Garfield NJ 07026							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Boiler insulation	40 sq ft	x			
Name of Registered Waste Hauler Rizov LLC		NJDEP Waste Hauler ID No. 0037825	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Hills Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Aleksandra Rizova		Title Owner	Signature 			Date 09/06/2018			

CH194

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



Date of Notification (1) 9/7/2018		Name of Building Owner/Operator (2) Hillside Realty Associates, LP						
Agencies Notified	Type Notification	Street Address One West Avenue, Suite 220						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Larchmont NY 10538						
		Name of Contact Marko Stankovic, Project Manager	Telephone Number 973-570-2645					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Smoke Stack & Office 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 600 N. Union Ave		Square Feet 60,000	# of Floors 1					
City (5) Hillside		Bldg. Age 80						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) unoccupied						
Name of Monitoring Firm Hired by Building Owner (8) IAQ Guru		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial					
Street Address 87 Main Street		Street Address 54 Morgan Dr						
City, State, Zip Code Lincoln Park NJ 07035		City, State, Zip Code Sparta NJ 07871						
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0392	License No. 01334					
Start Date (10) 7/11/2018	Scheduled Completion Date (11) 8/11/2018 extended 10/7/18	Name of OSHA Monitor Checkmark Industrial						
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: work area closed/ 3rd party monitoring		Street Address 54 Morgan Dr						
		City, State, Zip Code Sparta NJ 07871						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
see attached page from survey		X			X			
EXTENSION IS FOR								
ROOF ONLY								
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 80	Name of Registered Landfill Waste Management				
City, State Wayne NJ		Disposal Date		City, State Tulleytown PA				
Completed by Corey Stankovic		Title CEO	Signature 		Date 9/7/2018			

050133

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

RECEIVED	SEP 10 2018
	Chk. #5133
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 9 / 7 / 18		Name of Building Owner/Operator (2) Kevon Gittens / Job #1808-2343	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Rahway, NJ 07065	
Name of Contact Kevon Gittens		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		City (5) Rahway	
City (5) Rahway		Square Feet TBD	# of Floors TBD
County (6) Union		County Code (7)(STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 617 Stokes Rd #4-318		Street Address 3859 Sylon Boulevard	
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Rebecca R.		Telephone No. (856) 596-9994	License No. 00862
Start Date (10) 9 / 18 / 18	Scheduled Completion Date (11) 9 / 20 / 18	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> 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 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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central	
City, State Lafayette, NJ		Disposal Date 9/21/18		City, State Penn Argyle, PA	
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 			Date 9-7-18

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 18:60 and 5:16)

RECEIVED
SEP 10 2018
Chk. #5132

Date of Notification (1) 9 / 7 / 18		Name of Building Owner/Operator (2) FVHD LLC / Job #1808-2348	
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 # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1515 Lower Ferry Road City, State, Zip Code Trenton, NJ 08618 Name of Contact George Duthie Telephone Number 609-213-4590	

ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) FVHD		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 1515 Lower Ferry Road		Square Feet 7320	# of Floors 1
City (5) Trenton		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Office	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 120 North Warren Street		Street Address 3859 Sylon Boulevard	
City, State, Zip Code Trenton, NJ 08625		City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Roland Jones	Telephone No. 609-392-4200	Telephone No. 609-702-0400	License No. 00862
Start Date (10) 9 / 22 / 18	Scheduled Completion Date (11) 9 / 22 / 18	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: SATURDAY WORK AM- PM- PM- AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

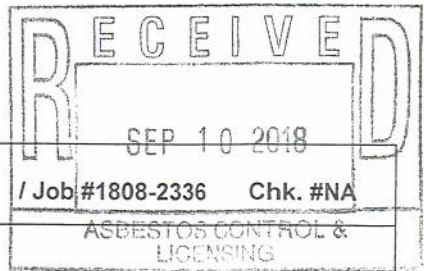
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input 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
Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Insulation	52 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe and Fitting Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fitting Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MR above water heater	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

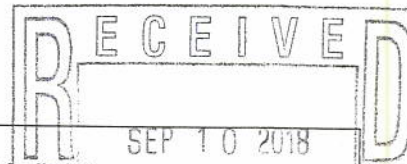
Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central
City, State Lafayette, NJ		Disposal Date 9/22/18	City, State Penn Argyle, PA
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 9-7-18

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



Date of Notification (1) <u>8</u> / <u>16</u> / <u>18</u>		Name of Building Owner/Operator (2) Sarvon, LLC (Yale School)		/ Job #1808-2336 Chk. #NA					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10A Jennings Road		City, State, Zip Code Medford, NJ 08055					
		Name of Contact Chris Sarandoulis		Telephone Number 609-654-7222 x 111					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Sarvon, LLC (Yale School)			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 800 Pennsylvania Avenue									
City (5) Cherry Hill			Square Feet 13863	# of Floors 2	Bldg. Age 68				
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office					
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 304 Harper Drive, Suite 207				Street Address 3859 Sylon Boulevard					
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Craig Downs		Telephone No. 908-721-2302		Telephone No. 609-702-0400	License No. 00862				
Start Date (10) <u>8</u> / <u>27</u> / <u>18</u>		Scheduled Completion Date (11) <u>9</u> / <u>7</u> / <u>18</u>		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM			Street Address 200 U.S. Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED SCOPE OF WORK	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 9/7/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 			Date 8-31-18		

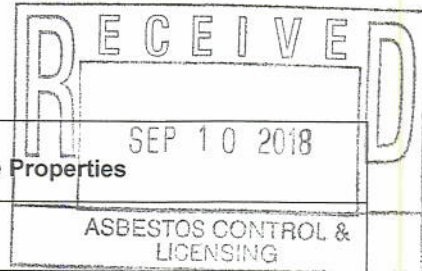
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 8 / 14 / 18		Name of Building Owner/Operator (2) NJTA / Job #1710-2243 Chk. #5131							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Turnpike Plaza City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Robert Womelsdorf Telephone Number 732-442-8600							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJTA MUB - E - Hightstown		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Milepost 67 S - NJ Turnpike		Square Feet 20,000							
City (5) East Windsor/Hightstown		# of Floors 1							
County (6) Mercer		Bldg. Age unknown							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office & Shops							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address PO Box 316		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone No. 856-848-0800	License No. 00862						
Start Date (10) 9 / 10 / 18	Scheduled Completion Date (11) 9 / 21 / 18		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Garage Area Restroom	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Breeching	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Lafayette, NJ		Disposal Date 9/21/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Joann Mullarkey		Title Office Coordinator		Signature 		Date 9-6-18			

Ch 16755

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



Date of Notification (1) 9 / 6 / 18		Name of Building Owner/Operator (2) UE Bergen Mall Owner LLC c/o Urban Edge Properties	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 210 Route 4 East City, State, Zip Code Paramus, NJ 07652	Telephone Number 973-879-6441

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Bergen Town Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 Bergen Town Center, Suite 640		Square Feet 60,000	
City (5) Paramus, NJ 07652		# of Floors 2	Bldg. Age 44
County (6) Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Office	
Name of Monitoring Firm Hired by Building Owner (8) Whitestone Assoc.		ASCM No. NA	Name of Abatement Contractor (9) Alliance Environmental Systems
Street Address 1600 Manor Drive, Suite 220		Street Address 550 East Union St.	
City, State, Zip Code Chalfont, PA 18914		City, State, Zip Code West Chester, PA 19382	
Project Manager for Monitoring Firm Jeremy Hassett		Telephone No. 215-712-2700	License No. 00508
Start Date (10) 9 / 10 / 18	Scheduled Completion Date (11) 9 / 10 / 18	Name of OSHA Monitor AET	
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: 12:00AM-____PM/____PM-8:00AM		Street Address 28 N. Pennel Road City, State, Zip Code Media, PA 19063	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Upper Level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	130 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Richard Burns & Co		NJDEP Waste Hauler ID No. 19955	Cubic Yards of Waste 1	Name of Registered Landfill Western Berks Community Landfill	
City, State Phila., PA		Disposal Date TBD	City, State Birdsboro, PA		
Completed By (Print or Type) Mark Griffin	Title Estimator	Signature 	Date 9/6/18		

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

Print Form

SEP 10 2018

ASBESTOS CONTROL & LICENSING

CH 445

Date of Notification (1) 09/05/2018		Name of Building Owner/Operator (2) Angel P Canteros	
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 Bogota, NJ, 07603	
		Name of Contact Angel Canteros	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private 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) PRIVATE HOUSE	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) EHW ABATEMENT LLC	
Street Address		Street Address 89 FRANKLIN STREET	
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-333-5144	License No. 01274
Start Date (10) 09/15/2018	Scheduled Completion Date (11) 09/16/2018	Name of OSHA Monitor EHW ABATEMENT LLC	
Occupancy Status During Abatement (Check Only One)		Street Address 89 FRANKLIN STREET	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code PATERSON, NJ, 07524	

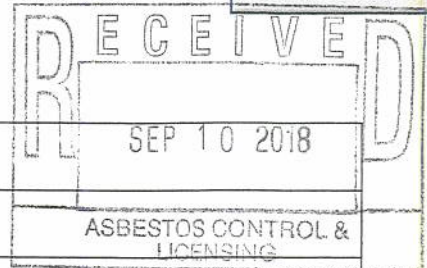
Scope of Work (Check All That Apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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	50LF	X			

Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER	
City, State PATERSON, NJ		Disposal Date TBD	City, State BRONX, NY		
Completed by Victor Espiritu	Title Project Manager	Signature 	Date 09/05/2018		

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



Date of Notification (1) 08/30/2018		Name of Building Owner/Operator (2) City of Atlantic City	
Agencies Notified	Type Notification	Street Address 130 Bachrach Blvd	
<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 checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Atlantic City, NJ 08401	
		Name of Contact Kelly Astin	Telephone Number 609-347-5393

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Abandoned Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1516 Belfield Ave		Square Feet 1800	# of Floors 2
City (5) Atlantic City		Bldg. Age 50+	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.
Street Address		Street Address 135 Kinnelon Rd Suite 102	
City, State, Zip Code		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) 9/10/2018	Scheduled Completion Date (11) 9/12/2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>7 am - 5 pm</u>		Street Address 135 Kinnelon Rd Suite 102	
		City, State, Zip Code Kinnelon, NJ 07405	

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
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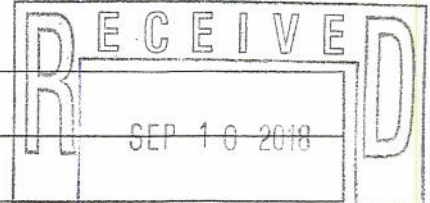
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Under stucco on front & back wall			X	Tar paper	600 sf	X			
Roof of rear room			X	Roofing	150 sf	X			

Name of Registered Waste Hauler Yannuzzi Group, Inc.	NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40 cy	Name of Registered Landfill ACUA
City, State Kinnelon, NJ		Disposal Date 9/12/2018	City, State Pleasantville, NJ
Completed by John Mucha	Title Sr. Project Manager	Signature 	Date 9/7/2018

PAID

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

CHECK #: 1140



Date of Notification (1) 9/7/18		Name of Building Owner/Operator (2) SANDRA OSTROWSKI							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rockaway, N.J. 07866							
		Name of Contact Sandra Ostrowski	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		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) Rockaway	Square Feet 1850	# of Floors 2	Bldg. Age 450						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		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							
Telephone No.		Telephone No. 201-262-5841	License No. 00156						
Start Date (10) 9/18/18	Scheduled Completion Date (11) 9/30/18	Name of OSHA Monitor Omega Environmental Services Inc							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Hackensack, NJ 07606							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 220SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ATTIC (EAST ALLEY)			/	VERMICULITE		/			
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 9/18/18 ON		City, State Pen Argyl, PA 08702					
Completed by Joseph Vocaturo		Title Vice President		Signature <i>J. Vocaturo</i>			Date 9/7/18		

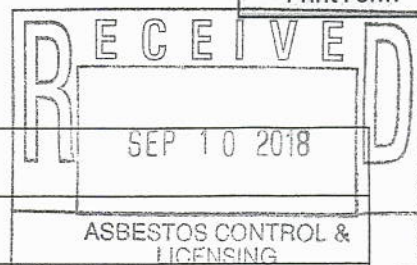
RECEIVED
SEP 10 2018
ASBESTOS CONTROL & LICENSING

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

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



Date of Notification (1) 9/5/2018		Name of Building Owner/Operator (2) 2 Paragon Drive	
Agencies Notified	Type Notification	Street Address 1 Paragon Drive	
<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	City, State, Zip Code Montvale, NJ 07645	
		Name of Contact Mark Schaevitz	Telephone Number 201-391-5070

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former A & P Headquarters		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 2 Paragon Drive		Square Feet 200,000	# of Floors 3
City (5) Montvale, NJ		Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned Building	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.
Street Address		Street Address 135 Kinnelon Rd Suite 102	
City, State, Zip Code		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) 9/19/2018	Scheduled Completion Date (11) 9/21/2018	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	

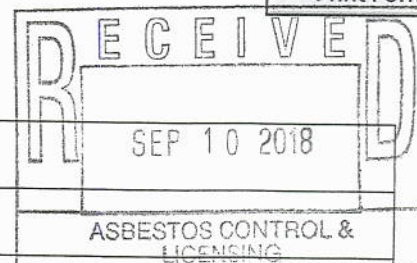
Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input 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
Foundation			X	Mastic	1900 sf	X			

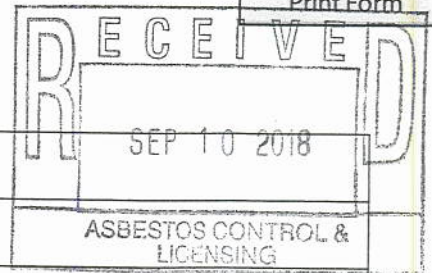
Name of Registered Waste Hauler Yannuzzi Group, Inc.	NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 80	Name of Registered Landfill Waste Connection IES!
City, State Kinneon, NJ 07405		Disposal Date 9/21/2018	City, State Bethlehem, PA
Completed by John Mucha	Title Sr. Project Manager	Signature 	Date

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



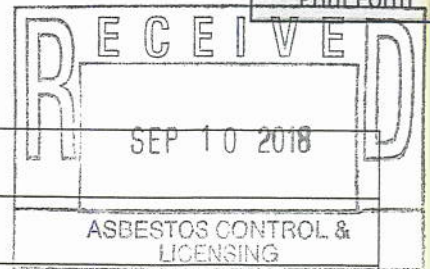
Date of Notification (1) 8/28/2018		Name of Building Owner/Operator (2) State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood Home		Type of Facility (4)							
Street Address 70 Sewaren Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Woodbridge, NJ		Square Feet 2500	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 9/27/2018		Scheduled Completion Date (11) 10/2/2018	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Abandoned Structure		Street Address 135 Kinnelon Rd.							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bedroom Closet			X	Bottom Layer Vat	80 sf	x			
Bathroom			X	Vat & Mastic	20 sf	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 2	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ		Disposal Date 10/2/2018		City, State Fairless Hills, PA					
Completed by John Mucha		Title Senior Project Manager		Signature 		Date 9/6/2018			

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



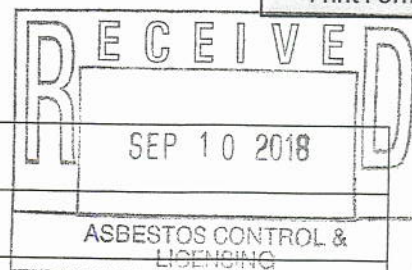
Date of Notification (1) 8/28/2018		Name of Building Owner/Operator (2) State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 72 Sewaren Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Woodbridge, NJ		Square Feet 2500	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 09/27/2018		Scheduled Completion Date (11) 10/2/2018	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abandoned Structure</u>		Street Address 135 Kinnelon Rd.							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Windows			X	Glazing	75 lf	X			
Kitchen			X	Gray Vat under Plywood	125 lf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 3	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ		Disposal Date 10/2/2018		City, State Fairless Hills, PA					
Completed by John Mucha		Title Senior Project Manager		Signature 		Date 9/6/2018			

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



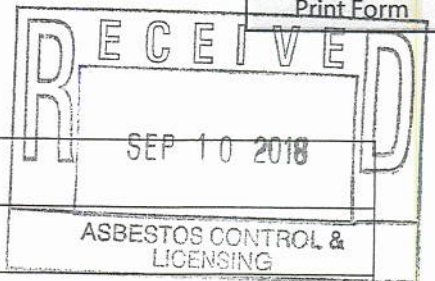
Date of Notification (1) 8/28/2018		Name of Building Owner/Operator (2) State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 75 S. Robert St		Square Feet 2500	# of Floors 2						
City (5) Woodbridge, NJ		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior to being demolished) Abandoned Flood Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 09/17/2018	Scheduled Completion Date (11) 10/12/2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abandoned Structure</u>		Street Address 135 Kinnelon Rd.							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Bedroom 2 & 3			X	Glue dots on ceiling	300 sf	X			
Coating on Drywall			X	Texture Coating	6000 sf	X			
Second Floor Bedroom & Hall			X	VAT & Mastic	300 sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 40	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ			Disposal Date 10/12/2018	City, State Fairless Hills, PA					
Completed by John Mucha		Title Senior Project Manager	Signature 	Date 9/6/2018					

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



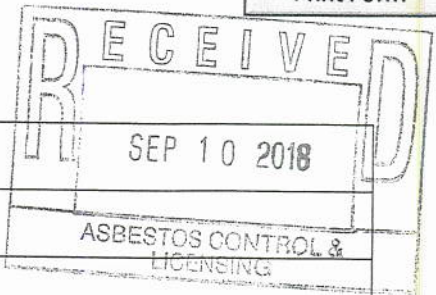
Date of Notification (1) 8/28/2018		Name of Building Owner/Operator (2) State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 76 S. Robert 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) Woodbridge, NJ		Square Feet 1500	# of Floors 1.5						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 09/20/2018		Scheduled Completion Date (11) 10/3/2018	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Abandoned Structure		Street Address 135 Kinnelon Rd.							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Entire Structure			X	RACM Structure	1500 sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 100	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ		Disposal Date 10/3/2018		City, State Fairless Hills, PA					
Completed by John Mucha		Title Senior Project Manager		Signature 		Date 9/6/2018			

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



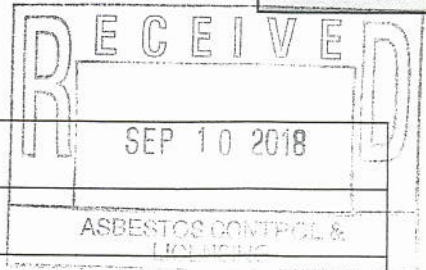
Date of Notification (1) 8/28/2018		Name of Building Owner/Operator (2) State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 28 E. Green St		Square Feet 2500	# of Floors 2						
City (5) Woodbridge, NJ		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Flood Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 09/13/2018	Scheduled Completion Date (11) 09/25/2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abandoned Structure</u>		Street Address 135 Kinnelon Rd.							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Foundation			X	Caulk	120 lf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 1	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ			Disposal Date 09/25/2018	City, State Fairless Hills, PA					
Completed by John Mucha		Title Senior Project Manger	Signature 	Date 9/6/2018					

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



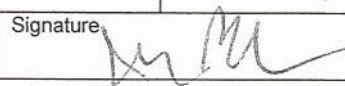
Date of Notification (1) 8/28/2018		Name of Building Owner/Operator (2) State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood Home		Type of Facility (4)							
Street Address 14 Melbourne Court		<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) Woodbridge, NJ		Square Feet 2000	# of Floors 2						
County (6) Middlesex		Bldg. Age 50 +							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned Flood Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 9/12/2018		Scheduled Completion Date (11) 9/21/2018	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Abandoned		Street Address 135 Kinnelon Rd.							
		City, State, Zip Code Kinnelon, NJ 07405							
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
Basement			X	TSI Pipe Insulation	350 LF	X			
				(Wrap & Cut)					
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 10	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ		Disposal Date 9/21/2018		City, State Fairless Hills, PA					
Completed by John Mucha		Title Senior Project Manger		Signature 		Date 9/6/2018			

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

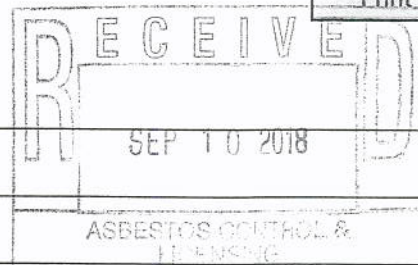


Date of Notification (1) 08/28/2018		Name of Building Owner/Operator (2) State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 2 Wedgewood Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Woodbridge, NJ		Square Feet 1600	# of Floors 2						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 908-218-0880						
Start Date (10) 9/11/2018		Scheduled Completion Date (11) 9/17/2018	License No. 01228						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abandoned</u>		Street Address 135 Kinnelon Rd.							
		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"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			X	Transite Siding	1,200 sf	X			
Mastic Under Wall Board			X	Mastic	300 s	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ		Disposal Date 9/17/2018		City, State Fairless Hills, PA					
Completed by John Mucha		Title Senior Project Manger		Signature 		Date 9/6/2018			

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

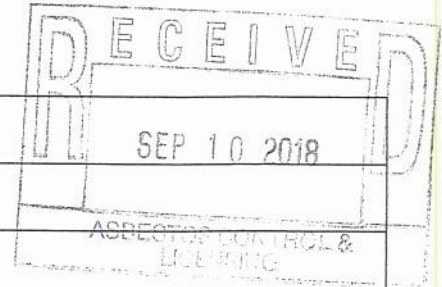
Date of Notification (1) 8/28/2018		Name of Building Owner/Operator (2) State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4)							
Street Address 587 Watson Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Woodbridge, NJ		Square Feet 2500	# of Floors 2						
County (6) Middlesex		Bldg. Age 50 +							
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) Abandoned Flood Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 09/11/2018	Scheduled Completion Date (11) 09/21/2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Rd.							
<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>Abandoned Structure</u>		City, State, Zip Code Kinnelon, NJ 07405							
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 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
Basement			X	Glove Bag & Wrap & Cut Pipe	150 sf	X			
Subsurface			X	Foundation Waterproof	625 sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 42	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ		Disposal Date 09/21/2018		City, State Fairless Hills, PA					
Completed by John Mucha		Title Senior Project Manger		Signature 		Date 9/6/2018			

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



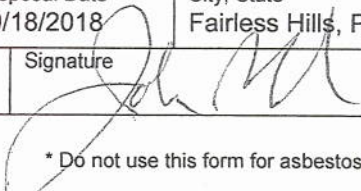
Date of Notification (1) 8/28/2018		Name of Building Owner/Operator (2) State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 132 Crampton Ave		Square Feet 2500	# of Floors 2						
City (5) Woodbridge, NJ		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Flood Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 09/10/2018	Scheduled Completion Date (11) 09/17/2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Abandoned Structure</u>		Street Address 135 Kinnelon Rd.							
		City, State, Zip Code Kinnelon, NJ 07405							
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
Exterior Walls				Transite Siding	4300 sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ			Disposal Date 09/18/2018	City, State Fairless Hills, PA					
Completed by John Mucha		Title Senior Project Manager	Signature 	Date 9/6/2018					

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



Date of Notification (1) 8/28/2018		Name of Building Owner/Operator (2) State of New Jersey, DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 535 Pearl Ave		Square Feet 2500	# of Floors 2						
City (5) Woodbridge, NJ		Bldg. Age 50 +							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned Flood Home							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 09/10/2018	Scheduled Completion Date (11) 9/19/2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Abandoned Structure		Street Address 135 Kinnelon Rd.							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof			X	Roofing	1800 sf	X			
Sub-Surface			X	Foundation Waterproofing	1500 sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 20	Name of Registered Landfill Waste Management Fairless					
City, State Kinnelon, NJ		Disposal Date 09/19/2018		City, State Fairless Hills, PA					
Completed by John Mucha		Title Senior Project Manager		Signature 		Date 9/6/2018			

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

Date of Notification (1) 8/28/2018		Name of Building Owner/Operator (2) State of New Jersey, DPMC		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 10 2018 ASBESTOS CONTROL & LICENSE </div>					
Agencies Notified	Type Notification	Street Address 33 West State Street							
<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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08608							
		Name of Contact Regina Bruno		Telephone Number 609-433-8745					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Abandoned Flood House				Type of Facility (4)					
Street Address 564 Heidelberg Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Woodbridge, NJ				Square Feet 2500	# of Floors 2				
				Bldg. Age 50 +					
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned Flood Home					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.					
Street Address		Street Address 135 Kinnelon Rd.							
City, State, Zip Code		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) 09/10/2018		Scheduled Completion Date (11) 09/18/2018		Name of OSHA Monitor Yannuzzi Environmental Services, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 135 Kinnelon Rd.					
<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>Abandoned Structure</u>				City, State, Zip Code Kinnelon, NJ 07405					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen			X	Sink Undercoating	3 sf	X			
Sub-Surface			X	Foundation Demproofing	625 sf	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 40	Name of Registered Landfill Waste Management Fairless				
City, State Kinnelon, NJ				Disposal Date 09/18/2018	City, State Fairless Hills, PA				
Completed by John Mucha		Title Senior Project Manger		Signature 	Date 9/9/2018				

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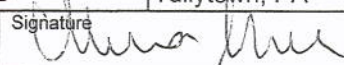
Project #

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

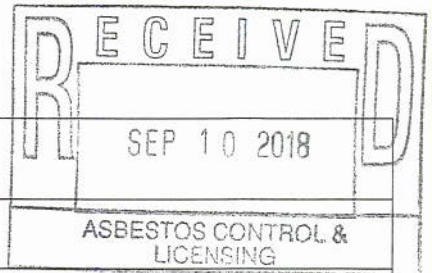
Check # 200

Date of Notification (1) 08/09/2018		Name of Building Owner/Operator (2) Wayne BOE	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 50 Nellis Drive		City, State, Zip Code Wayne, NJ 07470	
Name of Contact John Maso		Telephone Number (973)628-8837	

RECEIVED
SEP 10 2018
ASBESTOS CONTROL & CENSING

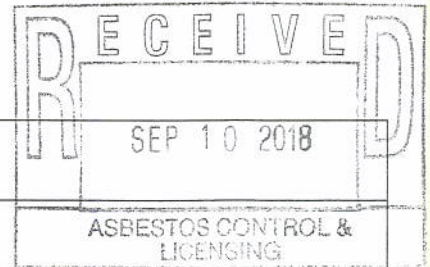
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Scuhyler Colfax Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1500 Hamburg Turnpike		Square Feet	# of Floors						
City (5) Wayne, NJ		Bldg. Age							
County (6) Passaic County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) RAMM		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC						
Street Address 77 Nottingham Rd		Street Address 72 Brookside Rd							
City, State, Zip Code Fair Lawn		City, State, Zip Code Randolph NJ 07869							
Project Manager for Monitoring Firm Rodger Headrick		Telephone No. (201)475-9880	License No. 01358						
Start Date (10) 08/10/2018	Scheduled Completion Date (11) 08/12/2018	Name of OSHA Monitor IRIS							
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 2333 RT 22							
		City, State, Zip Code Union, NJ 07083							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Security Vestibule		X		tar paper	20SF	X			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 33782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S					
City, State Randolph, NJ 07869		Disposal Date TBD		City, State Tullytown, PA					
Completed by Nikica Mrda		Title President		Signature 		Date 08/09/2018			

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:15)



Date of Notification (1) 09 / 07 / 18		Name of Building Owner/Operator (2) Verizon							
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 # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Verizon Way							
		City, State, Zip Code Basking Ridge, NJ 07920							
		Name of Contact Brian Kingsbury	Telephone Number (201) 356-5166						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1067 Stuyvesant Avenue		Square Feet 10,000	# of Floors 3						
City (5) Union		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5870	Telephone No. 718-605-6256						
License No. 00774									
Start Date (10) 09 / 17 / 18	Scheduled Completion Date (11) 10 / 30 / 18	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM5:00PM-1:30AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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 Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	158LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S., Inc.				
City, State Newark, NJ		Disposal Date 09/30/18		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 09-07-18			

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



Date of Notification (1) <div style="text-align: center;">08 / 31 / 18</div>		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Verizon Way							
		City, State, Zip Code Basking Ridge, NJ 07920							
		Name of Contact Brian Kingsbury	Telephone Number (201) 356-5166						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1067 Stuyvesant Avenue									
City (5) Union	Square Feet 10,000	# of Floors 3	Bldg. Age						
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5870	Telephone No. 718-605-6256						
License No. 00774									
Start Date (10) <div style="text-align: center;">09 / 12 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">10 / 30 / 18</div>	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> 5:00PM-1:30AM		Street Address 10 59 Jackson Avenue							
		City, State, Zip Code LIC NY 11101							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Generator Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation and Fittings	158LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Newark, NJ		Disposal Date 09/30/18		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 09-27-18			