

Print Form

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SEP 24 2019

CH 2734

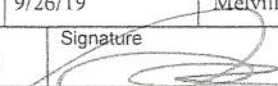
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 9-17-19		Name of Building Owner/Operator (2) Port Authority of NY & NJ	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 241 Erie St		City, State, Zip Code Jersey City, NJ 07310	
Name of Contact Uday Mehta		Telephone Number 201-595-4881	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) George Washington Bridge		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 Center Avenue and Lemoine Ave Bridges		Square Feet 8000	
City (5) Ft. Lee		# of Floors 1	
County (6) Bergen		Bldg. Age 92	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Bridge Roadways	
Name of Monitoring Firm Hired by Building Owner (8) Port Authority of NY & NJ		ASCM No. _____	
Name of Abatement Contractor (9) Prestige Development Services Inc		Street Address 169 Lincoln Ave Suite 204	
Street Address 241 Erie St		City, State, Zip Code Bronx, NY 10454	
City, State, Zip Code Jersey City, NJ 07310		Telephone No. 917-364-7166	
Project Manager for Monitoring Firm Uday Mehta		License No. 01620	
Start Date (10) 9/30/19		Scheduled Completion Date (11) 12/23/19	
Name of OSHA Monitor Pedro Romero		Street Address P.O. Box 780	
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: _____		City, State, Zip Code Brentwood, NY 11717	

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
Roadways		X		Concrete Encased Transite	1200 LF	X			

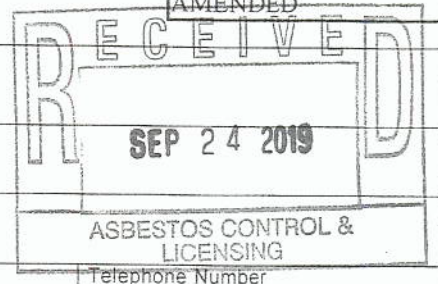
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW24310		Cubic Yards of Waste 40		Name of Registered Landfill 110 Sand Co	
City, State Shirley, NY				Disposal Date 9/26/19		City, State Melville, NY	
Completed by Sanford Alper			Title Senior Project Executive			Signature 	
						Date 9/17/19	

Inv 14700

Check#3442

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

AMENDED



Date of Notification (1) 09 / 20 / 19		Name of Building Owner/Operator (2) Mr. & Mrs. Steve Meranus	
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 [REDACTED] City, State, Zip Code Montclair, NJ 07042 Name of Contact Gary Toriello	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Montclair, NJ 07042 County (6) Essex		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) ABS Environmental Services LLC Street Address PO Box 483 City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Scott Higgins Start Date (10) 08 / 21 / 19		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 877-434-6041 Telephone No. 973-638-1777 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	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM			

Scope of Work (Check all that apply)		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

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"/>	Walls&ceiling plaster	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls&ceiling plaster	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls&ceiling plaster	3900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls&ceiling plaster	3900 SF	<input checked="" 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>N. Jevtic</i>		Date 09/20/19	

ASB-41

MAY 11

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

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

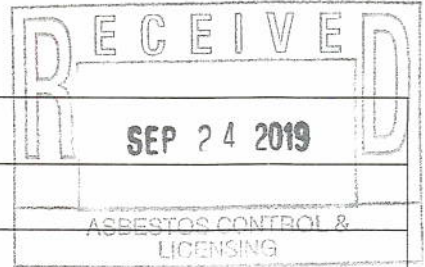
Check#3411

INITIAL

Date of Notification (1) 08 / 09 / 19		Name of Building Owner/Operator (2) Mr.&Mrs. Steve Meranus		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 24 2019 ASBESTOS CONTROL & Telephone Number </div>					
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 Montclair, NJ 07042				Name of Contact Gary Toriello			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Montclair, NJ 07042 County (6) Essex				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) Essex		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ABS Environmental Services LLC Street Address PO Box 483 City, State, Zip Code Glenwood, NJ 07418 Project Manager for Monitoring Firm Scott Higgins		ASCN No. 877-434-6041		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127					
Start Date (10) 08 / 21 / 19		Scheduled Completion Date (11) 09 / 21 / 19		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM									
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls&ceiling plaster	700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls&ceiling plaster	1500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls&ceiling plaster	3900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Walls&ceiling plaster	3900 SF	<input checked="" 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>N. Jevtic</i>		Date 08/09/19			

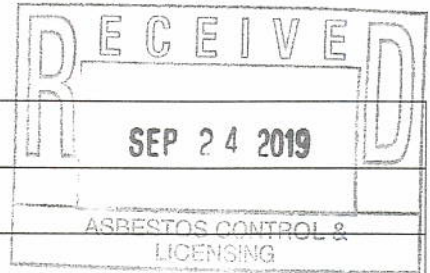
Inv-146099
Ch 2077

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



Date of Notification (1) 09/18/2019		Name of Building Owner/Operator (2) MJM Property Management, LLC							
Agencies Notified	Type Notification	Street Address 36 Chatham Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, NJ 07078							
		Name of Contact Michael Miggins	Telephone Number 973-879-8300						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Short Hills		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
			License No. 01311						
Start Date (10) 09/30/2019		Scheduled Completion Date (11) 10/01/2019							
Name of OSHA Monitor D&S Abatement, Inc.									
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<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 Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		X		Duct Insulation	80 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 09/18/2019		

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



Date of Notification (1) 09/19/2019 <i>Inv 14698</i>		Name of Building Owner/Operator (2) Jason Olsen							
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 Montclair, NJ 07043						
		Name of Contact Jason Olsen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Montclair		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
			License No. 01311						
Start Date (10) 10/01/2019	Scheduled Completion Date (11) 10/02/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	120 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature <i>[Signature]</i>			Date 09/19/2019		

INV 14697
CK 5243

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

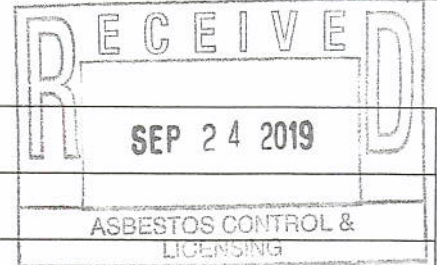
CK 5243

Date of Notification (1) 9/18/19		Name of Building Owner/Operator (2) MR PAUL SHARAR					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code GLEN ROCK, NJ, 07452				
		Name of Contact MR. SHARAR					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR. PAUL SHARAR		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) GLEN ROCK	Square Feet 2000	# of Floors 2	Bldg. Age 1945				
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 9/30/19	Scheduled Completion Date (11) 10/1/19	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 45 SF	Abatement Type		
					Removal	Repair	Encapsulate
			THERMAL SURFACING INSULATION		X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601			Disposal Date 10/1/19	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO	Title Estimator		Signature [Signature]	Date 9/18/19			

ASB-41

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

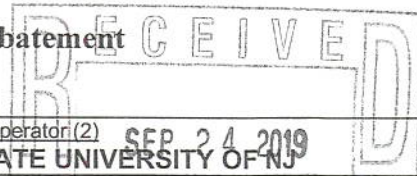
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 9/20/19		Name of Building Owner/Operator (2) Paul Dubos Private Home		Street Address [REDACTED]		City, State, Zip Code Toms River NJ 08757		Name of Contact Brian		Telephone Number			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION		Name of Facility Where Abatement is Taking Place (3) Paul Dubos Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1000+		# of Floors 1	Bldg. Age 50+
City (5) Toms River NJ 08757		County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House		Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc	
Street Address [REDACTED]		City, State, Zip Code		Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800		License No. 00727		Start Date (10) 9/30/19	
Scheduled Completion Date (11) 10/11/19		Name of OSHA Monitor Same		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address		City, State, Zip Code		Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Abatement Type	
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)		Removal		Repair		Encapsulate	
Exterior Siding		Yes No N/A		Exterior Siding		1800 sf		x					
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 4		Name of Registered Landfill G.R.O.W.S.		City, State Elm NJ		Disposal Date 10/11/19		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President		Signature [Signature]		Date 9/20/19							

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

GAC Project # 060-19



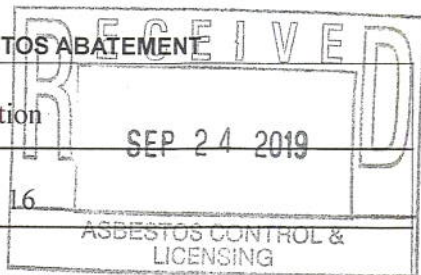
Date of Notification (1) September 16, 2019		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - New Completion Date <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NEWARK POWER PLANT, BLDG# 7261		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
Street Address RBHS NEWARK CAMPUS		Current Use (prior if being demolished): HEATING PLANT	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 09/07/2019		Scheduled Completion Date (11) 09/23/2019	
Name of OSHA Monitor ENVIROVISION, INC.		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
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 - 7am -3pm Describe: Schedule: SAT 12:01 AM - MON 5AM (WEEKENDS 24 HRS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) B2-MER	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) <9 LF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY	Name of Registered Landfill G.R.O.W.S. North Landfill
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 09/23/2019	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date September 16, 2019

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

CH013656

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

PAID



Date of Notification (1) 09/06/2019		Name of Building Owner/Operator (2) Galaxy Condominium Association					
Agencies Notified () USEPA () NJDEP (X) NJDOL (X) NJDOH () NJDCA	Type of Notification (X) Initial Notification () Amended Amendment # _____ () Emergency (including justification) () Cancellation	Street Address 7000 Blvd East, Tower 1 Floor 16					
		City, State, Zip Code Guttenberg, NJ 07093					
		Name of Contact Donya Green	Tel. Number 917-530-3339				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Galaxy Condominium Association		Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)					
Street Address 7002 Blvd East, Tower 2 Unit 6N		SQ. Feet: 860,000 # of Floors 44 Bldg. Age 41					
City (5) Guttenberg	County (6) Hudson	Condo unit (project location): Sq. Feet: ~ 800 # of Floors 1 Current Use (if being demolished):					
Name of Monitoring Firm Hired by Bldg. Owner (8) ISES, Inc.		ASCM No. N/A	Name of Contractor (9) Industrial Safety & Environmental Solutions, Inc.				
Street Address 3300 Hudson Avenue		Street Address 3300 Hudson Avenue					
City, State, Zip Code Union City, NJ		City, State, Zip Code Union City, NJ 07087					
Project Manager for Monitoring Firm David Camacho	Telephone Number 201 325-0055	Telephone Number (201)325-0055	License Number 01124				
Scheduled Start Date (10) 09/16/2019	Scheduled Completion Date (11) 09/20/2019	Name of OSHA Monitor ISES, Inc.					
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe: apartment is vacant		Street Address 3300 Hudson Avenue					
		City, State, Zip Code Union City, NJ 07087					
Source of Work (Check all that apply) () Demolition (x) Renovation () Minor Project (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Non-Exempted/Non-Friable Procedure () Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure with Negative Pressure (X) Large Project (>160 SF or > 260 LF ACM) () Glove-bag Procedure or Wrap and cut procedure							
Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13) Unit 6N	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.) mastic residue and wood tile	Amount (Specify SF or LF) ~ 1050 SFT	Abatement Type			
				R e m o v a l	R e p a i r	E n c a p	E n c l o s u r e
Name of Reg. Waste Hauler Newark Carting	NJDEP Waste Hauler ID # 04509	Cubic Yards of Waste ~ 20	Name of Reg. Landfill Grand Central Sanitation 1963 Pen Argyl Road				
City, State 369 Raymond Blvd, Newark NJ		Disp. Date 09/20/2019	City, State Pen Argyl, PA 18072				
Completed by (Print or Type) David Camacho	Title Project Supervisor	Signature 	Date 09/06/2019				

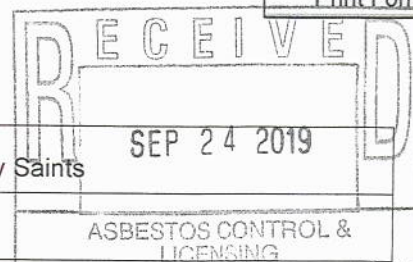
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 3498



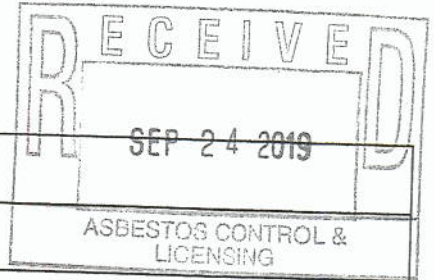
Date of Notification (1) 9/19/2019		Name of Building Owner/Operator (2) Teaneck Board of Education							
Agencies Notified	Type Notification	Street Address One Merrison Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <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 Teaneck, New Jersey 07666							
		Name of Contact Mr. Anthony D'Angelo	Telephone Number (201) 833-5526						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Eugene field Admin Building		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 One Merrison Street		Square Feet 30,000	# of Floors 2						
City (5) Teaneck		Bldg. Age 63							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Administrative Offices							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No. 00095	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address 5434 King Avenue, Suite 101		Street Address 1385 Valley Road, Suite K							
City, State, Zip Code Pennsauken, NJ 08109		City, State, Zip Code Wayne, New Jersey 07470							
Project Manager for Monitoring Firm Jay Murray		Telephone No. (856) 616-9516	License No. 00874						
Start Date (10) 10/14/2019	Scheduled Completion Date (11) 12/31/2019	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 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 Ljiljana Sekularac		Title Office Assistant		Signature 			Date 9/19/2019		

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



Date of Notification (1) 09/20/2019		Name of Building Owner/Operator (2) The Church of Jesus Christ of Latter-day Saints							
Agencies Notified		Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		P.O. Box 1968 City, State, Zip Code Fairmont, West Virginia 26555-1968							
Type Notification		Name of Contact							
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Church of Jesus Christ of Latter-day Saints		Type of Facility (4)							
Street Address 47 Bassett Hwy		<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) Dover		Square Feet 41,450	# of Floors 2						
County (6) Morris		Bldg. Age 62+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.							
Street Address		Name of Abatement Contractor (9) United Safety LLC							
City, State, Zip Code		Street Address 22 Troy Lane							
Project Manager for Monitoring Firm		City, State, Zip Code Lincoln Park, NJ 07035							
Telephone No.		Telephone No. 973-276-0099	License No. 01317						
Start Date (10) 09/30/2019	Scheduled Completion Date (11) 10/08/2019	Name of OSHA Monitor United Safety LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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 Lincoln Park, NJ 07035							
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
Main Level		X		Pipe Insulation	80 LF	X			
Boiler Room		X		Pipe Insulation	10 LF	X			
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 			Date 09/20/2019		

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



COURTESY NOTIFICATION

Date of Notification (1) 9/20/2019		Name of Building Owner/Operator (2) U.S. AIRFORCE BASE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # Emergency (including justification) <input type="checkbox"/> Cancellation	STREET ADDRESS 3021 MCGUIRE BLVD. City, State, Zip Code JT. BASE MDL, NJ 08641 Name of Contact MALCOLM JACOBS Telephone Number 907-952-9874 CELL							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MAGUIRE AFB		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)							
Street Address BATTLE AXE BUILDING 1931		Square Feet							
City (5) WRIGHTSTOWN, NJ		# of Floors Bldg. Age							
County BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.							
Street Address		Street Address 15 BLACK FOREST ROAD							
City, State, Zip Code		City, State, Zip Code Hamilton, NJ 08691							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676						
Start Date (10) 10/1/2019	Scheduled Completion Date (11) 10/2/2019	Name of OSHA Monitor MECS							
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		Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515							
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
1ST & 2ND FLOORS		X		NFVAT	1110 S.F.	X			
2ND FLOOR		X		TRANSITE PIPE	30 L.F.	X			
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste 5 YDS	Name of Registered Landfill GROWS					
City, State TRENTON, NJ		Disposal Date 10/3/2019		City, State MORRISVILLE, PA.					
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature David D'Andrea		Date 9/20/2019					

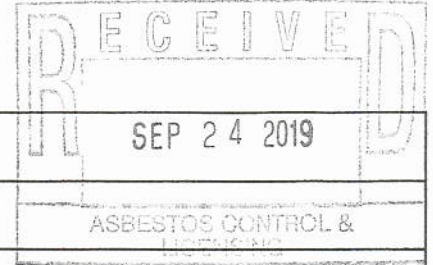
ASB-41

* Do not use this form for asbestos licensure exempted activities

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

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COURTESY NOTIFICATION



Date of Notification (1) 9/20/2019		Name of Building Owner/Operator (2) U.S. AIRFORCE BASE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	STREET ADDRESS 3021 MCGUIRE BLVD. City, State, Zip Code JT. BASE MDL, NJ 08641	
	Name of Contact MATT BRESSLER		Telephone Number 907-223-5452 CELL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MAGUIRE AFB		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)	
Street Address TEXAS AVENUE BDLG. 3325		Square Feet	
City (5) WRIGHTSTOWN, NJ		# of Floors Bldg. Age	
County BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
Street Address 15 BLACK FOREST ROAD		City, State, Zip Code Hamilton, NJ 08691	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676
Start Date (10) 9/30/2019	Scheduled Completion Date (11) 9/30/2019	Name of OSHA Monitor MECS	
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		Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515	

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & 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
BLDG. 3325		<input checked="" type="checkbox"/>		TRANSITE PIPE	100 L.F.	<input checked="" type="checkbox"/>			

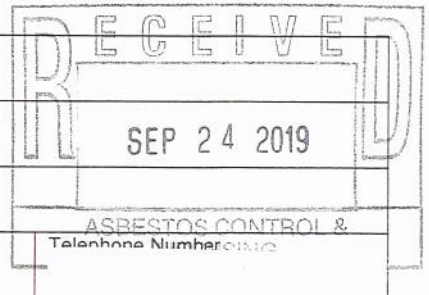
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste 5 YDS	Name of Registered Landfill GROWS	
City, State TRENTON, NJ		Disposal Date 10/3/2019		City, State MORRISVILLE, PA.	
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 27-Mar- 		Date 9/20/2019	

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

Check # 25976



Date of Notification (1) 9/20/2019		Name of Building Owner/Operator (2) Austin							
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 Trenton, NJ 08618							
		Name of Contact Wanda Austin							
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]									
City (5) Trenton, NJ 08618		Square Feet 1500	# of Floors 2						
		Bldg. Age 90 +/-							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
		License No. 00493							
Start Date (10) 9/30/2019	Scheduled Completion Date (11) 10/3/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Boiler Insulation	20 sf	x			
Basement		x		Thermal Pipe Insulation	140 lf	x			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 10/3/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 			Date 9/20/2019		

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

RECEIVED	Print Form
	SEP 24 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 9/20/19		Name of Building Owner/Operator (2) Ken Sundberg							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Westwood, NJ 07675							
Name of Contact Ken Sundberg									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Westwood		Square Feet 2000	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age 65+/-						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		Current Use (Prior if being demolished) Residential Home							
ASCM No.		Name of Abatement Contractor (9) All Stages Abatement							
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 9/23/19	Scheduled Completion Date (11) 9/27/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		x		VAT	155 SF	x			
Basement		x		VAT	222 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 9/20/19			

Inv 14679

B & G proj. #: 2019-224

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

Check # 9564

Date of Notification (1) 09/20/19		Name of Building Owner/Operator (2) Susan Chandler	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Upper Montclair, NJ 07043	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Susan Chandler	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Susan Chandler			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Upper Montclair, NJ 07043	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		
Scheduled Start Date (10) 09/30/2019		Sched. Completion Date (11) 10/03/2019	License Number 00378		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf

☐ wrap & cut☒ Full Containment w/negative pressure☐ Glovebag procedure☐ Mini-enclosure☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	VAT	360 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd floor hallway bathroom			<input checked="" type="checkbox"/>	linoleum	36 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 10/04/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 09/20/2019

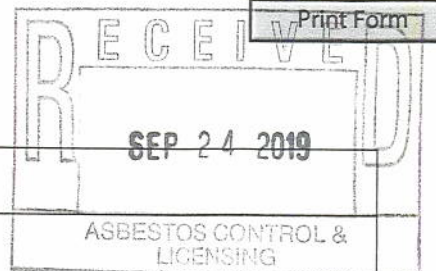
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



CH 1657
Inv 14709

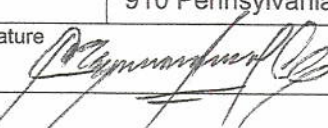
Date of Notification (1) 9/13/2019.		Name of Building Owner/Operator (2) UB Passaic I, LLC							
Agencies Notified	Type Notification	Street Address 321 Railroad Avenue	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" 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 Greenwich, CT 06830							
		Name of Contact Patrick Gillespie	Telephone Number 203-321-7592						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cedar Hill Shopping 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 & commercial buildings, homes, etc.)							
Street Address 525 Cedar Hill Avenue		Square Feet 5,000 sf	# of Floors 2						
City (5) Wyckoff, NJ		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction, LLC						
Street Address		Street Address 63 Leather Stocking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 862-264-9463						
			License No. 01306						
Start Date (10) 09/30/2019.	Scheduled Completion Date (11) 10/05/2019.	Name of OSHA Monitor Nari Construction, LLC							
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 type="checkbox"/> Other - Describe: 9:00PM to 8:00 AM		Street Address 63 Leather Stocking Path							
		City, State, Zip Code Lincoln Park NJ 07035							
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
First Floor Offices			x	Vat Tiles	800 sf	x		x	
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 20 CY	Name of Registered Landfill G.R.O.W.S.					
City, State Lincoln Park NJ 07035			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Igor Jezdimirovic		Title P. Manager	Signature 			Date 9/13/2019.			

PAID
 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:420)



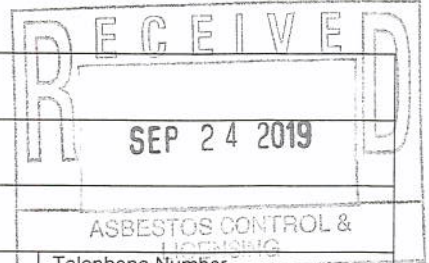
Date of Notification (1) 09/16/2019 <i>INV 14708</i>		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type of Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 North Plainfield NJ 07063							
		Name of Contact Bruce Parker	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) North Plainfield		Square Feet 1,456	# of Floors 2						
County (6) Somerset		County Code (7) (STATE USE ONLY)	Bldg. Age 90						
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		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) 9-30-19	Scheduled Completion Date (11) 10-3-19	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	125LF	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 09/16/2019					

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

Date of Notification (1) 09/10/2019		Name of Building Owner/Operator (2) MARRION ST. PROPERTIES		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 24 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 11 BARBERRY LANE. City, State, Zip Code SHORTHILLS NJ. 07078 Name of Contact RICHARD A.		Telephone Number 908 400 6357	
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE				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 3,204 sq		# of Floors 2			
County (6) UNION				County Code (7) (STATE USE ONLY) _____		Bldg. Age 169			
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCN No.		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.			
Street Address				Street Address 4919 BERGENLINE AVE.					
City, State, Zip Code				City, State, Zip Code WEST NEW YORK NJ, 07093					
Project Manager for Monitoring Firm				Telephone No.		License No.			
Start Date (10) 09/13/2019				Scheduled Completion Date (11) 09/16/2019		Name of OSHA Monitor ENVIRO-PROBE INC.			
Occupancy Status During Abatement (Check Only One)				Street Address 106 HOLLYWOOD CT.					
<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 PLAINFIELD NJ.					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	Enclosure
EXTERIOR SIDING		X		TRANSITE SIDING	3,000. SF	X			
BASEMENT		X		PIPE INSULATION	125, LF	X			
Name of Registered Waste Hauler Newark Carting Inc.				NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 40 cy		Name of Registered Landfill Waste Management Landfill	
City, State 609 N Union Ave, Hillside, NJ 07205				Disposal Date TBD		City, State 910 Pennsylvania Ave, Pen Argyl, PA. 18			
Completed by CARLOS ESQUIVEL			Title SAFETY MANAGER		Signature 		Date 09/10/2019		

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

Check # 3445



Date of Notification (1) 9/18/2019		Name of Building Owner/Operator (2) The PRC Group	
Agencies Notified	Type Notification	Street Address 40 Monmouth Park Highway	
<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 West Long Branch, NJ 07764	
		Name of Contact Mr. Khester Magsino (owner's rep)	Telephone Number (908) 688-8891

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Garage Behind Rectory 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 317 Avenue E		Square Feet 1,000	# of Floors 1
City (5) Bayonne		Bldg. Age 69	
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Comercial	
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.	License No.
		(973) 928-5040	00874
Start Date (10) 10/03/2019	Scheduled Completion Date (11) 12/31/2019	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 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) <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 Membrane and flashing	1,100 SF	x			
Roof		x		Parapet Wall Mastic	30 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 Ljiljana Sekularac	Title Office Assistant	Signature 		Date 9/18/2019	

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

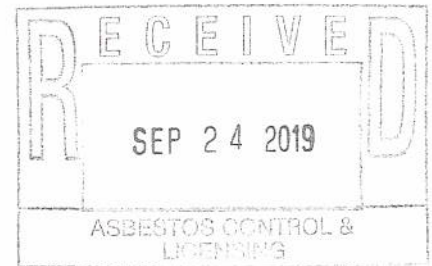
Check # 3493

Inv 14705



Date of Notification (1) 9/18/2019		Name of Building Owner/Operator (2) The PRC Group							
Agencies Notified	Type Notification	Street Address 40 Monmouth Park Highway							
<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 West Long Branch, NJ 07764							
		Name of Contact Mr. Khester Magsino (owner's rep)	Telephone Number (908) 688-8891						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Convent 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 310 Avenue E		Square Feet 3,000	# of Floors 2						
City (5) Bayonne		Bldg. Age 107							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Comercial							
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. _____	Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 10/03/2019	Scheduled Completion Date (11) 12/31/2019	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 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) <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 Ljiljana Sekularac		Title Office Assistant	Signature 			Date 9/18/2019			

Material	Survey Results	Estimated Quantity
Convent Building		
Pipe insulation & associated joints (Exposed)	ACM	1000 LF
Pipe insulation & associated joints (Concealed within wall, ceiling, and floor cavities)	ACM	100 LF
Various floor tiles/covering and associated mastic	ACM	630 SF
Sink undercoating	ACM	6 SF
Wooden wall panel glue	ACM	800 SF
New window caulking & Remnants of old window caulking	ACM	960 LF
Built-up roofing, flashing and mastic	ACM	100 SF
Mastic on chimney walls	ACM	16 SF



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

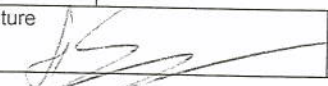
Check #3496

RECEIVED

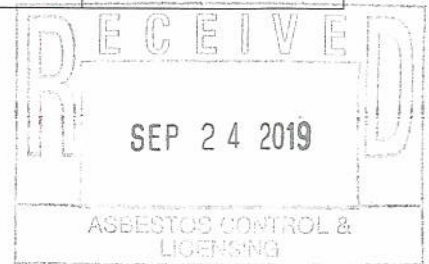
SEP 24 2019

ASBESTOS CONTROL & REMEDIATION

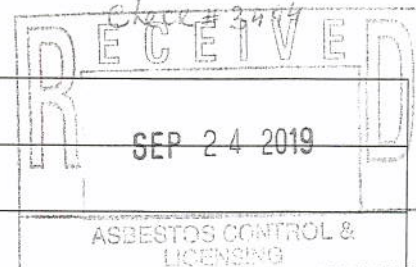
Telephone Number
(908) 688-8891

Date of Notification (1) 9/18/2019		Name of Building Owner/Operator (2) The PRC Group							
Agencies Notified	Type Notification	Street Address 40 Monmouth Park Highway							
<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 West Long Branch, NJ 07764							
		Name of Contact Mr. Khester Magsino (owner's rep)	Telephone Number (908) 688-8891						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rectory Building		Type of Facility (4)							
Street Address 317 Avenue E		<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) Bayonne	Square Feet 11,000	# of Floors 3	Bldg. Age 93						
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD	ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC							
Street Address		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.	Telephone No. (973) 928-5040	License No. 00874						
Start Date (10) 10/03/2019	Scheduled Completion Date (11) 12/31/2019	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input 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
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 Ljiljana Sekularac		Title Office Assistant		Signature 			Date 9/18/2019		

Material	Survey Results	Estimated Quantity
Rectory Building (317 Avenue E - Brick Building)		
12"X12" beige floor tiles and tan floor tiles	ACM	80 SF
New window caulking & Remnants of old window caulking	ACM	1,400 LF
Built-up roofing materials & Roof flashing/mastic	ACM	450 SF
Mastic on chimney/parapet wall under metal cover	ACM	100 SF
Glue behind wooden wall panels	ACM	200 SF
Multi-layered grey and tan floor tiles and glue	ACM	40 SF

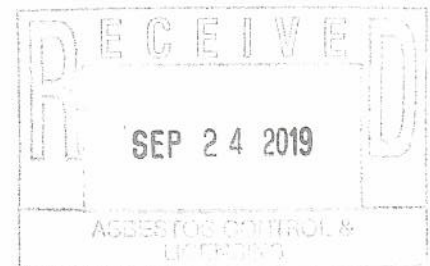


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1) 9/18/2019		Name of Building Owner/Operator (2) The PRC Group		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 24 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification							
<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		Street Address 40 Monmouth Park Highway					
				City, State, Zip Code West Long Branch, NJ 07764					
				Name of Contact Mr. Khester Magsino (owner's rep)					
				Telephone Number (908) 688-8891					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church Building				Type of Facility (4)					
Street Address 310 Avenue E				<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) Bayonne				Square Feet 17,500	# of Floors 1				
County (6) Hudson				County Code (7) (STATE USE ONLY)	Bldg. Age 107				
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.	License No.				
				(973) 928-5040	00874				
Start Date (10) 10/03/2019		Scheduled Completion Date (11) 12/31/2019		Name of OSHA Monitor Sky Contracting, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 1385 Valley Road, Suite K					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Wayne, New Jersey 07470					
Scope of Work (Check All That Apply)									
<input 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) <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 Ljiljana Sekularac		Title Office Assistant		Signature 			Date 9/18/2019		

Material	Survey Results	Estimated Quantity
Church Building (310 Avenue E)		
Pipe insulation & associated joints (Exposed)	ACM	70 LF
Pipe insulation & associated joints (Concealed within wall, ceiling, and floor cavities)	ACM	1,000 LF
Transite board on walls	ACM	150 SF
Sink undercoating	ACM	5 SF
Various floor tiles and floor covering material under floor tiles	ACM	2,700 SF
9"X9" brown floor tiles	ACM	4,800 SF
Radiator backing board	ACM	200 SF
Mastic associated with wooden ceiling panel	ACM	9,000 SF
Mastic on brick wall	ACM	800 SF
Mastic on plaster wall/brick	ACM	800 SF
New & old window caulking	ACM	2,500 LF
New & old door caulking	ACM	275 LF
New & old coping stone caulking	ACM	60 LF
Roof flashing/mastic	ACM	560 SF
Electrical backing board	ACM	2 SF



INV 14677

B & G proj. #: 2019-222

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

Check # 9565

Date of Notification (1) 09/20/19		Name of Building Owner/Operator (2) Dan Hafetz		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 24 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		
Street Address [REDACTED]		City, State, Zip Code Montclair, NJ 07043		
Name of Contact Dan Hafetz		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Dan Hafetz			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Montclair, NJ 07042	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm	Phone Number		Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 10/01/2019	Sched. Completion Date (11) 10/04/2019		Name of OSHA Monitor B & G Restoration, 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: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	VAT & mastic	350 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 10/04/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/20/2019

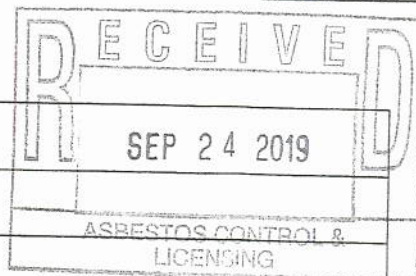
Chk# 3637

RECEIVED
SEP 24 2019
Telephone Number CONTROL &
732-692-5212 LICENSING

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

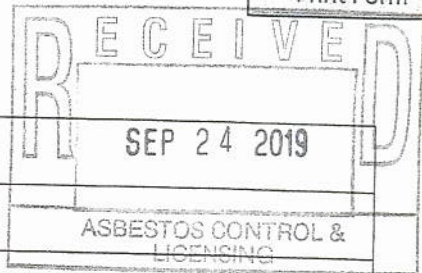
Date of Notification (1) 9/20/19		Name of Building Owner/Operator (2) NJDCMC		SEP 24 2019	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State St., 9th Floor City, State, Zip Code Trenton, NJ 08625-0034 Name of Contact Regina Bruno Telephone Number 609-433-8745	
FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION Street Address 332 Madison St City (5) Linden, NJ 07036 County (6) Union County County Code (7) (STATE USE ONLY) _____ Name of Monitoring Firm Hired by Building Owner (8) n/a Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No.					
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 2200 # of Floors 2 Bldg. Age 50+		Current Use (Prior if being demolished) Abandoned, BLUE ACRES			
Name of Abatement Contractor (9) Yannuzzi Group, Inc. Street Address 135 Kinnelon Road City, State, Zip Code Kinnelon, NJ 07405 Telephone No. 908-218-0880 License No. 01228		Name of OSHA Monitor Yannuzzi Group, Inc. Street Address 135 Kinnelon Road City, State, Zip Code Kinnelon, NJ 07405			
Start Date (10) 9/24/19 Scheduled Completion Date (11) 9/30/19		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: _____			
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) First Floor Second Floor		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Textured Ceiling Textured Ceiling Amount (Specify SF or LF) 480 SF 610 SF	
Name of Registered Waste Hauler Yannuzzi Group, Inc. City, State Kinnelon, NJ Completed by John Mucha		NJDEP Waste Hauler ID No. 17467 Title AHERA Project Designer		Cubic Yards of Waste 15 Disposal Date 10-1-19 Signature Date 9/20/19	
Name of Registered Landfill Grows Fairless City, State Morrisville, PA					

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



Date of Notification (1) 9/20/19		Name of Building Owner/Operator (2) NJDCPMC							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 33 West State St., 9th Floor		City, State, Zip Code Trenton, NJ 08625-0034							
Name of Contact Regina Bruno		Telephone Number 609-433-8745							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION		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 2703 Parkway Ave		Square Feet 1900	# of Floors 1 1/2						
City (5) Linden, NJ 07036		Bldg. Age 50+							
County (6) Union County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned, BLUE ACRES							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Road							
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) 9/28/19		Scheduled Completion Date (11) 10/1/19	License No. 01228						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Yannuzzi Group, Inc.							
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
Exterior			X	Transite Pipe in Ground	120 LF	X			
Basement			X	Thermal System Flu TSU	4 SF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 3	Name of Registered Landfill Grows Fairless					
City, State Kinnelon, NJ			Disposal Date 10/2/19	City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer	Signature <i>John Mucha</i>	Date 9/20/19					

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



Date of Notification (1) 9/20/19		Name of Building Owner/Operator (2) NJDPMC							
Agencies Notified	Type Notification	Street Address 33 West State St., 9th Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625-0034							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION		Type of Facility (4)							
Street Address 321 Madison Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Linden, NJ 07036		Square Feet 1800	# of Floors 1 1/2						
County (6) Union County		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Abandoned, BLUE ACRES							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Road							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 9/30/19		Scheduled Completion Date (11) 10/8/19	Name of OSHA Monitor Yannuzzi Group, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 135 Kinnelon Road							
<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 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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			x	Popcorn Ceiling/Mortar	530 SF	x			
Exterior Roof			x	Chimney Flashing	5 SF	x			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 10	Name of Registered Landfill Grows Fairless					
City, State Kinnelon, NJ		Disposal Date 10/9/19		City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer		Signature <i>John Mucha</i>			Date 9/20/19		

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

RECEIVED
SEP 24 2019
ASBESTOS CONTROL & LICENSING

CH 4130
INV 14672

Date of Notification (1)
9/20/19

Name of Building Owner/Operator (2)
NJDPMC

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

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

Street Address
33 West State St., 9th Floor

City, State, Zip Code
Trenton, NJ 08625-0034

Name of Contact
Regina Bruno

Telephone Number
609-433-8745

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Residence, BLUE ACRES DEMOLITION

Street Address
327 Madison St

City (5)
Linden, NJ 07036

County (6)
Union County

County Code (7)
(STATE USE ONLY)

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

Square Feet
2460

of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Abandoned, BLUE ACRES

Name of Monitoring Firm Hired by Building Owner (8)
n/a

ASCM No.

Name of Abatement Contractor (9)
Yannuzzi Group, Inc.

Street Address
135 Kinnelon Road

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)
10/5/19

Scheduled Completion Date (11)
10/12/19

Name of OSHA Monitor
Yannuzzi Group, Inc.

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address
135 Kinnelon Road

City, State, Zip Code
Kinnelon, NJ 07405

Scope of Work (Check All That Apply)
☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf
☐ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <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			X	Mortar Joint Compound, Leveling	455 SF	X			
Exterior Windows			X	Window Glazing	64 LF	X			

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
10

Name of Registered Landfill
Grows Fairless

City, State
Kinnelon, NJ

Disposal Date
10/13/19

City, State
Morrisville, PA

Completed by
John Mucha

Title
AHERA Project Designer

Signature
John Mucha

Date
9/20/19

Inv 14671
ck 1024

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

RECEIVED
SEP 24 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09/11/19		Name of Building Owner/Operator (2) David & Dale Megarl	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Sterling, NJ 07980	
Name of Contact David & Dale Megarl		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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 2,000 SF		
City (5) Sterling, NJ 07980			# of Floors 03		
County (6) Morris			Bldg. Age 70		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address _____		_____		Street Address 309 W. End Ave	
City, State, Zip Code _____		_____		City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm _____		Phone Number _____		Telephone Number 833-455-6629	
Start Date (10) 10/02/19		Sched. Completion Date (11) 10/07/19		License Number 02007	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Name of OSHA Monitor KLOMAX, LLC		Street Address 309 W. End Ave	
_____		_____		City, State, Zip Code Hopatcong, NJ 07843	

Scope of Work (check all that apply)

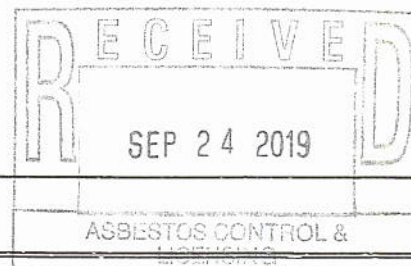
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input type="checkbox"/>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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Transite Exhaust Chimney Pipe	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Kitchen		<input checked="" type="checkbox"/>		Transite Exhaust Chimney Pipe	6 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"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 09/19/19

Inv 14670

Proj. #: 19-195

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

Date of Notification (1) 10/19/19		Name of Building Owner/Operator (2) EXP Realty	
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 28 Valley Rd. Suite 1		City, State, Zip Code Montclair, NJ 07042	
Name of Contact Al Wells		Telephone Number 973-250-4418	

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 (Private/Commercial Bldgs./Homes, etc.)						
Street Address [REDACTED]			Square Feet 1,600 SF						
City (5) Irvington, NJ 07111			County (6) Essex		# of Floors 02				
County Code (7) (State use only)			Bldg. Age 85		Current Use (Prior if being demolished) Residential				
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC					
Street Address		Street Address 309 W. End Ave		City, State, Zip Code Hopatcong, NJ 07843					
City, State, Zip Code		Telephone Number 833-455-6629		License Number 02007					
Project Manager for Monitoring Firm		Phone Number		Name of OSHA Monitor KLOMAX, LLC					
Start Date (10) 09/30/19		Sched. Completion Date (11) 10/04/19		Street Address 309 W. End Ave					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		City, State, Zip Code Hopatcong, NJ 07843							
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 w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Pipes to be Cleaned	25 LF	<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"/>
Registered Waste Hauler KLOMAX, LLC		NJDEP Hauler ID# 0038241		Cubic Yards of Waste 1 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY				
City, State Hopatcong, NJ 07843		Disposal Date TBD		City, State TULLYTOWN, PA					
Completed by (Print or Type) Paige Boylan		Title Owner		Signature 			Date 09/19/19		

Change of start date at
Owner request. NO CK

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

0585

Date of Notification (1) 9/6/2019 9/18/19		Name of Building Owner/Operator (2) CarePoint Health		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED SEP 24 2019 ASBESTOS CONTROL & ABATEMENT 551-697-0480 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 308 Willow Ave.			
		City, State, Zip Code NJ				Name of Contact Manuel Tapia			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hoboken University 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 (i.e. private & commercial buildings, homes, etc.)					
Street Address 308 Willow Ave									
City (5) Hoboken				Square Feet 300,000	# of Floors 7				
County (6) Hudson				County Code (7) (STATE USE ONLY)	Bldg. Age 156				
Name of Monitoring Firm Hired by Building Owner (8) N/A				Current Use (Prior if being demolished) Medical Center/Hospital					
Street Address				Name of Abatement Contractor (9) Advanced Specialty Contractors					
City, State, Zip Code				Street Address 2400 Mains St Ext Suite 10					
Project Manager for Monitoring Firm				City, State, Zip Code Sayreville, NJ, 08872					
Telephone No.				Telephone No. 732-525-0100	License No. 00750				
Start Date (10) 9/21/19 9/28/19		Scheduled Completion Date (11) 9/21/2019 9/28/19		Name of OSHA Monitor Environmental Tactics					
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>Performed in Mechanical Rooms</u>				Street Address 64 Broad St					
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 Matawan, NJ 07747					
<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 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
AHU-2	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tile	<5 Sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
AHU-3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tile	<5Sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor MER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	<3 LF	<input checked="" 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 32	Name of Registered Landfill GROWS Landfill			
City, State Freehold, NJ				Disposal Date 9/21/2019		City, State Morrisville, PA			
Completed by John Evanovich			Title Estimator	Signature <i>John Evanovich</i>		Date 9/6/2019			

Michael Hughes 9/18/19

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

GAC Project # 060-19

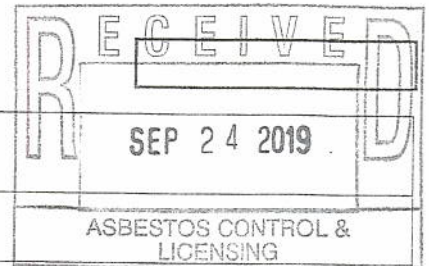
Date of Notification (1) August 29, 2019		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) NEWARK POWER PLANT, BLDG# 7261		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years	
Street Address RBHS NEWARK CAMPUS		Current Use (prior if being demolished): HEATING PLANT	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		City, State, Zip Code BUTLER, NJ 07405	
Telephone Number 609-386-8800		Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 09/07/2019		Scheduled Completion Date (11) 09/16/2019	
Name of OSHA Monitor ENVIROVISION, INC.		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
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 - 7am -3pm Describe: Schedule: SAT 12:01 AM - MON 5AM (WEEKENDS 24 HRS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:		City, State, Zip Code FAIRLAWN, NJ 07410	
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> > 3 sf or >3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13) B2-MER	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) TSI	Amount (Specify SF or LF) <9 LF
Abatement Type Remove <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose <input type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 09/16/2019	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 29, 2019

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

Inv 14695

Check#3437

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



Date of Notification (1) 09 / 18 / 19		Name of Building Owner/Operator (2) Andrea Campbell	
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 West Caldwell, NJ 07006	
		Name of Contact Andrea Campbell	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) West Caldwell, NJ 07006		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.)	
County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors
Current Use (Prior if being demolished)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No. 01127
Start Date (10) 09 / 27 / 19	Scheduled Completion Date (11) 09 / 28 / 19	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)

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

- ☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

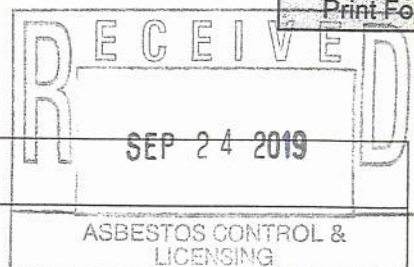
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 09/18/19	

ASB-41

MAY 11

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

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



CH 7590

Inv 141094

Date of Notification (1) 9/18/19		Name of Building Owner/Operator (2) Ken Durfee Private Home		SEP 24 2019	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Beach Haven Gardens NJ 08008 Name of Contact Ken Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Ken Durfee Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				Square Feet 1000+ # of Floors 2 Bldg. Age 50+	
City (5) Beach Haven Gardens NJ 08008		County (6) Ocean		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.	
Street Address		City, State, Zip Code		Street Address PO Box 329	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code West Berlin NJ 08091	
Start Date (10) 9/30/19		Scheduled Completion Date (11) 10/9/19		Telephone No. 856-753-9800	
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:		Current Use (Prior if being demolished) house		License No. 00727	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				Name of OSHA Monitor Same	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Exterior Siding		X		Exterior Siding	
				2100 SF	
				x	
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	
City, State Elm NJ		Disposal Date 10/9/19		Name of Registered Landfill G.R.O.W.S.	
Completed by Anthony T Perna		Title President		Signature 	
				Date 9/18/19	

Inv 14693
CH 5240

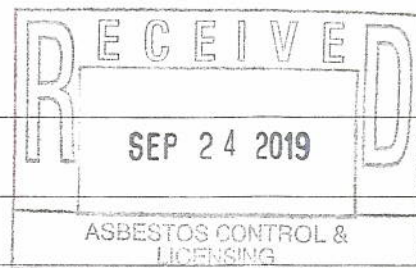
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
SEP 24 2019

Date of Notification (1) 9/17/19		Name of Building Owner/Operator (2) MR RAYMOND BERMUDEZ				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING			
City, State, Zip Code HOBOKEN, N.J. 07030		Name of Contact MR BERMUDEZ				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MR. RAYMOND BERMUDEZ		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 2000				
City (5) HOBOKEN		# of Floors 2				
County (6) HUDSON		Bldg. Age 1950				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.				
Street Address		Name of Abatement Contractor (9) Best Removal Inc				
City, State, Zip Code		Street Address 450 South River St				
Project Manager for Monitoring Firm		City, State, Zip Code Hackensack, N.J. 07601				
Telephone No.		Telephone No. 201-329-7444				
Start Date (10) 9/27/19		License No. 00388				
Scheduled Completion Date (11) 9/28/19		Name of OSHA Monitor Omega Environmental				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00AM TO 5:00PM		Street Address 280 Huyler St				
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 S. Hackensack, N.J. 07606				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Encapsulate
BASEMENT		✓ THERMAL SYSTEM INSULATION	10 LF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 9/30/19	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 9/17/19			

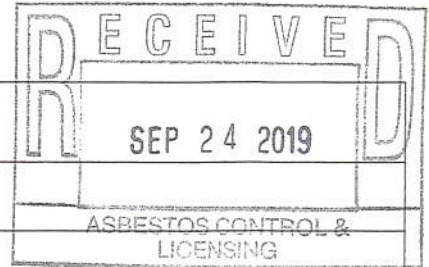
Inv 14089
CK 6042

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



Date of Notification (1) 09 / 17 / 19			Name of Building Owner/Operator (2) John LaProcido						
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 [REDACTED] City, State, Zip Code Haddonfield, NJ 08033 Name of Contact John LaProcido					
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LaProcido Residence				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Haddonfield				Square Feet 3,756	# of Floors 3				
				Bldg. Age 120					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341				Street Address 623 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 09 / 27 / 19		Scheduled Completion Date (11) 09 / 30 / 19		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 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	14 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ				Disposal Date 09/30/2019	City, State Morrisville, PA				
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 9/17/19			

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



Date of Notification (1) <u>09</u> / <u>17</u> / <u>19</u>		Name of Building Owner/Operator (2) Brightview Hamburg, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>04</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 218 N. Charles St. Suite 220							
		City, State, Zip Code Baltimore, Md 21201							
		Name of Contact Ted Wies	Telephone Number 443 324-4731						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Cost Cutters (Vacant)		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 1139 Hamburg Turnpike									
City (5) Wayne		Square Feet 75,000	# of Floors 1						
		Bldg. Age ~ 50							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Former Cost Cutters Store							
Name of Monitoring Firm Hired by Building Owner (8) Emilcott Environmental Health & Safety Ser.		Name of Abatement Contractor (9) Neuber Environmental Services, Inc.							
Street Address 190 Park Ave.		Street Address 1100 Grosser Road							
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Gilbertsville, PA 19525							
Project Manager for Monitoring Firm David Tomsey		Telephone No. 973 538-1110	License No. 00836						
Start Date (10) <u>8</u> / <u>12</u> / <u>19</u>	Scheduled Completion Date (11) <u>10</u> / <u>04</u> / <u>19</u>	Name of OSHA Monitor Neuber Environmental Services							
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 1100 Grosser Road							
		City, State, Zip Code Gilbertsville, PA 19525							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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 Spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Spreadsheet	See Attached	<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 Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 100	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date Sept. 2019		City, State Waynesburg, Ohio					
Completed By (Print or Type) Pat Larney		Title Project Manager		Signature 		Date 9-17-19			

INV 14688

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

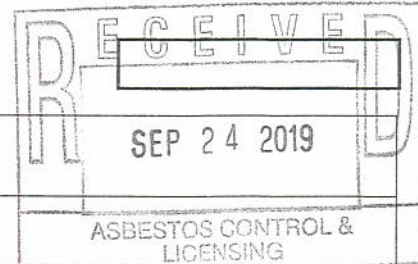
CK 5258

Date of Notification (1) 9/20/19		Name of Building Owner/Operator (2) MR PETER SALEH					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code IRVINGTON NJ 07111 Name of Contact MR SALEH					
<div style="text-align: right;">RECEIVED SEP 24 2019</div>							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MR PETER SALEH		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 1850	# of Floors 2				
City (5) IRVINGTON		Bldg. Age 50 YEARS					
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 10/2/19	Scheduled Completion Date (11) 10/3/19	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
BASEMENT			THERMAL SYSTEMS INSULATION	130 LF	<input checked="" type="checkbox"/>		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601		Disposal Date 10/3/19	City, State NEWBURGH, PA. 17240				
Completed by J. MAIORANO	Title Estimator	Signature <i>[Signature]</i>	Date 9/20/19				

Inv14H086

Check#3441

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



Date of Notification (1) 09 / 20 / 19		Name of Building Owner/Operator (2) Alan Paradise	
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 Wharton, NJ 07885	
Name of Contact Alan Paradise		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Wharton, NJ 07885		# of Floors	
County (6) Morris		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 09 / 29 / 19		License No. 01127	
Scheduled Completion Date (11) 09 / 30 / 19		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure	
<input type="checkbox"/> > 160 sf or >260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure	
		<input checked="" type="checkbox"/> Mini-Enclosure	
		<input checked="" type="checkbox"/> Glovebag Procedure	<input type="checkbox"/> Tent with Negative Pressure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>	
				Date 09/20/19	

ASB-41

MAY 11

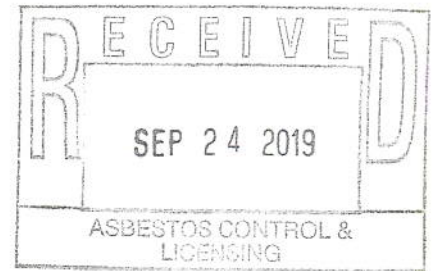
* Do not use this form for asbestos licensure exempted activities.

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

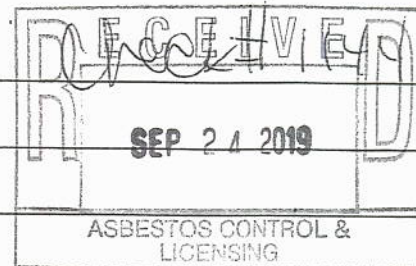
Date of Notification 9/13/19 <i>Inv 146085</i>		Name of Building Owner / Operator (2) JMJ Farm Holdings II, LLC	
Agencies Notified	Type of Notification	Street Address	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> SEP 24 2019 </div>
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	100 Lenox Drive City, State & Zip Code Lawrenceville, NJ 08648	
		Name of Contact	Telephone Number
		Andy Chodkiewicz	609-896-3111
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Vacant 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 35 Harborton Mt Airy Rd <i>08530</i>		Square Feet 5,000	# of Floors 2
City (5) Hopewell Twp	County (6) Mercer	Bldg. Age 100+	
County Code (7)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road	
City, State & Zip Code Matawan, NJ 07716		City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm Tom Geiger		Telephone Number 732-290-2217	License Number 00714
Scheduled Start Date (10) 9/27/19	Scheduled Completion Date (11) 10/18/19	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM		<input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag <input checked="" type="checkbox"/> Other: Non-friable	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
See attached	N/A		
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 40	Name of Registered Landfill Cumberland County
City, State Freehold, NJ		Disposal Date 10/18/19	City, State Newburg, PA
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>	Date 9/13/19

710 LF of pipe insulation throughout
337 SF of floor tile in 3 bathrooms
338 SF of wall tile in 3 bathrooms
6 SF of sink undercoating
386 SF of chimney/radiator paper
1,028 LF of window/door caulk
175 SF of wall panel
30 SF of countertop in the kitchen
40 LF of icebox gasket
250 SF of textured paint
171 SF of window glazing

Since materials are scattered throughout, we will separate the work into the first floor, second floor and basement, so there will be 3 areas.



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

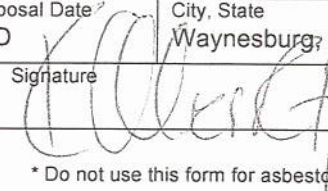


Date of Notification (1) 09/18/2019		Name of Building Owner/Operator (2) Eliezer Betancourt							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code New Brunswick, NJ 08901							
Name of Contact Eliezer Betancourt		Telephone Number [REDACTED]							
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 & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,008							
City (5) New Brunswick		# of Floors 2							
County (6) Middlesex		Bldg. Age 1940							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Danvic Contracting LLC.							
City, State, Zip Code		Street Address 240 South 5th St.							
Project Manager for Monitoring Firm		City, State, Zip Code Elizabeth, NJ 07206							
Telephone No.		Telephone No. 908-906-4123							
Start Date (10) 09/28/2019		License No. 01355							
Scheduled Completion Date (11) 10/04/2019		Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED		Street Address 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	30 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC.		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste 2		Name of Registered Landfill Fairless Landfill			
City, State Elizabeth, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner		Signature 		Date 09/18/2019			

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

CHECK # 6630/6039
SEP 21 2019

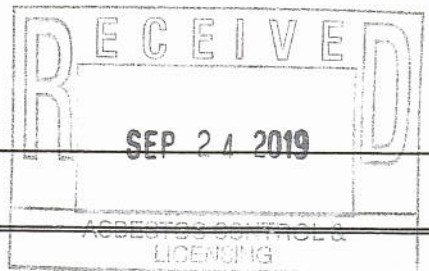
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09-18-19		Name of Building Owner/Operator (2) Shell Oil Company							
Agencies Notified	Type Notification	Street Address 111 State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2	City, State, Zip Code Sewaren, NJ 07077							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Bill Gelenties	Telephone Number (908) 276-2776						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Dock 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 111 State Street		Square Feet	# of Floors						
City (5) Sewaren, NJ 07077		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Simpson & Brown, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 119 North Avenue, West		Street Address 200 Broad Street							
City, State, Zip Code Cranford, NJ 07019		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Bill Gelenties		Telephone No. (908) 276-2776	License No. 00756						
Start Date (10) 08-26-19(2)09-20-19	Scheduled Completion Date (11) 09-30-19	Name of OSHA Monitor Even-Air 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 Other - Describe: _____		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
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"/> Intact Removal <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof: Entire			x	Roofing/Flashing	250SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Kevin Moriarty		Title Project Manager		Signature 		Date 09-18-19			

D&S Proj. #: 19-189

CH 4961 Inv 14492

PAID



Date of Notification (1) 10/17/19		Name of Building Owner/Operator (2) Michael Carson	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Hamilton, NJ 08610	
		Name of Contact Michael Carson	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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,200 SF		
City (5) Hamilton, NJ 08610			County (6) Mercer		# of Floors 02
			County Code (7) (State use only)		Bldg. Age 70
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]			Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 09/18/19		Sched. Completion Date (11) 0923/2019			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

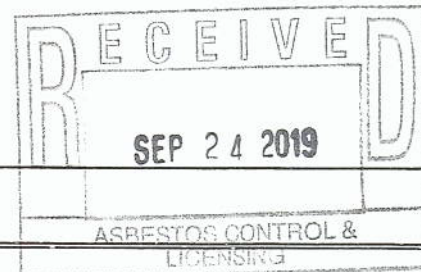
- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Boiler Insulation	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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature <i>Bogdan Joldzic</i>	Date 09/17/19

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



Inv 1444
D&S Proj. #: 19-190
CK49600

Date of Notification (1)
10/17/19

Name of Building Owner/Operator (2)
Rose Marie Farinola

Street Address
[REDACTED]

City, State, Zip Code
Union, NJ 07087

Name of Contact
Rose Marie Farinola

Telephone Number

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Residential

Street Address
[REDACTED]

City (5)
Union, NJ 07087

County (6)
Union

County Code (7)
(State use only)

Type of Facility (4)
☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
1,000 SF

of Floors
02

Bldg. Age
80

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Bldg. Owner (8)
N/A

ASCN No.

Name of Abatement Contractor (9)
D & S RESTORATION, INC.

Street Address
20 California Ave.

City, State, Zip Code
Paterson, NJ 07503

Telephone Number
973-345-8020

License Number
01169

Name of OSHA Monitor
D & S Restoration, Inc.

Street Address
20 California Avenue

City, State, Zip Code
Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Start Date (10)
09/20/19

Sched. Completion Date (11)
09/23/2019

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: NORMAL HOURS

Scope of Work (check all that apply)
☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment w/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/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Boiler Insulation	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
3 yds

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature
Bogdan Joldzic

Date
09/17/19

State of New Jersey - Notification of Asbestos Abatement

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

Date of Notification (1) September 19, 2019		Name of Building Owner/Operator (2) Diocese of Paterson NJ	
Agencies Notified X EPA X DCA X DOL X DEP X DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 777 Valley Road		City, State, Zip Code Clifton, NJ 07013	
Name of Contact Rebeca-Ruiz-Ulloa		Telephone Number 973.777.8818	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Passaic Arts & Sciences Charter 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 & commercial buildings, homes, etc.)	
Street Address 7 St. Francis Way		Sq. Feet: # of Floors: 2 Bldg. Age: 50 years	
City (5) Passaic	County (6) Passaic	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 20-21 Wagaraw Road, Bldg # 35E		Street Address 511 MAIN STREET	
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Fred Larson	Telephone Number 973-636-9145	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) October 2, 2019	Scheduled Completion Date (11) October 17, 2019	Name of OSHA Monitor EMSL inc.	
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:		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <input type="checkbox"/> Wrap & Cut			
Location of Asbestos-Containing Material (ACM) in Facility (13) Exterior-Basement	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Window Glazing- Sash Removal	Amount (Specify SF or LF) 9 windows Typ-32"x48"
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP # Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date October 31, 2019	City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit No. 18072 GCL-1963 Pen Argyle Rd Pen Argyle, PA 18072, Permit No. 100265
Completed by (Print or Type) Marin Graure	Title Sr. Project Manager	Signature Marin Graure	Date September 19 2019

GAC # 2019-681

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

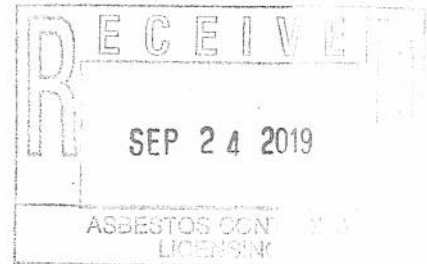
CH1453
Inv 14725



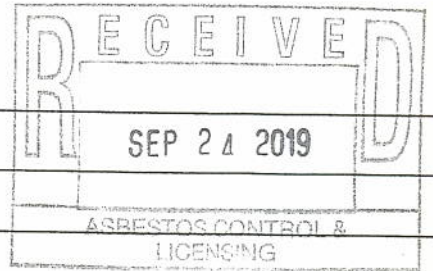
Date of Notification (1) 9/18/19		Name of Building Owner/Operator (2) Village of Ridgewood	
Agencies Notified	Type Notification	Street Address 131 North Maple Ave	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input 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 Ridgewood, NJ 07450	
		Name of Contact Chris Rutishauser	Telephone Number 201-670-5500
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Zabriskie Schedler House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Ridgewood		Square Feet 2,120	# of Floors 2
		Bldg. Age 1800	
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.		ASCM No. 0100	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 1805 Atlantic Ave		Street Address 32 Willow Way	
City, State, Zip Code Manasquan, NJ, 08736		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Gary Flemming		Telephone No. 732-223-2225	Telephone No. 973-333-9176
		License No. 01331	
Start Date (10) 10/01/19		Scheduled Completion Date (11) 10/31/19	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor Envirovision Consultants, Inc.	
		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 lf 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)
	Yes	No	
SEE ATTACHED			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 40 +CU YD
City, State Newark, New Jersey		Disposal Date TBD	Name of Registered Landfill Grand Central Sanitary Landfill
Completed by Dimo Golcev		Title General Manager	Signature
			Date 9/18/19

State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet

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 Stairs, Attic Stairs, 1st Fl, 2nd Fl		X		Plaster Rough Coat	5725 SF	X			
Basement		X		Aircell	200 LF	X			
Basement		X		Boiler Jacket Insulation	40 SF	X			
1st Fl Bathroom		X		Gray/ Beige Multi-Color Sheet Vinyl	50 SF	X			
1st Fl Bathroom at Shower Entry		X		Shower Sealer Caulk	5 LF	X			
Attic, Office, Southeast Bedroom Ceiling, West Porch, 1st Fl Bathroom		X		Wall Joint Compound	1,550 SF	X			



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



Date of Notification (1) 9/18/19		Name of Building Owner/Operator (2) Woodbridge Township School District	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 428, School Street	
		City, State, Zip Code Woodbridge, NJ 07095	
		Name of Contact Brian Wolferman	Telephone Number 732-750-3200

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Ross Street School #11		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 110 Ross St.		Square Feet 55,500	# of Floors 3
City (5) Woodbridge		Bldg. Age 1920	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc		ASCM No. 00057	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address PO Box 385		Street Address 32 Willow Way	
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833	License No. 01331
Start Date (10) 09/20/19	Scheduled Completion Date (11) 10/11/2019	Name of OSHA Monitor Envirovision Consultants, Inc.	

Occupancy Status During Abatement (Check Only One)

- ☐ Facility Closed/Vacated During Entire Period of Abatement
- ☐ Abatement Performed Outside of Normal Facility Hours
- ☒ Other - Describe: Mon-Friday 4PM-12:30AM

Street Address
20-21 Wagaraw Rd., Bldg. 35-E

City, State, Zip Code
Fair Lawn, NJ 07410

Scope of Work (Check All That Apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> ≥3 sf or ≥3 lf
<input checked="" type="checkbox"/> ≥160 lf 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	Built Up Roofing, Bottom Layer	17,000 SF	X			

Name of Registered Waste Hauler Newark Carting Inc	NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 150+ CU YD	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, New Jersey	Disposal Date TBD	City, State Morrisville, PA	
Completed by Dimo Golcev	Title General Manager	Signature 	Date 9/18/19

09/18/2019 08:58AM 9736381778

Inv 14537

Check#3438

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

RECEIVED
PAGE 03/04
SEP 24 2019

Date of Notification (1) 09 / 18 / 19		Name of Building Owner/Operator (2) Thomas J. DiTrani	
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 Verona, NJ 07044	
Name of Contact Thomas J. DiTrani		Telephone Number [REDACTED]	

DOL - 10 DAY

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 B (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) Verona, NJ 07044		County (6) Essex	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		ASCM No.	
Street Address [REDACTED]		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code Wayne, NJ 07470		Street Address 376 Valley Rd #283	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Wayne, NJ 07470	
Telephone No. [REDACTED]		Telephone No. 973-638-1777	
Start Date (10) 09 / 19 / 19		Scheduled Completion Date (11) 09 / 20 / 19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >31 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe insulation	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Amount (Specify SIF or LF) 200 LF	
Abatement Type Removal Repair Encapsulate Enclosure		Fair Lawn, NJ 07410	

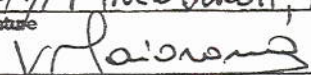
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA		Date 09/18/19	
Completed By (Print or Type) N. Jevtic		Title Owner		Signature [Signature]		Date 09/18/19	

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

INV 14720

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

CK 5254

Date of Notification (1) 9/19/19		Name of Building Owner/Operator (2) ESTATE OF FREDERICK BARTENSTEIN, JR					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div>					
		City, State, Zip Code MENDHAM, NJ 07945					
		Name of Contact MS. FLORA THOMAS					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) ESTATE OF FREDERICK BARTENSTEIN, JR		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div>							
City (5) MENDHAM	Square Feet 2500	# of Floors 2	Bldg. Age 1940				
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 9/30/19	Scheduled Completion Date (11) 10/1/19	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
BOILER ROOM			- THERMAL SYSTEM INSULATION	9 LF	X		
BOILER ROOM			- THERMAL SURFACING INSULATION	2 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601			Disposal Date 10/1/19	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO		Title Estimator	Signature 		Date 9/19/19		

CIC# 4907

INV 14719

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)RECEIVED
SEP 24 2019

Date of Notification (1) 9-17-19		Name of Building Owner/Operator (2) HARGROVE DEMOLITION						
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 1507 STATE ST.		City, State, Zip Code CAMDEN N.J 08105						
Name of Contact KELLY		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]		Square Feet 1500						
City (5) WILLINGBORO		# of Floors 2						
County (6) BURLINGTON		Bldg. Age 50						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.						
Street Address		Name of Abatement Contractor (9) KLEWCO INC						
City, State, Zip Code		Street Address 369 S. SPRUCE AVE						
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J 08052						
Telephone No.		Telephone No. 856-779-0472						
Start Date (10) 9-27-19		License No. # 01371						
Scheduled Completion Date (11) 10-7-19		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						
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf		City, State, Zip Code						
<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) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 1250 SF	Abatement Type			
	Removal	Repair			Encapsulate	Enclosure		
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904		Cubic Yards of Waste 4		Name of Registered Landfill TRAF		
City, State MAPLE SHADE N.J		Disposal Date		City, State TULLY TOWN PA		Signature [Signature]		
Completed By MICHAEL KLEWCO		Title PRES		Date 9-17-19				

* does not include licensure exempted activities.

CK# 4907
INV14718

PAID

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

RECEIVED
SEP 24 2019

Date of Notification (1) 9-17-19		Name of Building Owner/Operator (2) TOM WELSH		ASBESTOS CONTROL & Licensure					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <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 661 POMONA AVE					
				City, State, Zip Code HADDONFIELD N.J. 08033					
		Name of Contact TOM		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]				Square Feet 1000					
City (5) SEA ISLE CITY				# of Floors 1					
County (6) CAPE MAY				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLEMCO 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.		Telephone No. 856-779-0422					
				License No. 01371					
Start Date (10) 9-27-19		Scheduled Completion Date (11) 10-7-19		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	2500 SF	X			
Name of Registered Waste Hauler KLEMCO 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 KLEMM		Title SUP.		Signature [Signature]		Date 9-17-19			

CK# 4907
INV 1477

PAID

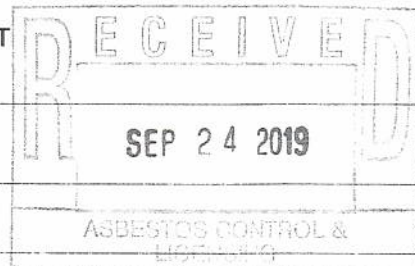
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
SEP 24 2019
LICENSING

Date of Notification (1) 9-17-19		Name of Building Owner/Operator (2) STAR CONSTRUCTION INC.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. BOX 36 City, State, Zip Code MOORESTOWN N.J. 08057 Name of Contact MIKE 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]		Square Feet 1500	
City (5) OCCAN CITY		# of Floors 1	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) KLEMCO 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. 00444
Start Date (10) 9-30-19	Scheduled Completion Date (11) 10-10-19		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor N/A.	
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address	
City, State, Zip Code		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 2000 SF
Abatement Type Removal Repair Encapsulate Enclosure X			
Name of Registered Waste Hauler KLEMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3
City, State MAPLE SHADE N.J.		Disposal Date	Name of Registered Landfill C.M.C.M.U.A.
Completed By MICHAEL KLEMM		Title SUP.	Signature [Signature]
Date 9-17-19			

INV 14716
CK 6048

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



Date of Notification (1) 09 / 19 / 19		Name of Building Owner/Operator (2) Riverside Board of Education		SEP 24 2019							
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 112 E. Washington Street City, State, Zip Code Riverside, NJ 08075 Name of Contact Robert Karmade Telephone Number 609-217-4974							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Riverside 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 112 E. Washington Street				Square Feet 80,000 # of Floors 2 Bldg. Age 70							
City (5) Riverside		County (6) Burlington		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 1253 North Church Street		City, State, Zip Code Moorestown, NJ 08057		Street Address 623 Cutler Avenue City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 856-840-8800		Telephone No. 856-755-0099 License No. 00842							
Start Date (10) 10 / 04 / 19		Scheduled Completion Date (11) 10 / 21 / 19		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: 6:00AM-5:00PM/3:00PM-12:00AM				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 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) <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
Room 109		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile		690 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 109		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation		8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace under 109, 110, & Hall		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting Insulation Debris (O&M)		3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40		Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 10/21/2019		City, State Morrisville, PA							
Completed By (Print or Type) Christina Lynch-Fay		Title Vice President of Operations		Signature 				Date 9-19-19			

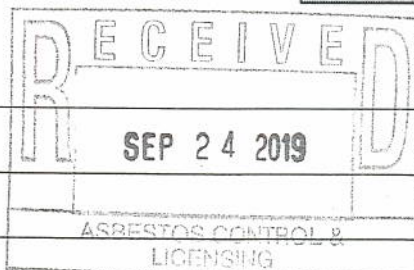
Ch 60417 Inv 14715

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

RECEIVED
SEP 24 2019

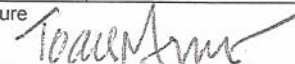
Date of Notification (1) 09 / 18 / 19		Name of Building Owner/Operator (2) Hometown America Communities - Brighton at Barnegat							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (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 35 Brighton Road, Route 72 City, State, Zip Code Barnegat, NJ 08005							
		Name of Contact Kristin Vest	Telephone Number 609-312-6826						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1,100							
City (5) Barnegat		# of Floors 1	Bldg. Age 40						
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO Box 167		Street Address 623 Cutler Avenue							
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Cathy Ledden		Telephone No. 609-820-9312	License No. 00842						
Start Date (10) 09 / 30 / 19	Scheduled Completion Date (11) 10 / 02 / 19	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 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
Front Foyer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum	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"/>
	<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 10/02/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 9-18-19			

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



Date of Notification (4) 09/18/2019		Name of Building Owner/Operator (2) Tonnelle North Bergen, LLC.							
Agencies Notified	Type Notification	Street Address 329 B South Main Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18901							
		Name of Contact Jamie Graziano	Telephone Number 215-230-8080 ext. 5						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1701 75th Street, North Building		<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) North Bergen		Square Feet 28000	# of Floors 1						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior if being demolished) Vacant							
Street Address		Name of Abatement Contractor (9) Nova Development Group, Inc.							
City, State, Zip Code		Street Address 189 Townsend Street							
Project Manager for Monitoring Firm		City, State, Zip Code New Brunswick, NJ 08901							
Telephone No.		Telephone No. 732 565-3655	License No. 01284						
Start Date (10) 10/14/19	Scheduled Completion Date (11) 12/30/19	Name of OSHA Monitor EMCA							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Meredith Pl.							
<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 Piscataway, NJ 08854							
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 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
Center room			x	Pipe insulation/transite debris	500 sf				x
Exterior			x	Window glazing	270 lf	x			
Name of Registered Waste Hauler Nova Development Group, Inc.		NJDEP Waste Hauler ID No. NJ-807	Cubic Yards of Waste 10	Name of Registered Landfill GROWS, Inc.					
City, State New Brunswick, NJ			Disposal Date October 2019	City, State Morrisville, PA					
Completed by Todd Grant		Title President	Signature <i>Todd Grant</i>	Date 09/18/2019					

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

Date of Notification (1) 09/18/2019		Name of Building Owner/Operator (2) Tonnelle North Bergen, LLC.		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 24 2019 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 329 B South Main Street City, State, Zip Code Doylestown, PA 18901 Name of Contact Jamie Graziano Telephone Number 215-230-8080 ext. 5					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 1701 75th Street, South Building City (5) North Bergen County (6) Hudson			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 9000 # of Floors 2 Bldg. Age 50+ County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Vacant						
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCN No. _____ Name of Abatement Contractor (9) Nova Development Group, Inc. Street Address 189 Townsend Street City, State, Zip Code New Brunswick, NJ 08901		Project Manager for Monitoring Firm Telephone No. _____ Telephone No. 732 565-3655 License No. 01284 01352					
Start Date (10) 10/7/19		Scheduled Completion Date (11) 12/30/19		Name of OSHA Monitor EMCA					
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 17 Meredith Pl. City, State, Zip Code Piscataway, NJ 08854						
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
1st floor office			X	VAT	2240 sf	X			
Name of Registered Waste Hauler Nova Development Group, Inc.		NJDEP Waste Hauler ID No. NJ-807		Cubic Yards of Waste 10		Name of Registered Landfill GROWS, Inc.			
City, State New Brunswick, NJ				Disposal Date October 2019		City, State Morrisville, PA			
Completed by Todd Grant		Title President		Signature 		Date 09/18/2019			

Inv14539

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

VIA FAX
ch# 4617

Date of Notification (1) 9/18/19		Name of Building Owner/Operator (2) MR RONALDO QUISPE		RECEIVED SEP 24 2019 ASBESTOS CONTROL & TELEPHONE MONITORING				
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address [REDACTED]		City, State, Zip Code PATERSON, N.J. 07513		Name of Contact MR QUISPE				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)				
Street Address [REDACTED]				Square Feet 3000				
City (5) MONTCLAIR				# of Floors 2				
County (6) ESSEX				Bldg. Age 90				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) HOUSE						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) NOVATECH				
Street Address		Street Address P.O. Box 814		City, State, Zip Code Old Bridge N.J. 08857				
City, State, Zip Code		Telephone No. 732 2387500		License No. 00806				
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor NOVATECH				
Start Date (10) 9/20/19		Scheduled Completion Date (11) 10/20/19		Street Address P.O. Box 814				
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:				City, State, Zip Code Old Bridge N.J. 08857				
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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
2 FLOOR HALLWAY			X	9x9 FLOOR TILE	< 150 YF	X		
Name of Registered Waste Hauler NOVATECH		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S.		
City, State Old Bridge N.J. 08857		Disposal Date 10/20/19		City, State Perryville P.A.				
Completed by CARLOS ALMEIDA		Title PRESIDENT		Signature [Signature]		Date 9/18/19		

PAID

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

Check#3440

Inv 4712

RECEIVED
SEP 24 2019
ASBESTOS CONTROL & LICENSING

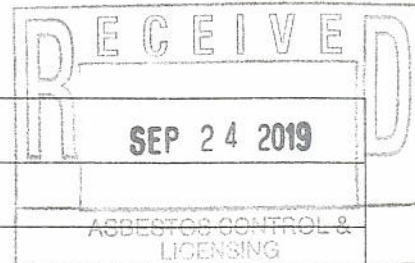
Date of Notification (1) 09 / 19 / 19		Name of Building Owner/Operator (2) Ken Potenski							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input 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 Bloomfield, NJ 07003							
Name of Contact Ken Potenski		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Bloomfield, NJ 07003		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.							
Street Address		Name of Abatement Contractor (9) Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283							
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470							
Telephone No.		Telephone No. 973-638-1777							
Start Date (10) 09 / 28 / 19		License No. 01127							
Scheduled Completion Date (11) 09 / 29 / 19		Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Fair Lawn, NJ 07410							
Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input 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 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	40 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"/>	VAT floor tiles	400 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		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc			
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature N.Jevtic		Date 09/19/19			

ASB-41

MAY 11

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

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



Date of Notification (1) 09-19-19 <i>Inv 14711</i>		Name of Building Owner/Operator (2) Susan Voigtman	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lake Hopatcong, NJ 07849	
		Name of Contact Susan Voigtman	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Lake Hopatcong		Bldg. Age	
County (6) Sussex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.
Street Address		Street Address 1119 East Grand St.	
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201 216-9603	License No. 01206
Start Date (10) 09-30-19	Scheduled Completion Date (11) 10-04-19	Name of OSHA Monitor Delfa Contracting LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am- 5:00pm		Street Address 1119 East Grand ST.	
		City, State, Zip Code Elizabeth, NJ 07201	

Scope of Work (Check All That Apply)

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

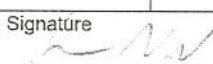
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic		x		Vermiculite Insulation	700 SF	x			

Name of Registered Waste Hauler Delfa Contracting LLC	NJDEP Waste Hauler ID No. 35240	Cubic Yards of Waste 10	Name of Registered Landfill Tullytown Resource Recovery Facility
City, State Elizabeth, NJ		Disposal Date 10-07-19	City, State Tullytown, PA
Completed by Jaime Delgado	Title Proj. Manager.	Signature <i>[Signature]</i>	Date 09-19-19

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

2387
SEP 24 2019

ASBESTOS CONTROL &
LICENSING

Date of Notification (1) 09/10/19		Name of Building Owner/Operator (2) Town of Phillipsburg							
Agencies Notified	Type Notification	Street Address 675 Corliss Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Phillipsburg, NJ 08865							
		Name of Contact Mrs. Vicky Kleiner	Telephone Number 908-454-5500						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Phillipsburg Armory		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 441 Heckman St.		Square Feet 30,000	# of Floors 1						
City (5) Phillipsburg		Bldg. Age 60							
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Armory							
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis Inc.		ASCM No. 0090	Name of Abatement Contractor (9) Lesco Services Inc.						
Street Address 401 St. James Ave.		Street Address 156 Maple Ave.							
City, State, Zip Code Phillipsburg, NJ 08865		City, State, Zip Code Wallington, NJ 07057							
Project Manager for Monitoring Firm Jonathan Gilbert		Telephone No. 908-454-6316	License No. 01107						
Start Date (10) 09/23/19	Scheduled Completion Date (11) 09/26/19	Name of OSHA Monitor Leslaw Nalodka							
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 156 Maple Ave.							
		City, State, Zip Code Wallington, NJ 07057							
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 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 & break Room		*		Pipe Insulation	120 lf.	*			
Rooms 1 & 2		*		Pipe Insulation	65 lf.	*			
Foyer		*		Pipe Insulation	25 lf.	*			
Mens Bathroom & Shower		*		Pipe Insulation	80 lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409	Cubic Yards of Waste 20	Name of Registered Landfill GCSL					
City, State Newark, NJ		Disposal Date 09/27/19		City, State Pen Argyl, PA					
Completed by Leslaw Nalodka		Title President	Signature 			Date 09/10/19			

Inv 146078
B & G proj. #: 2019-223

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

Check # 9566

Date of Notification (1) 10/9/2019		Name of Building Owner/Operator (2) Daniel Oliveira		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 24 2019 ASBESTOS CONTROL & LICENSING </div>
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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code North Arlington, NJ 07031		
		Name of Contact Daniel Oliveira		
Telephone Number				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Daniel Oliveira			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) North Arlington, NJ 07031	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm	Phone Number		Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 10/04/2019	Sched. Completion Date (11) 10/05/2019		Name of OSHA Monitor B & G Restoration, 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: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

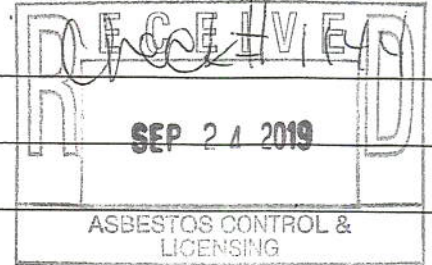
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	boiler insul. & rib packing material	7 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 10/05/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/20/2019

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



Date of Notification (1) 09/18/2019		Name of Building Owner/Operator (2) Eliezer Betancourt		RECEIVED SEP 24 2019 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code New Brunswick, NJ 08901		Name of Contact Eliezer Betancourt					
Telephone Number [REDACTED]									
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 & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 1,008						
City (5) New Brunswick			# of Floors 2		Bldg. Age 1940				
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Danvic Contracting LLC.					
Street Address		Street Address 240 South 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-906-4123					
Start Date (10) 09/28/2019		Scheduled Completion Date (11) 10/04/2019		License No. 01355					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED			Name of OSHA Monitor Iris Environmental Laboratories, Inc.						
Street Address 2333 Route 22 West			City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	30 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC.		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jeymy Donneys		Title Owner		Signature 		Date 09/18/2019			

Print Form

RECEIVED

CHECK # 6830/6039
SEP 27 2019

ASBESTOS CONTROL & LICENSING

Ch6039

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

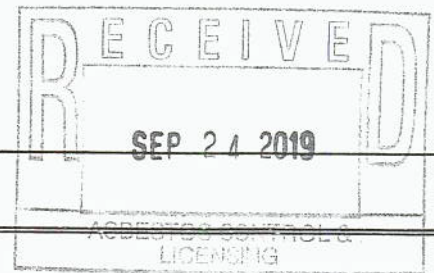
Date of Notification (1) 09-18-19		Name of Building Owner/Operator (2) Shell Oil Company							
Agencies Notified	Type Notification	Street Address 111 State Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Sewaren, NJ 07077							
		Name of Contact Bill Gelenties	Telephone Number (908) 276-2776						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) South Dock Building		Type of Facility (4)							
Street Address 111 State Street		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Sewaren, NJ 07077		Square Feet	# of Floors						
County (6) Middlesex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Simpson & Brown, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 119 North Avenue, West		Street Address 200 Broad Street							
City, State, Zip Code Cranford, NJ 07019		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Bill Gelenties		Telephone No. (908) 276-2776	License No. 00756						
Start Date (10) 08-26-19(2)09-20-19	Scheduled Completion Date (11) 09-30-19	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<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 Long Island City, NY 11101							
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"/> Intact Removal <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roof: Entire			x	Roofing/Flashing	250SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Kevin Moriarty		Title Project Manager		Signature		Date 09-18-19			

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

D&S Proj. #: 19-189

CH 4961 Inv 14492

PAYED



Date of Notification (1) 10/19/17/19		Name of Building Owner/Operator (2) Michael Carson	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Hamilton, NJ 08610	
		Name of Contact Michael Carson	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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,200 SF		
City (5) Hamilton, NJ 08610			# of Floors 02		
County (6) Mercer			Bldg. Age 70		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		License Number 01169
Start Date (10) 09/18/19		Sched. Completion Date (11) 09/23/2019	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

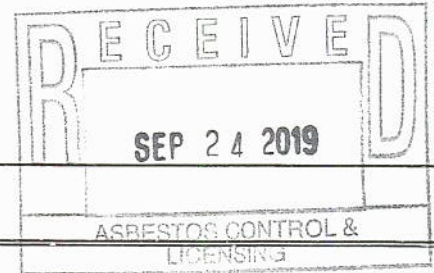
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" 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)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Boiler Insulation	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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature <i>Bogdan Joldzic</i>	Date 09/17/19

Inv 1444
D&S Proj. #: 19-190
CK49600

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



Date of Notification (1) 10/17/17		Name of Building Owner/Operator (2) Rose Marie Farinola	
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 [REDACTED]		City, State, Zip Code Union, NJ 07087	
Name of Contact Rose Marie Farinola		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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,000 SF		
City (5) Union, NJ 07087			# of Floors 02		
County (6) Union			Bldg. Age 80		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 09/20/19		Sched. Completion Date (11) 09/23/2019		License Number 01169	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor D & S Restoration, Inc.	
				Street Address 20 California Avenue	
				City, State, Zip Code Paterson, NJ 07503	

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 w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure			
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l		
	Yes	No	N/A								
Basement		<input checked="" type="checkbox"/>		Boiler Insulation	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 3 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature <i>Bogdan Joldzic</i>	Date 09/17/19

State of New Jersey - Notification of Asbestos Abatement

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

Ch 3276

PAID

RECEIVED

Date of Notification (1) September 19, 2019		Name of Building Owner/Operator (2) Diocese of Paterson NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address 777 Valley Road		City, State, Zip Code Clifton, NJ 07013	
Name of Contact Rebeca-Ruiz-Ulloa		Telephone Number 973.777.8818	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Passaic Arts & Sciences Charter 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 & commercial buildings, homes, etc.)	
Street Address 7 St. Francis Way		Sq. Feet: # of Floors: 2 Bldg. Age: 50 years	
City (5) Passaic	County (6) Passaic	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision Consultants inc.		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 20-21 Wagaraw Road, Bldg # 35E		Street Address 511 MAIN STREET	
City, State, Zip Code Fairlawn, NJ 07410		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Fred Larson	Telephone Number 973-636-9145	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) October 2, 2019	Scheduled Completion Date (11) October 17, 2019	Name of OSHA Monitor EMSL inc.	
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:		Street Address 1056 Stelton Road	
		City, State, Zip Code Piscataway, NJ 08854	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure Wrap & Cut	
Location of Asbestos-Containing Material (ACM) in Facility (13) Exterior-Basement	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) Window Glazing- Sash Removal	Amount (Specify SF or LF) 9 windows Typ- 32"x48"
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 10
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561 NY DEP # Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		Disposal Date October 31, 2019	Name of Registered Landfill Fairless Landfill Grand Central Landfill
City, State FL-1000 New Ford Rd, Morrisville, PA 19067 Permit No. 18072 GCL-1963 Pen Argyle Rd Pen Argyle, PA 18072, Permit No. 100265		Date September 19 2019	
Completed by (Print or Type) Marin Graure		Signature <i>Marin Graure</i>	

GAC # 2019-681

Ch1453
Inv 14725

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

RECEIVED 1453
SEP 24 2019
ASBESTOS CONTROL &
TELEPHONE NUMBER
201-670-5500

Date of Notification (1) 9/18/19		Name of Building Owner/Operator (2) Village of Ridgewood	
Agencies Notified	Type Notification	Street Address 131 North Maple Ave	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Ridgewood, NJ 07450	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Chris Rutishauser	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Amendment #	Telephone Number 201-670-5500	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Emergency (including justification)		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Cancellation		

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Zabriskie Schedler House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & Commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Ridgewood	Square Feet 2,120	# of Floors 2	Bldg. Age 1800
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.		ASCM No. 0100	Name of Abatement Contractor (9) Unicorn Contracting Corp.
Street Address 1805 Atlantic Ave		Street Address 32 Willow Way	
City, State, Zip Code Manasquan, NJ, 08736		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Gary Flemming		Telephone No. 732-223-2225	Telephone No. 973-333-9176
		License No. 01331	
Start Date (10) 10/01/19	Scheduled Completion Date (11) 10/31/19	Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 20-21 Wagaraw Rd., Bldg. 35-E	
		City, State, Zip Code Fair Lawn, NJ 07410	

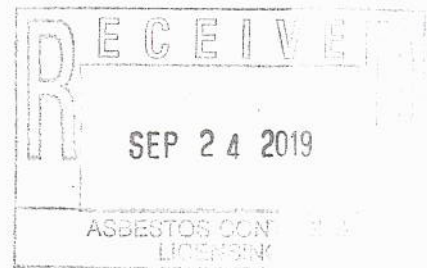
Scope of Work (Check All That Apply)	<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 lf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
SEE ATTACHED									

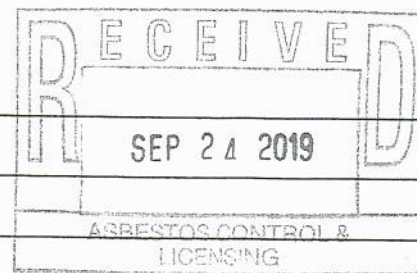
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 40 +CU YD		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, New Jersey		Disposal Date TBD		City, State Pen Argyl, PA			
Completed by Dimo Golcev		Title General Manager		Signature 		Date 9/18/19	

**State of New Jersey
Notification of Asbestos Abatement
Continuation Sheet**

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 Stairs, Attic Stairs, 1st Fl, 2nd Fl		X		Plaster Rough Coat	5725 SF	X			
Basement		X		Aircell	200 LF	X			
Basement		X		Boiler Jacket Insulation	40 SF	X			
1st Fl Bathroom		X		Gray/ Beige Multi-Color Sheet Vinyl	50 SF	X			
1st Fl Bathroom at Shower Entry		X		Shower Sealer Caulk	5 LF	X			
Attic, Office, Southeast Bedroom Ceiling, West Porch, 1st Fl Bathroom		X		Wall Joint Compound	1,550 SF	X			



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



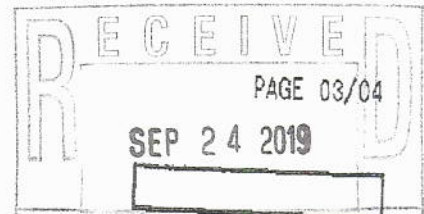
Date of Notification (1) 9/18/19		Name of Building Owner/Operator (2) Woodbridge Township School District		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED SEP 24 2019 ASBESTOS CONTROL & LICENSING </div>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		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 PO Box 428, School Street City, State, Zip Code Woodbridge, NJ 07095 Name of Contact Brian Wolferman Telephone Number 732-750-3200				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Ross Street School #11			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 110 Ross St.			Square Feet 55,500							
City (5) Woodbridge			# of Floors 3							
County (6) Middlesex			Bldg. Age 1920							
County Code (7) (STATE USE ONLY) _____			Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc			ASCM No. 00057							
Street Address PO Box 385			Name of Abatement Contractor (9) Unicorn Contracting Corp.							
City, State, Zip Code Oceanville, NJ 08231			Street Address 32 Willow Way							
Project Manager for Monitoring Firm John Smoyer			City, State, Zip Code Woodland Park, NJ 07424							
Telephone No. 609-652-1833			Telephone No. 973-333-9176							
Start Date (10) 09/20/19			License No. 01331							
Scheduled Completion Date (11) 10/11/2019			Name of OSHA Monitor Envirovision Consultants, 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>Mon-Friday 4PM-12:30AM</u>			Street Address 20-21 Wagaraw Rd., Bldg. 35-E							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 lf or ≥260 lf			City, State, Zip Code Fair Lawn, NJ 07410							
<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				
						Removal	Repair	Encapsulate	Enclosure	
Roof		Yes	No	N/A	Built Up Roofing, Bottom Layer	17,000 SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 150+ CU YD		Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, New Jersey		Disposal Date TBD		City, State Morrisville, PA						
Completed by Dimo Golcev		Title General Manager		Signature 		Date 9/18/19				

09/18/2019 08:58AM 9736381778

Inv 14537

Check#3438

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:69 and 8:16)



Date of Notification (1)

09 / 18 / 19

Name of Building Owner/Operator (2)

Thomas J. DiTrani

Street Address

City, State, Zip Code

Verona, NJ 07044

Name of Contact

Thomas J. DiTrani

DOL - 10 DAY

Agencies Notified

☐ EPA☒ DOLWD☒ DHSS☐ DCA

(NJAC 8:23-8)

Type Notification

☒ Initial☐ Amended

Amendment #

☒ Emergency (including

justification)

☐ Cancellation**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)

Private house

Street Address

City (5)

Verona, NJ 07044

County (6)

Essex

County Code (7) (STATE USE ONLY)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Gr Tech LLC

Street Address

576 Valley Rd #283

City, State, Zip Code

Wayne, NJ 07470

Telephone No.

973-638-1777

License No.

01127

Start Date (10)

09 / 19 / 19

Scheduled Completion Date (11)

09 / 20 / 19

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement☐ Abatement Performed Outside of Normal Facility Hours - Describe

Time of Abatement: AM PM PM AM

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)

☒ >3 sf or >3 ft☐ >160 sf or >280 ft☒ Renovation☐ Demolition☐ Clean up and decontamination with negative pressure☐ Full Containment with Negative Pressure☐ Mini-Enclosure☒ Glovebag Procedure ☐ Tent with Negative Pressure☐ Non-Exempted ("") and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)

Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)

Yes No N/A

Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SIF or LF)

Abatement Type

Removal Repair Encapsulate Enclosure

Basement

☐ Yes ☐ No ☒ N/A

Pipe insulation

200 LF

☒ Removal ☐ Repair ☐ Encapsulate ☐ Enclosure

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

Heide Wenzel

Date

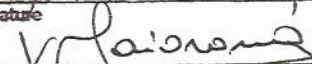
09/18/19

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

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

CK 5254

INV 14720

Date of Notification (1) 9/19/19		Name of Building Owner/Operator (2) ESTATE OF FREDERICK BARTENSTEIN, JR				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>				
		City, State, Zip Code MENDHAM, NJ 07945				
		Name of Contact MS. FLORA THOMAS				
ASBESTOS Telephone Number &						
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) ESTATE OF FREDERICK BARTENSTEIN, JR		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address <div style="background-color: black; width: 100px; height: 1.2em; margin-bottom: 2px;"></div>						
City (5) MENDHAM	Square Feet 2500	# of Floors 2	Bldg. Age 1940			
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.	License No.			
Start Date (10) 9/30/19		Scheduled Completion Date (11) 10/1/19				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Name of OSHA Monitor Omega Environmental				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-between;">YesNoN/A</div>	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
BOILER ROOM	/	Thermal System Insulation	9 LF	X		
BOILER ROOM	/	Thermal Surfacing Insulation	2 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 10/1/19	City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO	Title Estimator	Signature 	Date 9/19/19			

CIC# 4907

INV 14719

PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)RECEIVED
SEP 24 2019

Date of Notification (1) <u>9-17-19</u>		Name of Building Owner/Operator (2) <u>HARGROVE DEMOLITION</u>		ASBESTOS CONTROL & ABATEMENT	
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>1507 STATE ST.</u> City, State, Zip Code <u>CAMDEN N.J 08105</u>	
		Name of Contact <u>KELLY</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 <u>[REDACTED]</u>			Square Feet <u>1500</u>		
City (5) <u>WILLINGBORO</u>			# of Floors <u>2</u>		Bldg. Age <u>50</u>
County (6) <u>BURLINGTON</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>KLEWCO 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>9-27-19</u>			Scheduled Completion Date (11) <u>10-7-19</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:			Name of OSHA Monitor <u>N/A</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 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) <u>SIDING</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		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>1250 SF</u>	
				Abatement Type Removal Repair Encapsulate Enclosure X	
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Name of Registered Landfill <u>TRRF</u>	
City, State <u>MAPLE SHADE N.J</u>		Disposal Date 		City, State <u>TULLY TOWN PA</u>	
Completed By <u>MICHAEL KLEWCO</u>		Title <u>PRES</u>		Signature <u>[Signature]</u>	
				Date <u>9-17-19</u>	

CHK 4907
INV 14718

PAID

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

RECEIVED
SEP 24 2019

Date of Notification (1) 9-17-19		Name of Building Owner/Operator (2) TOM WELSH		ASBESTOS CONTROL & BUILDERS INSURING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <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 661 POMONA AVE					
				City, State, Zip Code HADDONFIELD N.J 08033					
		Name of Contact TOM		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]				Square Feet 1000					
City (5) SEA ISLE CITY				# of Floors 1					
County (6) CAPE MAY				Bldg. Age 50 +					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLEMCO 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.		Telephone No. 856-779-0472					
				License No. 01371					
Start Date (10) 9-27-19		Scheduled Completion Date (11) 10-7-19		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) 2500 SF	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	2500 SF	X			
Name of Registered Waste Hauler KLEMCO 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 KLOMM		Title SUP.		Signature [Signature]		Date 9-17-19			

CIC# 4907
INV 14717

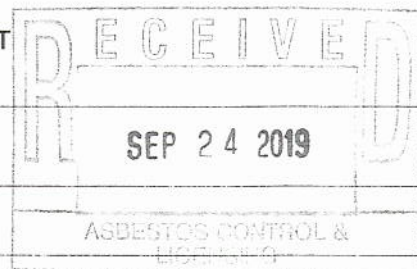
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
SEP 24 2019

Date of Notification (1) 9-17-19		Name of Building Owner/Operator (2) STAR CONSTRUCTION, INC.				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. Box 36 City, State, Zip Code MOORESTOWN N.J. 08057 Name of Contact MIKE 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]		Square Feet 1500				
City (5) OCCAN CITY		# of Floors 1				
County (6) CAPE MAY		Bldg. Age 50+				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT				
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.				
Street Address		Name of Abatement Contractor (9) KLEMCO INC.				
City, State, Zip Code		Street Address 369 S. SPRUCE AVE				
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052				
Telephone No.		Telephone No. 856-779-0472				
Start Date (10) 9-30-19		License No. 00444				
Scheduled Completion Date (11) 10-10-19		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) 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) 2000 SF	Abatement Type		
				Removal	Repair	Encapsulate
SIDING	X	TRANSITE	2000 SF	X		
Name of Registered Waste Hauler KLEMCO 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 KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 9-17-19			

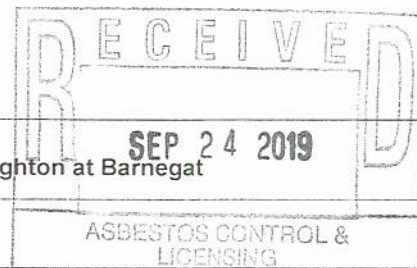
INV 14716
CK 6048

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



Date of Notification (1) 09 / 19 / 19		Name of Building Owner/Operator (2) Riverside Board of Education		SEP 24 2019					
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 112 E. Washington Street City, State, Zip Code Riverside, NJ 08075 Name of Contact Robert Karmade Telephone Number 609-217-4974					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Riverside 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 112 E. Washington Street									
City (5) Riverside			Square Feet 80,000	# of Floors 2	Bldg. Age 70				
County (6) Burlington		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 1253 North Church Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 856-840-8800	Telephone No. 856-755-0099	License No. 00842					
Start Date (10) 10 / 04 / 19		Scheduled Completion Date (11) 10 / 21 / 19		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: 6:00AM-5:00PM/3:00PM-12:00AM			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 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
Room 109	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	690 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 109	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace under 109, 110, & Hall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe/Fitting Insulation Debris (O&M)	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ			Disposal Date 10/21/2019	City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch-Fay		Title Vice President of Operations	Signature 		Date 9-19-19				

Ch 6047 Inv 14715
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 09 / 18 / 19		Name of Building Owner/Operator (2) Hometown America Communities - Brighton at Barnegat	
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 35 Brighton Road, Route 72 City, State, Zip Code Barnegat, NJ 08005	
		Name of Contact Kristin Vest	Telephone Number 609-312-6826

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Barnegat	Square Feet 1,100	# of Floors 1	Bldg. Age 40
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 167		Street Address 623 Cutler Avenue	
City, State, Zip Code Hammonton, NJ 08037		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Cathy Ledden	Telephone No. 609-820-9312	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 09 / 30 / 19	Scheduled Completion Date (11) 10 / 02 / 19	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	

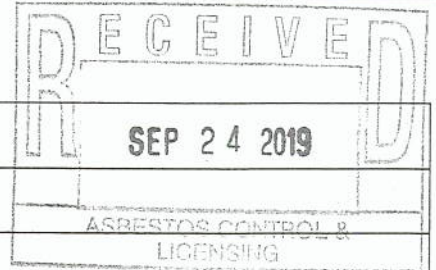
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Front Foyer	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Linoleum	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"/>
	<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 10/02/2019	City, State Morrisville, PA	
Completed By (Print or Type) Christina Fay	Title Vice President of Operations	Signature <i>Christina Fay</i>	Date 9-18-19

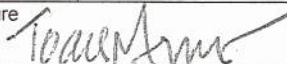
PAID
 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 09/18/2019		Name of Building Owner/Operator (2) Tonnelles North Bergen, LLC.		RECEIVED SEP 24 2019 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 329 B South Main Street			
		City, State, Zip Code Doylestown, PA 18901		Telephone Number 215-230-8080 ext. 5					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1701 75th Street, North 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.)					
City (5) North Bergen		Square Feet 28000		# of Floors 1					
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Bldg. Age 50+					
Current Use (Prior if being demolished) Vacant									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Nova Development Group, Inc.					
Street Address		Street Address 189 Townsend Street							
City, State, Zip Code		City, State, Zip Code New Brunswick, NJ 08901							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732 565-3655					
				License No. 01284					
Start Date (10) 10/14/19		Scheduled Completion Date (11) 12/30/19		Name of OSHA Monitor EMCA					
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 17 Meredith Pl.					
				City, State, Zip Code Piscataway, NJ 08854					
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 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
Center room			X	Pipe insulation/transite debris	500 sf				X
Exterior			X	Window glazing	270 lf	X			
Name of Registered Waste Hauler Nova Development Group, Inc.		NJDEP Waste Hauler ID No. NJ-807		Cubic Yards of Waste 10		Name of Registered Landfill GROWS, Inc.			
City, State New Brunswick, NJ		Disposal Date October 2019		City, State Morrisville, PA					
Completed by Todd Grant		Title President		Signature <i>Todd Grant</i>		Date 09/18/2019			

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

RECEIVED
SEP 24 2019

Date of Notification (1) 09/18/2019		Name of Building Owner/Operator (2) Tonnelle North Bergen, LLC.							
Agencies Notified	Type Notification	Street Address 329 B South Main Street							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Doylestown, PA 18901							
		Name of Contact Jamie Graziano	Telephone Number 215-230-8080 ext. 5						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 1701 75th Street, South Building		<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) North Bergen		Square Feet 9000	# of Floors 2						
County (6) Hudson		Bldg. Age 50+							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Nova Development Group, Inc.						
Street Address		Street Address 189 Townsend Street							
City, State, Zip Code		City, State, Zip Code New Brunswick, NJ 08901							
Project Manager for Monitoring Firm		Telephone No. 732 565-3655	License No. 01284 01352						
Start Date (10) 10/7/19	Scheduled Completion Date (11) 12/30/19	Name of OSHA Monitor EMCA							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Meredith Pl.							
<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 Piscataway, NJ 08854							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If									
<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
1st floor office			X	VAT	2240 sf	X			
Name of Registered Waste Hauler Nova Development Group, Inc.		NJDEP Waste Hauler ID No. NJ-807	Cubic Yards of Waste 10	Name of Registered Landfill GROWS, Inc.					
City, State New Brunswick, NJ			Disposal Date October 2019	City, State Morrisville, PA					
Completed by Todd Grant		Title President	Signature 	Date 09/18/2019					

Inv14539

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

VIA FAX
CH# 4617

RECEIVED
SEP 24 2019
ASBESTOS CONTROL &
Telephone: _____

Date of Notification (1) 9/18/19		Name of Building Owner/Operator (2) MR RONALDO QUISEP	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input 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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PATERSON, N.J. 07513	
		Name of Contact MR QUISEP	

Name of Facility Where Abatement is Taking Place (3)		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, home etc.)	
City (5) MONTCLAIR	Square Feet 3000	# of Floors 2	Bldg. Age 90
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9)
Street Address		NOVATECH
City, State, Zip Code		Street Address P.O. Box 814
Project Manager for Monitoring Firm	Telephone No.	City, State, Zip Code Old Bridge N.J. 08857
		Telephone No. 732 232-7500
		License No. 00806

Start Date (10) 9/20/19	Scheduled Completion Date (11) 10/20/19	Name of OSHA Monitor NOVATECH
Occupancy Status During Abatement (Check Only One)		Street Address P.O. Box 814
<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 Old Bridge N.J. 08857

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 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
2 FLOOR HALLWAY			X	9x9 FLOOR TILE	< 1504F	X		

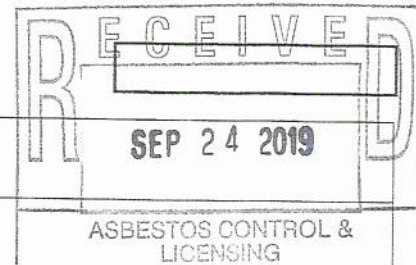
Name of Registered Waste Hauler NOVATECH	NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S
City, State Old Bridge N.J. 08857	Disposal Date 10/20/19	City, State FORDSVILLE P.A.	
Completed by CARLOS A. MEIDA	Title PRESIDENT	Signature [Signature]	Date 9/18/19

PAID

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

Check#3440

JNV 4712



Date of Notification (1) 09 / 19 / 19		Name of Building Owner/Operator (2) Ken Potenski	
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 Bloomfield, NJ 07003	
		Name of Contact Ken Potenski	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Bloomfield, NJ 07003		Square Feet	# of Floors
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-638-1777	License No. 01127
Start Date (10) 09 / 28 / 19	Scheduled Completion Date (11) 09 / 29 / 19		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E		
		City, State, Zip Code Fair Lawn, NJ 07410		

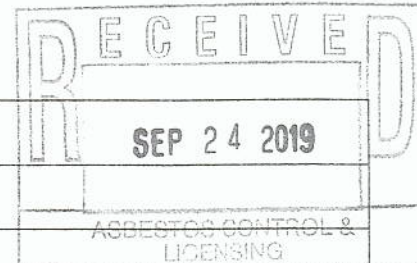
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Clean up and decontamination with negative pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure
		<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Tent with Negative Pressure
		<input 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 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	40 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"/>	VAT floor tiles	400 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"/>

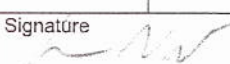
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 09/19/19	

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



Date of Notification (1) 09-19-19		Name of Building Owner/Operator (2) Susan Voigtman		Street Address [REDACTED]		City, State, Zip Code Lake Hopatcong, NJ 07849		Name of Contact Susan Voigtman		Telephone Number					
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 <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Facility Information Name of Facility Where Abatement is Taking Place (3) Private Home Street Address [REDACTED] City (5) Lake Hopatcong County (6) Sussex County Code (7) (STATE USE ONLY) _____		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age		Name of Monitoring Firm Hired by Building Owner (8) N/A Street Address City, State, Zip Code		Name of Abatement Contractor (9) Delfa Contracting LLC. Street Address 1119 East Grand St. City, State, Zip Code Elizabeth, NJ 07201					
Start Date (10) 09-30-19		Scheduled Completion Date (11) 10-04-19		Name of OSHA Monitor Delfa Contracting LLC		Project Manager for Monitoring Firm Telephone No.		Telephone No. 201 216-9603		License No. 01206					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 am- 5:00pm		Street Address 1119 East Grand ST. City, State, Zip Code Elizabeth, NJ 07201		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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Attic		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A x		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Vermiculite Insulation		Amount (Specify SF or LF) 700 SF		Abatement Type Removal Repair Encapsulate Enclosure x	
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 10		Name of Registered Landfill Tullytown Resource Recovery Facility		City, State Elizabeth, NJ		Disposal Date 10-07-19		City, State Tullytown, PA			
Completed by Jaime Delgado		Title Proj. Manager.		Signature 		Date 09-19-19									

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

Date of Notification (1) 09/10/19		Name of Building Owner/Operator (2) Town of Phillipsburg		<div style="border: 1px solid black; padding: 5px; text-align: center;"> 2387 RECEIVED SEP 24 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified		Type Notification				Street Address 675 Corliss Ave.			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" 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 Phillipsburg, NJ 08865			
				Name of Contact Mrs. Vicky Kleiner		Telephone Number 908-454-5500			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Phillipsburg Armory					Type of Facility (4)				
Street Address 441 Heckman St.					<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Phillipsburg					Square Feet 30,000	# of Floors 1	Bldg. Age 60		
County (6) Warren			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Armory				
Name of Monitoring Firm Hired by Building Owner (8) RK Occupational & Environmental Analysis Inc.			ASCM No. 0090		Name of Abatement Contractor (9) Lesco Services Inc.				
Street Address 401 St. James Ave.					Street Address 156 Maple Ave.				
City, State, Zip Code Phillipsburg, NJ 08865					City, State, Zip Code Wallington, NJ 07057				
Project Manager for Monitoring Firm Jonathan Gilbert			Telephone No. 908-454-6316		Telephone No. 862-221-9092		License No. 01107		
Start Date (10) 09/23/19		Scheduled Completion Date (11) 09/26/19		Name of OSHA Monitor Leslaw Nalodka					
Occupancy Status During Abatement (Check Only One)					Street Address 156 Maple 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 Wallington, NJ 07057				
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 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 & break Room		*		Pipe Insulation	120 lf.	*			
Rooms 1 & 2		*		Pipe Insulation	65 lf.	*			
Foyer		*		Pipe Insulation	25 lf.	*			
Mens Bathroom & Shower		*		Pipe Insulation	80 lf.	*			
Name of Registered Waste Hauler Newark Carting Inc.			NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste 20		Name of Registered Landfill GCSL		
City, State Newark, NJ			Disposal Date 09/27/19		City, State Pen Argyl, PA				
Completed by Leslaw Nalodka			Title President		Signature 			Date 09/10/19	

Inv 14618

B & G proj. #:

2019-223

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

Check # 9566

Date of Notification (1) 09/12/2019		Name of Building Owner/Operator (2) Daniel Oliveira	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code North Arlington, NJ 07031	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Daniel Oliveira	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Daniel Oliveira			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) North Arlington, NJ 07031	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/04/2019		Sched. Completion Date (11) 10/05/2019	Name of OSHA Monitor B & G Restoration, 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: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf

- ☐ wrap & cut ☒ Full Containment w/negative pressure ☐ Glovebag procedure
☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	boiler insul. & rib packing material	7 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 10/05/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 09/20/2019

INV 14677

B & G proj. #: 2019-222

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

Check # 9565

Date of Notification (1) 09/12/2019		Name of Building Owner/Operator (2) Dan Hafetz		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 24 2019 ASBESTOS CONTROL & LICENSING </div>
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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07043		
		Name of Contact Dan Hafetz		
Telephone Number				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Dan Hafetz			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Montclair, NJ 07042	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 10/01/2019		Sched. Completion Date (11) 10/04/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one)		Street Address 105 Ryerson Road			
<input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		City, State, Zip Code Lincoln Park, NJ 07035			

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ wrap & cut☒ Full Containment w/negative pressure☐ Glovebag procedure☐ Mini-enclosure☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	VAT & mastic	350 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 10/04/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 09/20/2019

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

Chk # 3637

Date of Notification (1) 9 / 18 / 19		Name of Building Owner/Operator (2) Buckeye Partners, LP - Northeast District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED SEP 24 2019 NJ DEPARTMENT OF ENVIRONMENTAL CONTROL & LICENSING </div>
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 750 Cliff Road		
		City, State, Zip Code Port Reading, NJ 07064		
		Name of Contact John Philbin	Telephone Number 732-692-5212	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Buckeye Partners, LP		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 123 Derousse Ave. (River Road Terminal)		Square Feet -	# of Floors -
City (5) Pennsauken		Bldg. Age -	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Exterior	
Name of Monitoring Firm Hired by Building Owner (8) Vertex Engineering		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 700 Turner Way		Street Address 1123 BEAVER STREET	
City, State, Zip Code Aston, PA 19014		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Dave Turotsy	Telephone No. 610-558-8902	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 9 / 30 / 19	Scheduled Completion Date (11) 9 / 30 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	

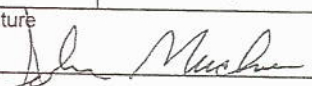
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM	Street Address 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
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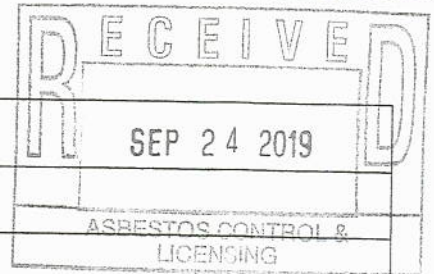
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	10 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 Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Bristol, PA			Disposal Date	City, State Fairless Hills, PA	
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni</i>	Date 9-18-19		

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

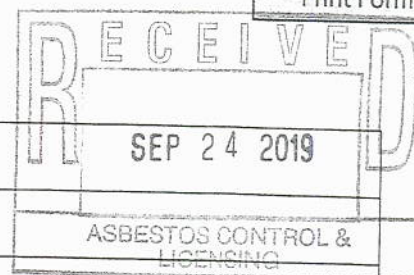
Date of Notification (1) 9/20/19		Name of Building Owner/Operator (2) NJDPMC		SEP 24 2019					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 33 West State St., 9th Floor City, State, Zip Code Trenton, NJ 08625-0034 Name of Contact Regina Bruno Telephone Number 609-433-8745					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION				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 332 Madison St				Square Feet 2200					
City (5) Linden, NJ 07036				# of Floors 2					
County (6) Union County				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Abandoned, BLUE ACRES					
Name of Monitoring Firm Hired by Building Owner (8) n/a			ASCM No.		Name of Abatement Contractor (9) Yannuzzi Group, Inc.				
Street Address			Street Address 135 Kinnelon Road						
City, State, Zip Code			City, State, Zip Code Kinnelon, NJ 07405						
Project Manager for Monitoring Firm			Telephone No.		License No. 01228				
Start Date (10) 9/24/19		Scheduled Completion Date (11) 9/30/19		Name of OSHA Monitor Yannuzzi Group, 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 Road					
				City, State, Zip Code Kinnelon, NJ 07405					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure					
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Demolition		<input 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			
						Removal	Repair	Encapsulate	Enclosure
First Floor		Yes	No	N/A	480 SF	X			
Second Floor				X	610 SF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 15	Name of Registered Landfill Grows Fairless				
City, State Kinnelon, NJ				Disposal Date 10-1-19	City, State Morrisville, PA				
Completed by John Mucha		Title ASHERA Project Designer		Signature 		Date 9/20/19			

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



Date of Notification (1) 9/20/19 Inv 14674		Name of Building Owner/Operator (2) NJDPMC							
Agencies Notified	Type Notification	Street Address 33 West State St., 9th Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625-0034							
		Name of Contact Regina Bruno	Telephone Number 609-433-8745						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION		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 2703 Parkway Ave		Square Feet 1900	# of Floors 1 1/2						
City (5) Linden, NJ 07036		Bldg. Age 50+							
County (6) Union County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Abandoned, BLUE ACRES							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Group, Inc.						
Street Address		Street Address 135 Kinnelon Road							
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) 9/28/19	Scheduled Completion Date (11) 10/1/19	Name of OSHA Monitor Yannuzzi Group, 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 Road							
		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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transite Pipe in Ground	120 LF	X			
Basement			X	Thermal System Flu TSU	4 SF	X			
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 3	Name of Registered Landfill Grows Fairless					
City, State Kinnelon, NJ			Disposal Date 10/2/19	City, State Morrisville, PA					
Completed by John Mucha		Title AHERA Project Designer	Signature <i>John Mucha</i>	Date 9/20/19					

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



Date of Notification (1) 9/20/19		Name of Building Owner/Operator (2) NJDPMC		Street Address 33 West State St., 9th Floor		City, State, Zip Code Trenton, NJ 08625-0034		Name of Contact Regina Bruno		Telephone Number 609-433-8745	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Former Residence, BLUE ACRES DEMOLITION						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 321 Madison Street						Square Feet 1800		# of Floors 1 1/2		Bldg. Age 50+	
City (5) Linden, NJ 07036						County (6) Union County					
County Code (7) (STATE USE ONLY)						Current Use (Prior if being demolished) Abandoned, BLUE ACRES					
Name of Monitoring Firm Hired by Building Owner (8) n/a				ASCM No.		Name of Abatement Contractor (9) Yannuzzi Group, Inc.					
Street Address				City, State, Zip Code		Street Address 135 Kinnelon Road		City, State, Zip Code Kinnelon, NJ 07405		Telephone No. 908-218-0880	
Project Manager for Monitoring Firm				Telephone No.		License No. 01228		Name of OSHA Monitor Yannuzzi Group, Inc.			
Start Date (10) 9/30/19				Scheduled Completion Date (11) 10/8/19		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:					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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			
First Floor				X		Popcorn Ceiling/Mortar		530 SF		X	
Exterior Roof				X		Chimney Flashing		5 SF		X	
Name of Registered Waste Hauler Yannuzzi Group, Inc.				NJDEP Waste Hauler ID No. 17467		Cubic Yards of Waste 10		Name of Registered Landfill Grows Fairless			
City, State Kinnelon, NJ				Disposal Date 10/9/19		City, State Morrisville, PA					
Completed by John Mucha				Title ASHERA Project Designer		Signature <i>John Mucha</i>		Date 9/20/19			

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

Print Form
SEP 24 2019
ASBESTOS CONTROL & LICENSING

CH 4130
Inv 14672

Date of Notification (1)
9/20/19

Name of Building Owner/Operator (2)
NJDPMC

Street Address
33 West State St., 9th Floor

City, State, Zip Code
Trenton, NJ 08625-0034

Name of Contact
Regina Bruno

Telephone Number
609-433-8745

Agencies Notified
☐ EPA
☐ DEP
☒ DOL
☐ DOH
☐ DCA

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Former Residence, BLUE ACRES DEMOLITION

Street Address
327 Madison St

City (5)
Linden, NJ 07036

County (6)
Union County

County Code (7)
(STATE USE ONLY)

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

Square Feet
2460

of Floors
2

Bldg. Age
50+

Current Use (Prior if being demolished)
Abandoned, BLUE ACRES

Name of Monitoring Firm Hired by Building Owner (8)
n/a

ASCM No.

Name of Abatement Contractor (9)
Yannuzzi Group, Inc.

Street Address
135 Kinnelon Road

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)
10/5/19

Scheduled Completion Date (11)
10/12/19

Name of OSHA Monitor
Yannuzzi Group, Inc.

Occupancy Status During Abatement (Check Only One)
☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address
135 Kinnelon Road

City, State, Zip Code
Kinnelon, NJ 07405

Scope of Work (Check All That Apply)
☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf
☐ Renovation
☒ Demolition
☒ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	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			X	Mortar Joint Compound, Leveling	455 SF	X			
Exterior Windows			X	Window Glazing	64 LF	X			

Name of Registered Waste Hauler
Yannuzzi Group, Inc.

NJDEP Waste Hauler ID No.
17467

Cubic Yards of Waste
10

Name of Registered Landfill
Grows Fairless

City, State
Kinnelon, NJ

Disposal Date
10/13/19

City, State
Morrisville, PA

Completed by
John Mucha

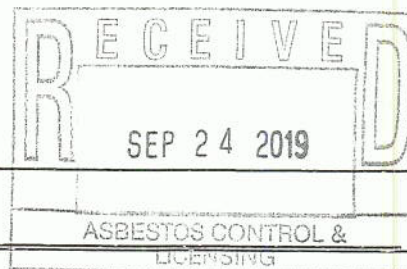
Title
AHERA Project Designer

Signature
John Mucha

Date
9/20/19

Inv 14671
CK 1024

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



Date of Notification (1)
10/19/19

Name of Building Owner/Operator (2)

David & Dale Megarl

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☒ Initial
☐ Amended
Amendment #: _____
☐ Emergency
(including justification)
☐ Cancellation

Street Address

City, State, Zip Code

Sterling, NJ 07980

Name of Contact

David & Dale Megarl

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

County (6)

County Code (7)
(State use only)

Sterling, NJ 07980

Morris

Type of Facility (4)

- ☐ School (K - 12)
☐ Subchapter 8 (Other than K-12)
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

2,000 SF

03

70

Current Use (Prior if being demolished)
Residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

Sched. Completion Date (11)

10/02/19

10/07/19

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: NORMAL HOURS

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf
☐ ≥160 sf or ≥260 lf
☒ Renovation
☐ Demolition

- ☐ Full Containment w/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/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove
Repair
Encap
ENCL

Basement

1st Floor Kitchen

Transite Exhaust Chimney Pipe

6 LF

Transite Exhaust Chimney Pipe

6 LF

Registered Waste Hauler
KLOMAX, LLC

NJDEP Hauler ID#
0038241

Cubic Yards of Waste
1 yds

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
Hopatcong, NJ 07843

Disposal Date
TBD

City, State
TULLYTOWN, PA

Completed by (Print or Type)
Paige Boylan

Title
Owner

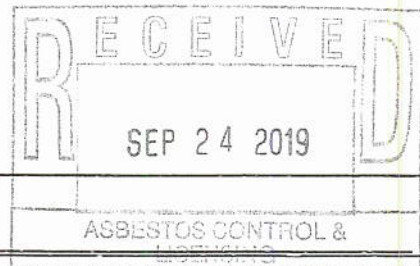
Signature

Date
09/19/19

Inv 14670

Proj. #: 19-195

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



Date of Notification (1) 09/11/19		Name of Building Owner/Operator (2) EXP Realty	
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 28 Valley Rd. Suite 1		City, State, Zip Code Montclair, NJ 07042	
Name of Contact Al Wells		Telephone Number 973-250-4418	

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 (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,600 SF		
City (5) Irvington, NJ 07111			# of Floors 02		
County (6) Essex			Bldg. Age 85		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 09/30/19		Sched. Completion Date (11) 10/04/19		License Number 02007	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor KLOMAX, LLC	
				Street Address 309 W. End Ave	
				City, State, Zip Code Hopatcong, NJ 07843	

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 w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Pipes to be Cleaned	25 LF	<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"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 09/19/19

Change of start date at
Owner request. NO CK

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

0585

Date of Notification (1) 9/6/2019 9/18/19		Name of Building Owner/Operator (2) CarePoint Health		<div>RECEIVED</div> <div>SEP 24 2019</div> <div>ASBESTOS CONTROL & ABATEMENT 551-697-0480</div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 308 Willow Ave.	
		City, State, Zip Code NJ				Name of Contact Manuel Tapia	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Hoboken University 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 (i.e. private & commercial buildings, homes, etc.)			
Street Address 308 Willow Ave				Square Feet 300,000			
City (5) Hoboken				# of Floors 7			
County (6) Hudson				Bldg. Age 156			
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Medical Center/Hospital			
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No.			
Street Address				Name of Abatement Contractor (9) Advanced Specialty Contractors			
City, State, Zip Code				Street Address 2400 Mains St Ext Suite 10			
Project Manager for Monitoring Firm				City, State, Zip Code Sayreville, NJ, 08872			
Telephone No.				Telephone No. 732-525-0100			
Start Date (10) 9/21/19 9/28/19				License No. 00750			
Scheduled Completion Date (11) 9/21/2019 9/28/19				Name of OSHA Monitor Environmental Tactics			
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>Performed in Mechanical Rooms</u>				Street Address 64 Broad St			
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				City, State, Zip Code Matawan, NJ 07747			
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			
AHU-2		<input checked="" type="checkbox"/>		Tile			
AHU-3		<input checked="" type="checkbox"/>		Tile			
2nd Floor MER		<input checked="" type="checkbox"/>		Pipe Insulation			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 32			
City, State Freehold, NJ		Disposal Date 9/21/2019		Name of Registered Landfill GROWS Landfill			
City, State Morrisville, PA		Signature John Evanovich Michael Hughes		Date 9/6/2019 9/18/19			

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

GAC Project # 060-19

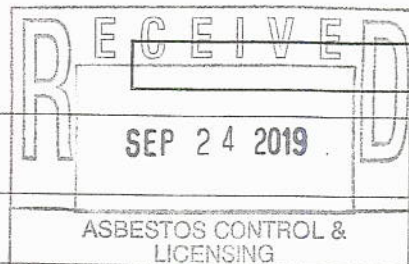
Date of Notification (1) August 29, 2019			Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS	
				City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) NEWARK POWER PLANT, BLDG# 7261			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 60+ years		
Street Address RBHS NEWARK CAMPUS			Current Use (prior if being demolished): HEATING PLANT		
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET			
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405			
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone Number 609-386-8800	Telephone Number 973-492-0477		License Number 00840
Scheduled Start Date (10) 09/07/2019		Scheduled Completion Date (11) 09/16/2019		Name of OSHA Monitor ENVIROVISION, 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 - 7am -3pm Describe: Schedule: SAT 12:01 AM - MON 5AM (WEEKENDS 24 HRS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement <input type="checkbox"/> Other- Describe:			Street Address 20-21 WARGARAW ROAD, BLDG# 35E		
			City, State, Zip Code FAIRLAWN, 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"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose	
B2-MER	<input checked="" type="checkbox"/>	TSI	<9 LF	<input checked="" type="checkbox"/>	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 15 CY	Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			Disposal Date 09/16/2019	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 29, 2019		

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

Inv 14695

Check#3437

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



Date of Notification (1) 09 / 18 / 19		Name of Building Owner/Operator (2) Andrea Campbell	
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 West Caldwell, NJ 07006	
Name of Contact Andrea Campbell		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) West Caldwell, NJ 07006		# of Floors	
County (6) Essex		Bidg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	
Telephone No.		License No. 01127	
Start Date (10) 09 / 27 / 19		Scheduled Completion Date (11) 09 / 28 / 19	
Name of OSHA Monitor Envirovision Consultants, Inc		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
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		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 decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	80 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

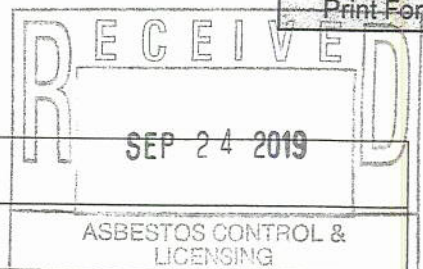
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD		Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA			
Completed By (Print or Type) N. Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 09/18/19	

ASB-41

MAY 11

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

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



Date of Notification (1) 9/18/19 <i>Inv 141094</i>		Name of Building Owner/Operator (2) Ken Durfee Private Home	
Agencies Notified	Type Notification	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Beach Haven Gardens NJ 08008	
		Name of Contact Ken	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Ken Durfee Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1000+	# of Floors 2
City (5) Beach Haven Gardens NJ 08008		Bldg. Age 50+	
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) house	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.
Street Address		Street Address PO Box 329	
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091	
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727
Start Date (10) 9/30/19	Scheduled Completion Date (11) 10/9/19	Name of OSHA Monitor Same	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	Exterior Siding	2100 SF	x			

Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.	
City, State Elm NJ		Disposal Date 10/9/19		City, State Morrisville PA 19067	
Completed by Anthony T Perna		Title President	Signature 	Date 9/18/19	

Inv 14693
CH 5240

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

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SEP 24 2019

Date of Notification (1) 9/17/19		Name of Building Owner/Operator (2) MR RAYMOND BERMUDEZ	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code HOBOKEN, N.J. 07030	
		Name of Contact MR BERMUDEZ	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MR. RAYMONA BERMUDEZ		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) HOBOKEN	Square Feet 2000	# of Floors 2	Bldg. Age 1950
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St	
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 9/27/19	Scheduled Completion Date (11) 9/28/19	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00AM TO 5:00PM		Street Address 280 Huyler St	
		City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
			Amount (Specify SF or LF) 10 LF
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL
City, State Hackensack, N.J. 07601	Disposal Date 9/30/19	City, State NEWBURGH, PA. 17240	
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 9/17/19

ASB-41

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Inv 14689
CK 6042

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

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SEP 24 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 09 / 17 / 19		Name of Building Owner/Operator (2) John LaProcido	
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 [REDACTED] City, State, Zip Code Haddonfield, NJ 08033	
		Name of Contact John LaProcido	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) LaProcido Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Haddonfield		Square Feet 3,756	# of Floors 3
		Bldg. Age 120	
County (6) Camden	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) 09 / 27 / 19	Scheduled Completion Date (11) 09 / 30 / 19		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 checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	14 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ		Disposal Date 09/30/2019		City, State Morrisville, PA	
Completed By (Print or Type) Christina Fay	Title Vice President of Operations	Signature <i>Christina Fay</i>		Date 9/17/19	

RECEIVED
SEP 24 2019
ASBESTOS CONTROL & LICENSING

ASB-41
JAN 13

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INV 14688

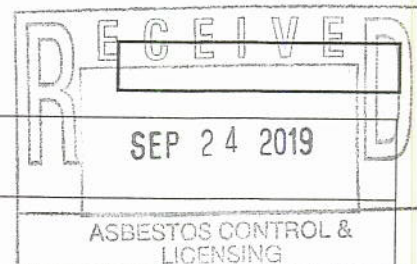
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK 5258

Date of Notification (1) 9/20/19		Name of Building Owner/Operator (2) MR PETER SALEH						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code IRVINGTON, NJ 07111					
		Name of Contact MR SALEH	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR PETER SALEH		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 1850	# of Floors 2					
City (5) IRVINGTON		Bldg. Age 50 years						
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 10/2/19	Scheduled Completion Date (11) 10/3/19	Name of OSHA Monitor Omega Environmental						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St						
		City, State, Zip Code S. Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) 130 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
BASEMENT			✓	THERMAL SYSTEMS INSULATION				
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL					
City, State Hackensack, N.J. 07601		Disposal Date 10/3/19	City, State NEWBURGH, PA. 17240					
Completed by J. MAIORANO	Title Estimator	Signature [Signature]				Date 9/20/19		

Inv14086

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



Date of Notification (1) 09 / 20 / 19		Name of Building Owner/Operator (2) Alan Paradise							
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 Wharton, NJ 07885 Name of Contact Alan Paradise Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Wharton, NJ 07885		County Code (7) (STATE USE ONLY) Morris							
County (6)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Gr Tech LLC							
City, State, Zip Code		Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-638-1777							
Start Date (10) 09 / 29 / 19		License No. 01127							
Scheduled Completion Date (11) 09 / 30 / 19		Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> >3 sf or >3 lf <input 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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785		Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc				
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner		Signature <i>N. Jevtic</i>		Date 09/20/19			

ASB-41

MAY 11

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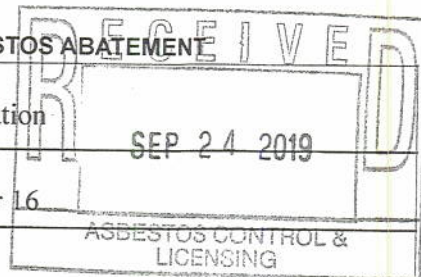
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

Date of Notification 9/13/19 <i>Inv 141085</i>		Name of Building Owner / Operator (2) JMJ Farm Holdings II, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address 100 Lenox Drive	SEP 24 2019
		City, State & Zip Code Lawrenceville, NJ 08648	ASBESTOS CONTROL & LICENSING
		Name of Contact Andy Chodkiewicz	Telephone Number 609-896-3111
	<p align="center">FACILITY INFORMATION</p>		
Name of Facility Where Abatement is Taking Place (3) Vacant 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 35 Harbourton Mt Airy Rd <i>08530</i>		Square Feet 5,000	# of Floors 2
City (5) Hopewell Twp	County (6) Mercer	County Code (7)	Bldg. Age 100+
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC
Street Address 64 Broad Street		Street Address 443 Schoolhouse Road	
City, State & Zip Code Matawan, NJ 07716		City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm Tom Geiger	Telephone Number 732-290-2217	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 9/27/19	Scheduled Completion Date (11) 10/18/19	Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:		Street Address 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Large Project <input checked="" type="checkbox"/> Mini-Enclosure Quantity is ≥ 3 SF or ≥ 3 LF ACM <input checked="" type="checkbox"/> Glovebag <input checked="" type="checkbox"/> Quantity is ≥ 160 SF or ≥ 260 LF ACM <input checked="" type="checkbox"/> Other: Non-friable			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
See attached	N/A		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 40
City, State Freehold, NJ		Disposal Date 10/18/19	Name of Registered Landfill Cumberland County
Completed By (Print or Type) Dominick Tringali		Title Manager	Signature <i>Dominick Tringali</i>
			Date 9/13/19

CH03256

STATE OF NEW JERSEY DEPARTMENT OF LABOR NOTIFICATION OF ASBESTOS ABATEMENT

PAID



Date of Notification (1)

09/06/2019

Name of Building Owner/Operator (2)

Galaxy Condominium Association

Agencies Notified

() USEPA
 () NJDEP
 (X) NJDOL
 (X) NJDOH
 () NJDCA

Type of Notification

(X) Initial Notification
 () Amended
 Amendment # _____
 () Emergency (including justification)
 () Cancellation

Street Address

7000 Blvd East, Tower 1 Floor 16

City, State, Zip Code

Guttenberg, NJ 07093

Name of Contact

Donya Green

Tel. Number

917-530-3339

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Galaxy Condominium Association

Type of Facility (4)

() School (K-12)
 () Subchapter 8 (other than K-12)
 (X) Other (i.e. private & commercial bldgs., homes, etc.)

Street Address

7002 Blvd East, Tower 2 Unit 6N

City (5)

Guttenberg

County (6)

Hudson

County Code (7)

(State Use Only)

SQ. Feet: 860,000

of Floors 44

Bldg. Age 41

Condo unit (project location): Sq. Feet: ~ 800 # of Floors 1

Current Use (if being demolished):

Name of Monitoring Firm Hired by Bldg. Owner (8)

ISES, Inc.

ASCM No.

N/A

Name of Contractor (9)

Industrial Safety & Environmental Solutions, Inc.

Street Address

3300 Hudson Avenue

Street Address

3300 Hudson Avenue

City, State, Zip Code

Union City, NJ

City, State, Zip Code

Union City, NJ 07087

Project Manager for Monitoring Firm

David Camacho

Telephone Number

201 325-0055

Telephone Number

(201)325-0055

License Number

01124

Scheduled Start Date (10)

09/16/2019

Scheduled Completion Date (11)

09/20/2019

Name of OSHA Monitor

ISES, Inc.

Occupancy Status During Abatement (Check only one)

() Facility Closed/Vacated During Entire Period of Abatement
 () Abatement Performed Outside of Normal Facility Hours -
 (X) Other - Describe: apartment is vacant

Street Address

3300 Hudson Avenue

City, State, Zip Code

Union City, NJ 07087

Source of Work (Check all that apply)

() Demolition

(x) Renovation

() Minor Project (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure (X) Non-Exempted/Non-Friable Procedure
 () Small Project (>25 <160 SF or >10 <260 LF ACM) () Mini-Enclosure with Negative Pressure
 (X) Large Project (>160 SF or >260 LF ACM) () Glove-bag Procedure or Wrap and cut procedure

Location of Asbestos-Containing Material (ACM) To be Abated in Facility (13)

Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)

YES NO N/A

Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous.)

Amount (Specify SF or LF)

Abatement Type

Removal Repair Encap Enclosure

Unit 6N

X

mastic residue and wood tile

~ 1050 SFT

X

Name of Reg. Waste Hauler

Newark Carting

NJDEP Waste Hauler ID #

04509

Cubic Yards of Waste

~ 20

Name of Reg. Landfill

Grand Central Sanitation
1963 Pen Argyl Road

City, State

369 Raymond Blvd, Newark NJ

Disp. Date

09/20/2019

City, State

Pen Argyl, PA 18072

Completed by (Print or Type)

David Camacho

Title

Project Supervisor

Signature

Date

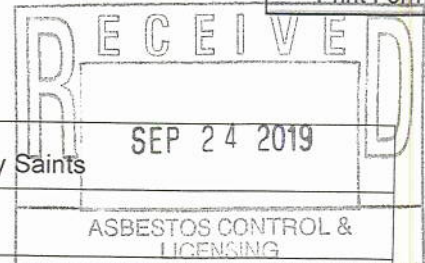
09/06/2019

check # 3498

ASB-41 (R-06-08)

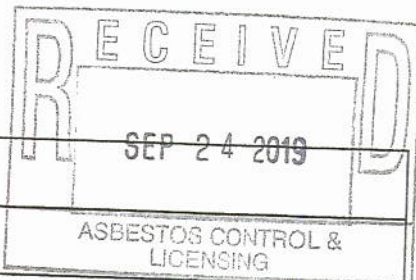
* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 09/20/2019		Name of Building Owner/Operator (2) The Church of Jesus Christ of Latter-day Saints		SEP 24 2019					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		P.O. Box 1968					
				City, State, Zip Code Fairmont, West Virginia 26555-1968					
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The Church of Jesus Christ of Latter-day Saints				Type of Facility (4)					
Street Address 47 Bassett Hwy				<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) Dover				Square Feet 41,450	# of Floors 2				
County (6) Morris				County Code (7) (STATE USE ONLY) _____	Bldg. Age 62+				
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.		Name of Abatement Contractor (9) United Safety LLC					
Street Address				Street Address 22 Troy Lane					
City, State, Zip Code				City, State, Zip Code Lincoln Park, NJ 07035					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-276-0099	License No. 01317				
Start Date (10) 09/30/2019		Scheduled Completion Date (11) 10/08/2019		Name of OSHA Monitor United Safety LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 22 Troy Lane					
<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 Lincoln Park, NJ 07035					
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
Main Level		X		Pipe Insulation	80 LF	X			
Boiler Room		X		Pipe Insulation	10 LF	X			
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Lincoln Park, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 09/20/2019			

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

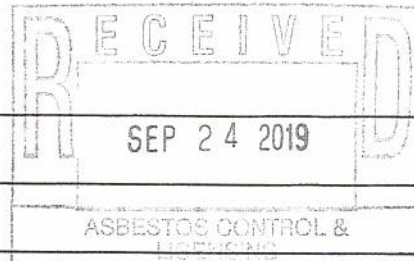


COURTESY NOTIFICATION

Date of Notification (1) 9/20/2019		Name of Building Owner/Operator (2) U.S. AIRFORCE BASE						
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # Emergency (including justification) <input type="checkbox"/> Cancellation	STREET ADDRESS 3021 MCGUIRE BLVD. City, State, Zip Code JT. BASE MDL, NJ 08641 Name of Contact MALCOLM JACOBS Telephone Number 907-952-9874 CELL						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MAGUIRE AFB		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)						
Street Address BATTLE AXE BUILDING 1931		Square Feet						
City (5) WRIGHTSTOWN, NJ		# of Floors Bldg. Age						
County BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.						
Street Address		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.						
City, State, Zip Code		Street Address 15 BLACK FOREST ROAD City, State, Zip Code Hamilton, NJ 08691						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-890-7110	License No. 00676					
Start Date (10) 10/1/2019	Scheduled Completion Date (11) 10/2/2019	Name of OSHA Monitor MECS						
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		Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515						
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 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 (*) & 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
1ST & 2ND FLOORS		<input checked="" type="checkbox"/>	NFVAT	1110 S.F.	<input checked="" type="checkbox"/>			
2ND FLOOR		<input checked="" type="checkbox"/>	TRANSITE PIPE	30 L.F.	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste 5 YDS	Name of Registered Landfill GROWS				
City, State TRENTON, NJ		Disposal Date 10/3/2019	City, State MORRISVILLE, PA.					
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature David D'Andrea	Date 9/20/2019					

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



COURTESY NOTIFICATION

Date of Notification (1) 9/20/2019		Name of Building Owner/Operator (2) U.S. AIRFORCE BASE	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	STREET ADDRESS 3021 MCGUIRE BLVD.	
	City, State, Zip Code JT. BASE MDL, NJ 08641		
	Name of Contact MATT BRESSLER		Telephone Number 907-223-5452 CELL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MAGUIRE AFB		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)	
Street Address TEXAS AVENUE BDLG. 3325		Square Feet	
City (5) WRIGHTSTOWN, NJ		# of Floors Bldg. Age	
County BURLINGTON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.	
City, State, Zip Code		Street Address 15 BLACK FOREST ROAD	
Project Manager for Monitoring Firm		City, State, Zip Code Hamilton, NJ 08691	
Telephone No.	Telephone No. 609-890-7110	License No. 00676	
Start Date (10) 9/30/2019	Scheduled Completion Date (11) 9/30/2019	Name of OSHA Monitor MECS	
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		Street Address P.O. BOX 341	
		City, State, Zip Code CROSSWICKS, NJ 08515	

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 type="checkbox"/> Glovebag Procedure	
		<input type="checkbox"/> Non-Exempted (*) & 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
BLDG. 3325		<input checked="" type="checkbox"/>		TRANSITE PIPE	100 L.F.	X			

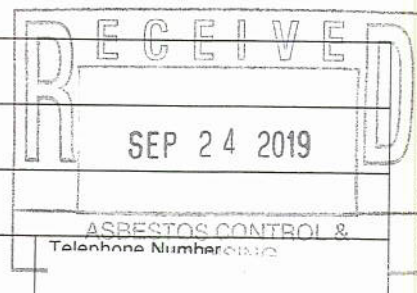
Name of Registered Waste Hauler HORIZON DISPOSAL SERVICES		NJDEP Waste Hauler ID No. 10416	Cubic Yards of Waste 5 YDS	Name of Registered Landfill GROWS	
City, State TRENTON, NJ		Disposal Date 10/3/2019		City, State MORRISVILLE, PA.	
Completed By DAVID D'ANDREA	Title PRESIDENT	Signature 27-Mar <i>David D. D'Andrea</i>		Date 9/20/2019	

ASB-41

* Do not use this form for asbestos licensure exempted activities

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

Check # 25976



Date of Notification (1) 9/20/2019		Name of Building Owner/Operator (2) Austin							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08618							
		Name of Contact Wanda Austin							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Trenton, NJ 08618		Square Feet 1500	# of Floors 2						
County (6) Mercer		Bldg. Age 90 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
Start Date (10) 9/30/2019		Scheduled Completion Date (11) 10/3/2019	License No. 00493						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 am 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Boiler Insulation	20 sf	x			
Basement		x		Thermal Pipe Insulation	140 lf	x			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 10/3/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature [Signature]	Date 9/20/2019					

Ch 2328

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

RECEIVED
SEP 24 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9/20/19		Name of Building Owner/Operator (2) Ken Sundberg	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood, NJ 07675	
		Name of Contact Ken Sundberg	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Westwood	Square Feet 2000	# of Floors 2	Bldg. Age 65+/-
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement
Street Address		Street Address 280 N. Midland Ave.	
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 9/23/19	Scheduled Completion Date (11) 9/27/19	Name of OSHA Monitor	
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 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
Kitchen		X		VAT	155 SF	X			
Basement		X		VAT	222 SF	X			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 4 YD	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA	
Completed by Richard Cristofol		Title President	Signature 		Date 9/20/19

Inv 14679

B & G proj. #: 2019-224

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

Check # 9564

Date of Notification (1)

09/20/19

Name of Building Owner/Operator (2)

Susan Chandler

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Upper Montclair, NJ 07043

Name of Contact

Susan Chandler

Telephone Number

SEP 24 2019

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Susan Chandler

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Other than K-12)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Street Address

Square Feet

of Floors

Bldg. Age

City (5)

Upper Montclair, NJ 07043

County (6)

Essex

County Code (7)

(State use only)

Current Use (Prior if being demolished)
residential

Name of Monitoring Firm Hired by Bldg. Owner (8)

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

09/30/2019

Sched. Completion Date (11)

10/03/2019

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe: _____

☐ Other-Describe: _____

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ wrap & cut☒ Full Containment w/negative pressure☐ Glovebag procedure☐ Mini-enclosure☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
em	em	nc	nc
ove	ove	ap	ap
ir	ir	ap	ap
ir	ir	ap	ap
ir	ir	ap	ap
ir	ir	ap	ap
ir	ir	ap	ap
<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"/>

basement

☐☐☒

VAT

360 sf

2nd floor hallway bathroom

☐☐☒

linoleum

36 sf

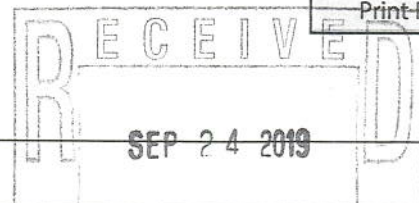
Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
5Name of Registered Landfill
Grand Central LandfillCity, State
Lincoln Park, NJDisposal Date
10/04/2019City, State
Pen Argyl, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

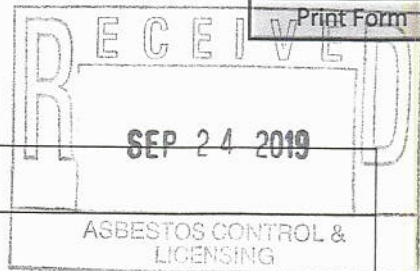
Date
09/20/2019

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



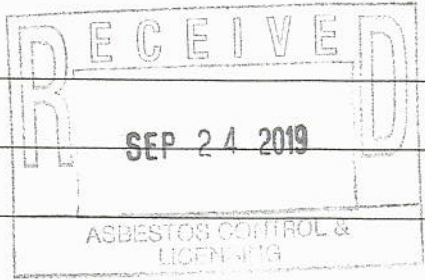
Date of Notification (1) 9/13/2019. <i>Inv 14709</i>		Name of Building Owner/Operator (2) UB Passaic I, LLC		SEP 24 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <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 321 Railroad Avenue City, State, Zip Code Greenwich, CT 06830 Name of Contact Patrick Gillespie Telephone Number 203-321-7592					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cedar Hill Shopping 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 & commercial buildings, homes, etc.)					
Street Address 525 Cedar Hill Avenue				Square Feet 5,000 sf # of Floors 2 Bldg. Age 50+					
City (5) Wyckoff, NJ		County (6) Bergen		County Code (7) (STATE USE ONLY) <i>07481</i> Current Use (Prior if being demolished) Offices					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Nari Construction, LLC					
Street Address		Street Address 63 Leather Stocking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 862-264-9463 License No. 01306					
Start Date (10) 09/30/2019.		Scheduled Completion Date (11) 10/05/2019.		Name of OSHA Monitor Nari Construction, LLC					
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 type="checkbox"/> Other - Describe: 9:00PM to 8:00 AM				Street Address 63 Leather Stocking Path City, State, Zip Code Lincoln Park NJ 07035					
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
First Floor Offices			x	Vat Tiles	800 sf	x		x	
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535		Cubic Yards of Waste 20 CY		Name of Registered Landfill G.R.O.W.S.			
City, State Lincoln Park NJ 07035				Disposal Date TBD		City, State Morrisville, PA 19067			
Completed by Igor Jezdimirovic			Title P. Manager		Signature 			Date 9/13/2019.	

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



Date of Notification (1) 09/16/2019 <i>INV 14708</i>		Name of Building Owner/Operator (2) Residence		SEP 24 2019	
Agencies Notified		Type of notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		[REDACTED] City, State, Zip Code North Plainfield NJ 07063	
Name of Contact Bruce Parker				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) North Plainfield				Square Feet 1,456	# of Floors 2
County (6) Somerset				County Code (7) (STATE USE ONLY)	Bldg. Age 90
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions				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) <i>9-30-19</i>		Scheduled Completion Date (11) <i>10-3-19</i>		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)
	Yes	No	N/A		
Basement		X		pipe wrap	125LF
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 09/16/2019

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



Date of Notification (1) 09/10/2019		Name of Building Owner/Operator (2) MARRION ST. PROPERTIES	
Agencies Notified	Type Notification	Street Address 11 BARBERRY LANE.	
<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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code SHORTHILLS NJ. 07078	
		Name of Contact RICHARD A.	Telephone Number 908 400 6357

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 3,204 sq	# of Floors 2
County (6) UNION		County Code (7) (STATE USE ONLY) _____	Bldg. Age 169
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.
Street Address		Street Address 4919 BERGENLINE AVE.	
City, State, Zip Code		City, State, Zip Code WEST NEW YORK NJ, 07093	
Project Manager for Monitoring Firm		Telephone No. 201 776 0642	License No. 01300
Start Date (10) 09/13/2019	Scheduled Completion Date (11) 09/16/2019	Name of OSHA Monitor ENVIRO-PROBE INC.	
Occupancy Status During Abatement (Check Only One)		Street Address 106 HOLLYWOOD CT.	
<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 PLAINFIELD NJ.	

Scope of Work (Check All That Apply)

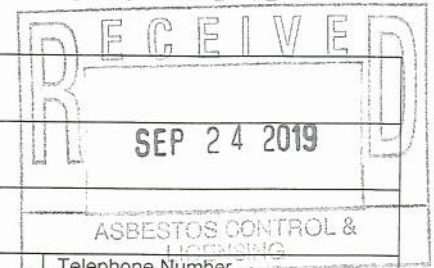
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input 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
EXTERIOR SIDING		X		TRANSITE SIDING	3,000. SF	X			
BASEMENT		X		PIPE INSULATION	125, LF	X			

Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 40 cy	Name of Registered Landfill Waste Management Landfill	
City, State 609 N Union Ave, Hillside, NJ 07205			Disposal Date TBD	City, State 910 Pennsylvania Ave, Pen Argyl, PA. 18104	
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER	Signature 	Date 09/10/2019	

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

Check # 3495



Date of Notification (1) 9/18/2019		Name of Building Owner/Operator (2) The PRC Group							
Agencies Notified	Type Notification	Street Address 40 Monmouth Park Highway							
<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 West Long Branch, NJ 07764							
		Name of Contact Mr. Khester Magsino (owner's rep)	Telephone Number (908) 688-8891						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garage Behind Rectory 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 317 Avenue E		Square Feet 1,000	# of Floors 1						
City (5) Bayonne		Bldg. Age 69							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Comercial							
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. _____	License No. _____						
Start Date (10) 10/03/2019		Scheduled Completion Date (11) 12/31/2019							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Sky Contracting, LLC							
<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 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 Membrane and flashing	1,100 SF	x			
Roof		x		Parapet Wall Mastic	30 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 Ljiljana Sekularac		Title Office Assistant	Signature 			Date 9/18/2019			

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

Check # 3493



Date of Notification (1) 9/18/2019		Name of Building Owner/Operator (2) The PRC Group							
Agencies Notified	Type Notification	Street Address 40 Monmouth Park Highway							
<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 West Long Branch, NJ 07764							
		Name of Contact Mr. Khester Magsino (owner's rep)	Telephone Number (908) 688-8891						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Convent 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 310 Avenue E		Square Feet 3,000	# of Floors 2						
City (5) Bayonne		Bldg. Age 107							
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		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) 10/03/2019	Scheduled Completion Date (11) 12/31/2019	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 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) <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 Ljiljana Sekularac		Title Office Assistant		Signature 			Date 9/18/2019		

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

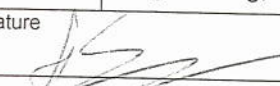
Check #3496

RECEIVED

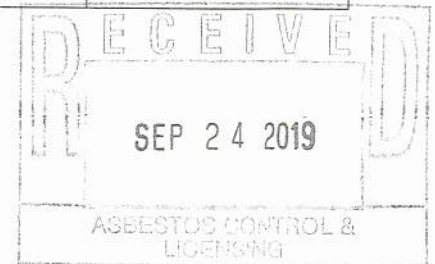
SEP 24 2019

ASBESTOS CONTROL & REMEDIATION

Telephone Number (908) 688-8891

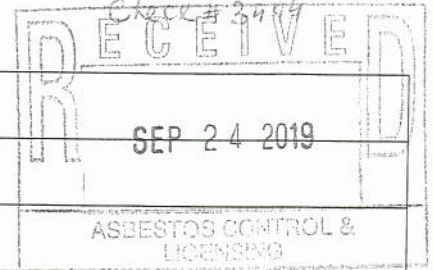
Date of Notification (1) 9/18/2019		Name of Building Owner/Operator (2) The PRC Group							
Agencies Notified	Type Notification	Street Address 40 Monmouth Park Highway							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 West Long Branch, NJ 07764							
		Name of Contact Mr. Khester Magsino (owner's rep)	Telephone Number (908) 688-8891						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rectory Building		Type of Facility (4)							
Street Address 317 Avenue E		<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) Bayonne		Square Feet 11,000	# of Floors 3						
County (6) Hudson		Bldg. Age 93							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Comercial							
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) 10/03/2019	Scheduled Completion Date (11) 12/31/2019	Name of OSHA Monitor Sky Contracting, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input 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
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 Ljiljana Sekularac		Title Office Assistant		Signature 		Date 9/18/2019			

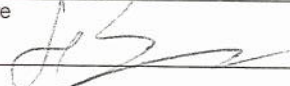
Material	Survey Results	Estimated Quantity
Rectory Building (317 Avenue E - Brick Building)		
12"X12" beige floor tiles and tan floor tiles	ACM	80 SF
New window caulking & Remnants of old window caulking	ACM	1,400 LF
Built-up roofing materials & Roof flashing/mastic	ACM	450 SF
Mastic on chimney/parapet wall under metal cover	ACM	100 SF
Glue behind wooden wall panels	ACM	200 SF
Multi-layered grey and tan floor tiles and glue	ACM	40 SF



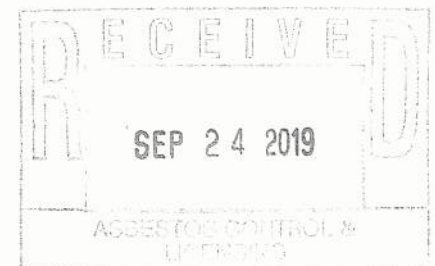
PAID

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



Date of Notification (1) 9/18/2019		Name of Building Owner/Operator (2) The PRC Group							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	40 Monmouth Park Highway							
		City, State, Zip Code							
		West Long Branch, NJ 07764							
		Name of Contact	Telephone Number						
		Mr. Khester Magsino (owner's rep)	(908) 688-8891						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Church Building		Type of Facility (4)							
Street Address 310 Avenue E		<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) Bayonne		Square Feet	# of Floors						
		17,500	1						
County (6) Hudson		Bldg. Age							
		107							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
		Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Sky Contracting, LLC						
Street Address		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.	License No.						
		(973) 928-5040	00874						
Start Date (10) 10/03/2019		Name of OSHA Monitor Sky Contracting, LLC							
Scheduled Completion Date (11) 12/31/2019									
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Wayne, New Jersey 07470							
Scope of Work (Check All That Apply)									
<input 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 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									
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 Ljiljana Sekularac		Title Office Assistant	Signature 			Date 9/18/2019			

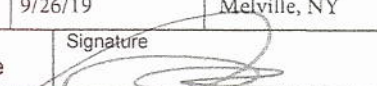
Material	Survey Results	Estimated Quantity
Church Building (310 Avenue E)		
Pipe insulation & associated joints (Exposed)	ACM	70 LF
Pipe insulation & associated joints (Concealed within wall, ceiling, and floor cavities)	ACM	1,000 LF
Transite board on walls	ACM	150 SF
Sink undercoating	ACM	5 SF
Various floor tiles and floor covering material under floor tiles	ACM	2,700 SF
9"X9" brown floor tiles	ACM	4,800 SF
Radiator backing board	ACM	200 SF
Mastic associated with wooden ceiling panel	ACM	9,000 SF
Mastic on brick wall	ACM	800 SF
Mastic on plaster wall/brick	ACM	800 SF
New & old window caulking	ACM	2,500 LF
New & old door caulking	ACM	275 LF
New & old coping stone caulking	ACM	60 LF
Roof flashing/mastic	ACM	560 SF
Electrical backing board	ACM	2 SF



CH 2734

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

RECEIVED
SEP 24 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9-17-19		Name of Building Owner/Operator (2) Port Authority of NY & NJ							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 241 Erie St		City, State, Zip Code Jersey City, NJ 07310							
Name of Contact Uday Mehta		Telephone Number 201-595-4881							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) George Washington Bridge		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 Center Avenue and Lemoine Ave Bridges		Square Feet 8000							
City (5) Ft. Lee		# of Floors 1							
County (6) Bergen		Bldg. Age 92							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Bridge Roadways							
Name of Monitoring Firm Hired by Building Owner (8) Port Authority of NY & NJ		ASCM No. _____							
Name of Abatement Contractor (9) Prestige Development Services Inc		Street Address 169 Lincoln Ave Suite 204							
Street Address 241 Erie St		City, State, Zip Code Bronx, NY 10454							
City, State, Zip Code Jersey City, NJ 07310		Telephone No. 917-364-7166							
Project Manager for Monitoring Firm Uday Mehta		License No. 01620							
Start Date (10) 9/30/19		Scheduled Completion Date (11) 12/23/19							
Name of OSHA Monitor Pedro Romero		Street Address P.O. Box 780							
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: _____		City, State, Zip Code Brentwood, NY 11717							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Roadways		X		Concrete Encased Transite	1200 LF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW24310		Cubic Yards of Waste 40		Name of Registered Landfill 110 Sand Co			
City, State Shirley, NY		Disposal Date 9/26/19		City, State Melville, NY					
Completed by Sanford Alper		Title Senior Project Executive		Signature 		Date 9/17/19			