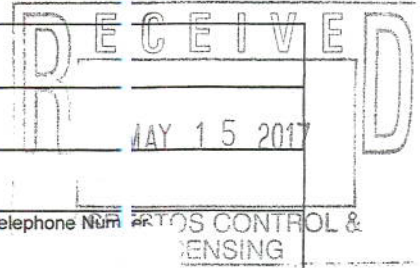


Project #

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

Check # 3764

Date of Notification (1) 05/08/2017		Name of Building Owner/Operator (2) Pat Montalbano	
Agencies Notified	Type Notification	Street Address [REDACTED]	
☐ EPA ☐ DEP ☒ DOL	☒ Initial ☐ Amended Amendment # _____	City, State, Zip Code Park Ridge, 07656	
☒ DOH ☐ DCA	☐ Emergency (including justification) ☐ Cancellation	Name of Contact Pat Montalbano	Telephone Number [REDACTED]



Name of Facility Where Abatement is Taking Place (3) House			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet	# of Floors	Bldg. Age
City (5) Park Ridge, NJ			County Code (7) (STATE USE ONLY) _____		
County (6) Bergen			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Nick Restoration LLC		
Street Address			Street Address 72 Brookside Rd		
City, State, Zip Code			City, State, Zip Code Randolph, NJ 07869		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973933-2550	License No. 01133	
Start Date (10) 05/18/2017		Scheduled Completion Date (11) 05/20/2017		Name of OSHA Monitor IRIS	
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 2333 Rt 22 West		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check All That Apply)

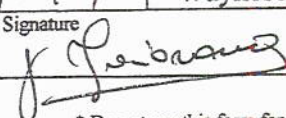
☒ ≥3 sf or ≥3 lf	☐ Renovation	☐ Full Containment with Negative Pressure
☐ ≥160 sf or ≥260 lf	☐ Demolition	☐ Mini-Enclosure
		☐ Glovebag Procedure
		☐ Non-Exempted (*) and Non-Friable Procedure

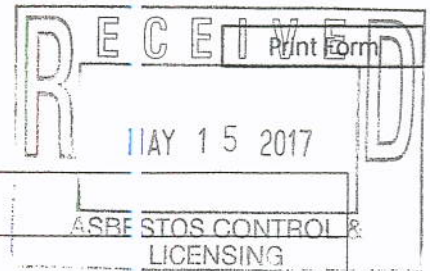
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Firs Floor		x		Duct insulation wrap & cut	4 SF				

Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S	
City, State Randolph, NJ		Disposal Date TBD	City, State Tullytown, Pa		
Completed by Elvira Mrda	Title President	Signature <i>Elvira Mrda</i>	Date 05/03/2017		

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

CK 4078

Date of Notification (1) 5/8/17		Name of Building Owner/Operator (2) MR. MURIEL AYRES		R E C E I V E D MAY 15 2017 ASBESTOS CONTROL &	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address City, State, Zip Code WEEHAWKEN, NJ 07087			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR. MURIEL AYRES			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 			Square Feet 2200	# of Floors 2	Bldg. Age 1935
City (5) WEEHAWKEN		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 Street			
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 0388	
Start Date (10) 5/19/17		Scheduled Completion Date (11) 5/20/17		Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 7:30 AM TO 5:00 PM			Street Address 280 Huyler Street		
			City, State, Zip Code South Hackensack, NJ 07606		
Scope of Work (Check All That Apply)					
☒ ≥ 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)
	Yes	No	N/A		
BASEMENT				7 THERMAL SYSTEM INSULATION	235 LF
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2 cu yd	Name of Registered Landfill Minverva Enterprises, LLC	
City, State Hackensack, NJ 07601		Disposal Date 5/22/17	City, State Waynesburg, OH 44688		
Completed by J. Maiorano		Title Estimator	Signature 	Date 5/8/17	



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

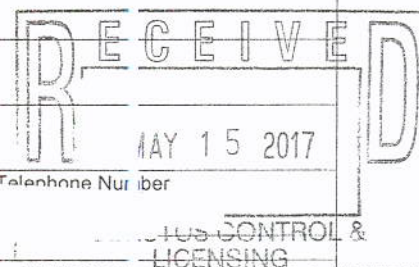
CK520

Date of Notification (1) 05-08-2017		Name of Building Owner/Operator (2) Forest Hill Towers Property Managment							
Agencies Notified	Type Notification	Street Address 515 Mount Prospect Ave							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Newark NJ 07104							
		Name of Contact Patrick Marc	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 515 Mount Prospect Ave		Square Feet N/A	# of Floors N/A						
City (5) Newark NJ 07104		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Property							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 1130 W Chestnut St		Street Address PO BOX 734							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 9723-692-6298						
Start Date (10) 05-17-2017		Scheduled Completion Date (11) 05-25-2017	License No. 01266						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor Amax Contracting LLC							
		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
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
Basement Boiler Room			x	Elbow Insulation	20 LF	x			
Basement Maintenance Room			x	Elbow Insulation	4 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 3 cy	Name of Registered Landfill Fairless Hills					
City, State Woodland Park		Disposal Date 05-25-2017		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 05-08-2017			

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

Check 16/62

Date of Notification (1) 5/9/17		Name of Building Owner/Operator (2) Ellen Korn							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Caldwell, NJ 07006							
		Name of Contact Ellen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)							
Street Address [REDACTED]		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Caldwell	Square Feet 2100	# of Floors 2	Bldg. Age 63						
County (6) Essex	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) ABS Environmental Services, LLC						
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 6/24/17	Scheduled Completion Date (11) 7/6/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>basement</u>		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-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	85 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Western Berks Landfill					
City, State Freehold		Disposal Date TBD		City, State Birdsboro, PA					
Completed by A. Scott Higgins		Title President	Signature 		Date 5/9/17				



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

NO CL

pd CK # 1530, 4/28/17

Date of Notification (1) 5/8/2017		Name of Building Owner/Operator (2) Belmont Construction Corp.							
Agencies Notified	Type Notification	Street Address 240 W. Passaic Street, Suite 11							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	☐ Initial ☒ Amended Amendment # <u>1</u> ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Maywood, NJ 07607							
		Name of Contact Frank Belgiovine	Telephone No. <i>members CONTROL & INSURING</i>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Oak Tree School		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K- 2) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 45 Wilus Way		Square Feet 30,000 +	# of Floors 3						
City (5) Iselin		Bldg. Age 1950's							
County (6) Middlesex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, LLC		ASCM No. 00118	Name of Abatement Contractor (9) Unicorn Contracting Corp.						
Street Address 464 Valley Brook Avenue, #3A		Street Address 32 Willow Way							
City, State, Zip Code Lyndhurst, NJ 07071		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm John H. Chiaviello/Jarred Panecki		Telephone No. 201-438-4839	Telephone No. 973-333-9176						
Start Date (10) 5/17/2017		Scheduled Completion Date (11) 6/23/2017	License No. 01331						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ 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)									
☐ ≥ 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
"Please See Attached"				"Please See Attached"					
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844	Cubic Yards of Waste 30+	Name of Registered Landfill Fairless Hills Landfill					
City, State Woodland Park, New Jersey		Disposal Date TBD		City, State Morrisville, PA					
Completed by Dimo Golcev		Title General Manager		Signature <i>Dimo Golcev</i>		Date 5/3/2017			

RECEIVED
MAY 15 2017
ASBESTOS CONTROL &
LICENSING

[illegible]

Project #

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

Check # 378

Date of Notification (1) 05/08/2017		Name of Building Owner/Operator (2) Pat Montalbano		RECEIVED MAY 15 2017 ASBESTOS CONTROL & CENSING				
Agencies Notified		Type Notification				Street Address		
☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation				City, State, Zip Code Park Ridge, 07656 Name of Contact Pat Montalbano		
						Telephone Number		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4)				
Street Address				☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)				
City (5) Park Ridge, NJ				Square Feet	# of Floors			
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Nick Restoration LLC				
Street Address				Street Address 72 Brookside Rd				
City, State, Zip Code				City, State, Zip Code Randolph, NJ 07869				
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973933-2550	License No. 01133			
Start Date (10) 05/19/2017		Scheduled Completion Date (11) 05/22/2017		Name of OSHA Monitor IRIS				
Occupancy Status During Abatement (Check Only One)				Street Address				
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: 3pm				2333 Rt 22 West				
				City, State, Zip Code Union, NJ 07083				
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			Repair	Encapsulate	Enclosure
Firs Floor left of the kitchen		x		schetrock -join compound	135 SF			
Name of Registered Waste Hauler Nick Restoration LLC		NJDEP Waste Hauler ID No. 0033782		Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S			
City, State Randolph, NJ		Disposal Date TBD		City, State Tullytown, Pa				
Completed by Elvira Mrda		Title President		Signature <i>Elvira Mrda</i>		Date 05/08/2017		

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

OK # 3865



Date of Notification (1) 5 / 9 17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code	
☒ Initial Notification ☐ Amended Notification ☐ Cancellation ☐ On Hold ☐ EMERGENCY NOTIFICATION		RAHWAY, NEW JERSEY 07065	
		Name of Contact	Telephone Number
		Sandra M. Schenk	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (ie. private & commcl. bldgs homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 53		Square Feet	# of Floors
		125,912	2
City (5) RAHWAY		Bldg. Age 63	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATIO N
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 1101
Expected State Date (10) 5 / 22 /17 Month Day Year	Sched. Completion Date (11) 6 / 5 /17 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	

Occupancy Status During Abatement (Check only one)		Street Address
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: ☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		117 EAST 30TH STREET
		City, State, Zip Code NEW YORK, NEW YORK 10116

Scope of Work (Check all that apply)		☐ Full Containment with Negative Pressure ☐ Mini Enclo , ☐ Glovebag Procedure ☒ Non-Friable Procedure	
☐ Demolition ☒ >3SF OR LF ☐ >160 SF OR 260 LF		☒ Renovation	

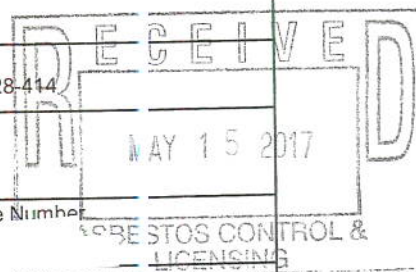
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	ENCAPSULE	ENCLOSURE
ROOF EXHAUST FAN CURB			X	MASTIC	30 SQ. FT.	X		

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY		Disposal Date 5/18/17-5/30/17		City, State MONTGOMERY, PA 17752
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 5-9-17	

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

CL 308364

Date of Notification (1) 5 / 9 /17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
☐ EPA	☒ Initial Notification	Name of Contact PATRICIA JOHNSON	
☐ DEP	☐ Amended Notification	Telephone Number	
☒ DOL	☐ Cancellation		
☒ DOH	☐ On Hold		
☐ DCA	☐ EMERGENCY NOTIFICATION		



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4)		
			☐ School (K-12)		
			☐ Subchapter 8 (Other than K-12)		
			☒ Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80W			Square Feet 68,000	# of Floors 2	Bldg. Age 38
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION		
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD			
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901			
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 5 / 22 /17 Month Day Year		Sched. Completion Date (11) 12 / 31 /17 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one)			Street Address 117 EAST 30TH STREET		
☒ Facility Closed/Vacated During Entire Period of Abatement					
☐ Abatement Performed Outside of Normal Facility Hours - Describe:					
☒ Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM			City, State, Zip Code NEW YORK, NEW YORK 10016		

Scope of Work (Check all that apply)

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

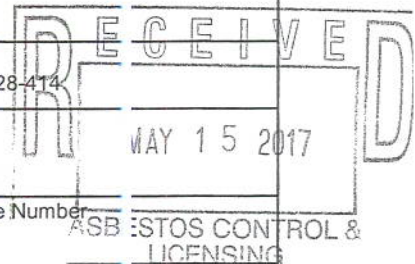
☐ Full Containment with Negative Pressure
☐ Mini Enclo.
☒ Glovebag Procedure
☐ Non-Friable Procedure

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

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

CK# 30866

Date of Notification (1) 5 / 9 /17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Type Notification		Name of Contact Sandra M. Schenk	
☐ Initial Notification ☒ Amended Notification #2 ☐ Cancellation ☐ On Hold ☐ EMERGENCY NOTIFICATION		Telephone Number	



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4)	
		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (ie. private & commcl. bldgs, homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N		Square Feet 40,000	# of Floors 1
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Bldg. Age 65
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	License Number 845-369-7500
Expected State Date (10) 5 / 6 /17 Month Day Year		Sched. Completion Date (11) 5 / 20 /17 Month Day Year	
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: ☒ Other - Describe: MONDAY-FRIDAY 7AM-4PM		Street Address 117 EAST 30TH STREET	
		City, State, Zip Code NEW YORK, NEW YORK 10016	
Scope of Work (Check all that apply)			
☐ Demolition ☒ >3SF OR LF ☐ >160 SF OR 260 LF			
☒ Renovation ☐ Full Containment with Negative Pressure ☒ Mini Enclo , ☒ Glovebag Procedure ☐ Non-Friable Procedure			

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	VAT & MASTIC	10 SQ. ST	X		
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	ACM DOORS	40 SQ. FT	X		
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	PIPE FITTINGS	10 LN. FT.	X		
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	ACM DOORS	80 SQ. FT.	X		
ADDITION TO SCOPE:								
EXTERIOR ROOF			X	PIPE FITTINGS	10 LN. FT.	X		
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939			Cubic Yards of Waste 6	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752			

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



Date of Notification (1) 5 / 5 /17		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
☐ EPA	☐ Initial Notification	Name of Contact Sandra M. Schenk	
☐ DEP	☒ Amended Notification #1	Telephone Number	
☒ DOL	☐ Cancellation		
☒ DOH	☐ On Hold		
☐ DCA	☐ EMERGENCY NOTIFICATION		

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (ie. private & commcl. bldg s., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N		Square Feet 40,000	# of Floors 1
City (5) RAHWAY		Bldg. Age 65	
County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500
Expected State Date (10) 5 / 6 /17		Sched. Completion Date (11) 5 / 16 /17	License Number 1101
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: ☒ Other - Describe: MONDAY-FRIDAY 7AM-4PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	

Street Address 117 EAST 30TH STREET	
City, State, Zip Code NEW YORK, NEW YORK 10016	

Scope of Work (Check all that apply)

☐ Demolition	☒ Renovation	☐ Full Containment with Negative Pressure
☒ >3SF OR LF		☒ Mini Enclo ,
☐ >160 SF OR 260 LF		☐ Glovebag Procedure
		☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	REPAIR	ENCAPSULE	ENCLOSURE
	Yes	No	N/A						
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	VAT & MASTIC	10 SQ. ST	X			
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	ACM DOORS	40 SQ. FT	X			
ADDITION TO SCOPE: TELECOMMUNICATION CLOSET- GROUND FLOOR			X	PIPE FITTINGS	10 LN. FT.	X			
TELECOMMUNICATION CLOSET- GROUND FLOOR			X	ACM DOORS	80 SQ. FT.	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Disposal Date 5/6/2017			

Completed by (Print or Type) Title Signature Date

Benjamin Sanchez Div. of Operations [Signature] 5/15/17

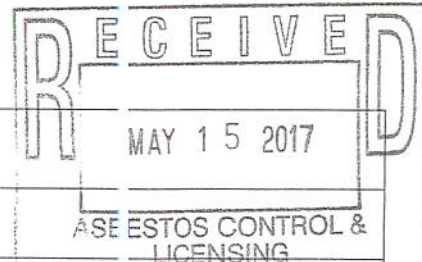
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)

C12#-30783

Date of Notification (1) 4 / 19 /17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA			Type Notification ☒ Initial Notification ☐ Amended Notification ☐ Cancellation ☐ On Hold ☐ EMERGENCY NOTIFICATION		
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
Name of Contact Sandra M. Schenk			Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (ie. private & commcl. bldgs, homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE - BUILDING 80N			Square Feet 40,000	# of Floors 1	Bldg. Age 65
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 5 / 6 /17 Month Day Year		Sched. Completion Date (11) 5 / 16 /17 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe: ☒ Other - Describe: MONDAY-FRIDAY 7AM-4PM			Street Address 117 EAST 30TH STREET		
			City, State, Zip Code NEW YORK, NEW YORK 10016		
Scope of Work (Check all that apply) ☐ Demolition ☒ >3SF OR LF ☐ >160 SF OR 260 LF			☐ Full Containment with Negative Pressure ☒ Mini Enclo , ☐ Glovebag Procedure ☐ Non-Friable Procedure		
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	Yes	No			
TELECOMMUNICATION CLOSET-					REMOVAL
GROUND FLOOR		X	VAT & MASTIC	10 SQ. ST	
TELECOMMUNICATION CLOSET-					
GROUND FLOOR		X	ACM DOORS	40 SQ. FT	X
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
City, State FREEHOLD, NEW JERSEY		Disposal Date 5/6/2017		City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 4/19/17	



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



Date of Notification (1) 05 / 10 / 17		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 2000 Pennington Road							
		City, State, Zip Code Ewing, NJ 08628							
		Name of Contact Amanda Radosti	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) The College of New Jersey - Green Hall		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Road									
City (5) Ewing		Square Feet 50,000	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 70						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management, Inc.		Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address 344 West State Street		Street Address 623 Cutler Avenue							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm John Duggan	Telephone No. 609-656-8101	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 05 / 22 / 17	Scheduled Completion Date (11) 05 / 22 / 17	Name of OSHA Monitor EMSL Analytical, Inc.							
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: 5:00PM-1:00AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ ≥160 sf or ≥260 lf ☐ 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
Room 111	☐	☒	☐	Pipe Insulation	9 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill					
City, State Freehold, NJ		Disposal Date 05/22/2017		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 5/10/17			

CK 4233

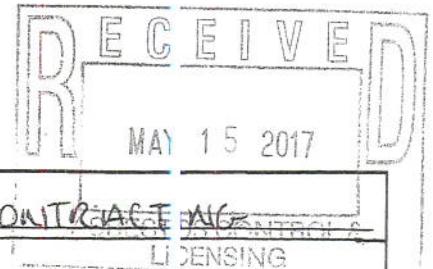
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>5-9-17</u>		Name of Building Owner/Operator (2) <u>AMERICAN CONTRACTOR SERVICES</u>							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address <u>2547 FIRE RD. SUITE A-1</u> City, State, Zip Code <u>EGG HARBOR TWP. NJ 08234</u> Name of Contact <u>STAN</u> Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <u>1000</u> # of floors _____ Bldg. Age <u>50+</u>							
City (5) <u>GLASSBORO</u>		County Code (7) (STATE USE ONLY) <u>VACANT</u>							
County (6) <u>CAMDEN</u>		Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____							
Street Address _____		Name of Abatement Contractor (9) <u>KLEMCO INC.</u>							
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE</u>							
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE NJ 08052</u>							
Telephone No. _____		Telephone No. <u>856-779-0472</u> License No. <u>00444</u>							
Start Date (10) <u>5-22-17</u>		Scheduled Completion Date (11) <u>5-29-17</u>							
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor <u>N/A</u>							
Street Address _____		City, State, Zip Code _____							
Scope of Work (Check all that apply) ☐ ≥ 3 sf or ≥ 3 lf ☐ Renovation ☒ ≥ 160 sf or ≥ 260 lf ☒ 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 IN FACILITY</u> (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
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>2500 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC.</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C. H.U.A</u>					
City, State <u>MAPLE SHADE N.J</u>		Disposal Date _____		City, State <u>WOODBINE</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>		Date <u>5-9-17</u>				

CK4233

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



Date of Notification (1) <u>5-9-17</u>		Name of Building Owner/Operator (2) <u>EARTHTECH CONTRACTING</u>	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address <u>155 RT 50</u>	
		City, State, Zip Code <u>GREENFIELD N.J. 08130</u>	
		Name of Contact <u>BRUCE</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>OCEAN CITY</u>		Square Feet <u>2000</u>	# of Floors <u>2</u>
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <u>50+</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO 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 <u>5-19-17</u>		Telephone No. <u>856-779-0472</u>	License No. <u>00144</u>
Start Date (10) <u>5-19-17</u>	Scheduled Completion Date (11) <u>5-26-17</u>	Name of OSHA Monitor <u>N/A</u>	
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 _____	
		City, State, Zip Code _____	
Scope of Work (Check all that apply)			
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-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 ☒		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>2250 sf</u>		
		Abatement Type Removal ☒ Repair ☐ Encapsulate ☐ Enclosure ☐	
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>15904</u>	Name of Registered Landfill <u>C.M.C.M.I. - A</u>
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____	City, State <u>WOODBINE</u>
Completed By <u>Michael Klemm</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>5-9-17</u>

Project #

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

Check # 3766

Date of Notification (1)

05/09/2017

Name of Building Owner/Operator (2)

James Deady

Agencies Notified

☐ EPA
☐ DEP
☐ DOL

☐ DOH
☐ DCA

Type Notification

☐ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Street Address

City, State, Zip Code

Basking Ridge, 07920

Name of Contact

James Deady

Telephone Number

ASBESTOS CONTROL & SENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

House

Street Address

City (5)

Basking Ridge, NJ

County (6)

Somerset

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

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

Nick Restoration LLC

Street Address

Street Address

72 Brookside Rd

City, State, Zip Code

City, State, Zip Code

Randolph, NJ 07869

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

973933-2550

01133

Start Date (10)

05/10/2017

Scheduled Completion Date (11)

05/12/2017

Name of OSHA Monitor

IRIS

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

2333 Rt 22 West

City, State, Zip Code

Union, NJ 07083

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)

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
Enclosure

Kitchen

x

Linoleum

200 SF

Name of Registered Waste Hauler

Nick Restoration LLC

NJDEP Waste Hauler ID No.

0033782

Cubic Yards of Waste

TBD

Name of Registered Landfill

G.R.O.W.S

City, State

Randolph, NJ

Disposal Date

TBD

City, State

Tullytown, Pa

Completed by

Elvira Mrda

Title

President

Signature

Elvira Mrda

Date

05/09 2017

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



Date of Notification (1) 05/08/2017		Name of Building Owner/Operator (2) Valaipuram K. Srinivas							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Chatham, NJ 07928							
		Name of Contact Valaipuram K. Srinivas							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Chatham		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 05/11/2017	Scheduled Completion Date (11) 05/12/2017	Name of OSHA Monitor D&S Abatement, 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: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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
1st floor		x		Duct Insulation	24 SF	x			
2nd floor		x		Duct Insulation	24 SF	x			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 05/08/2017			

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

Print Form

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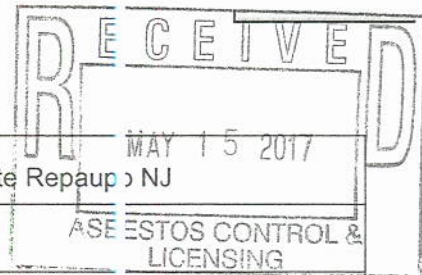
MAY 15 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05/08/2017		Name of Building Owner/Operator (2) Daniel Baurkot							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Millburn, NJ 07041							
		Name of Contact Daniel Baurkot	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Millburn		Square Feet N/A	# of Floors 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						
Start Date (10) 05/18/2017		Scheduled Completion Date (11) 05/19/2017	Licence No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ Full Containment with Negative Pressure ☒ Mini-Enclosure ☒ Glovebag Procedure ☐ Non-Exempted (*) and Non-Fixable 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	10 LF	x			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 05/08/2017			

CK 24066041

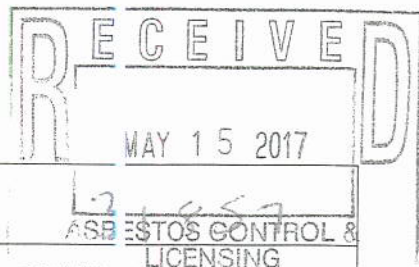
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) May 9, 2017			Name of Building Owner/Operator (2) Butane Transfer Facility - Former Dupont site Repaupo NJ		
Agencies Notified		Type Notification	Street Address 200 n. Repauno Ave		
☐ EPA ☐ DEP ☐ DOL ☐ DOH ☐ DCA		☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Repaupo NJ 08085		
			Name of Contact Fred Alderman		
			Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Butane Transfer Facility - Former Dupont Site			Type of Facility (4)		
Street Address 200 N. Repauno Ave			☐ School (K-12) ☐ Subchapter 8 (Other than 1-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Repaupo New Jersey			Square Feet 1200	# of Floors 1	Bldg. Age 50+
County (6) Gloucester		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Pump Shed		
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors, LLC.		
Street Address 700 Turner Industrial Way - Suite 105		Street Address 215 Bridgewater Road			
City, State, Zip Code Aston, Pa. 19014		City, State, Zip Code Aston, Pa. 19014			
Project Manager for Monitoring Firm Dave Turosty		Telephone No. 610-322-0076	Telephone No. 610-497-0440	License No. 00750	
Start Date (10) 5-22-2017		Scheduled Completion Date (11) 5-26-2017		Name of OSHA Monitor Vertex	
Occupancy Status During Abatement (Check Only One)			Street Address 700 Turner Industrial Way - Suite 105		
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____			City, State, Zip Code Aston, Pa. 19014		
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-Facility 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		
Butane Pump Shed			x	Transite Panels - (3) - 14" Pent.	90
Butane Pump Shed			X	Transite Panels - 2" Pent.	12
Name of Registered Waste Hauler Service Transport		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill	
City, State 58 Pyles Lane New Castle Delaware			Disposal Date	City, State Waynesburg Ohio 44688	
Completed by Robert F. Capaldi		Title Senior Account Manager	Signature 		Date 05/09/2017

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



Date of Notification (1) 05 / 09 / 17		Name of Building Owner/Operator (2) VB Construction Services	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 31 Bloomfield Avenue	
		City, State, Zip Code Flemington, NJ 08822	
		Name of Contact John Vizzoni	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K 12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Bayville	Square Feet 1000 sf	# of Floors 1	Bldg. Age 65
County (6) Ocean	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 05 / 19 / 17	Scheduled Completion Date (11) 05 / 22 / 17	Name of OSHA Monitor E.M.S.L. Analytical	
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		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

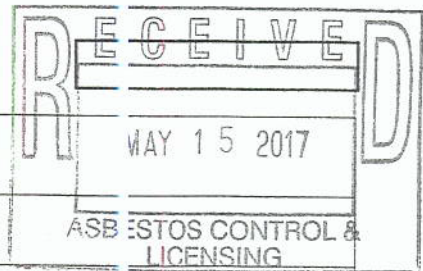
☐ ≥ 3 sf or ≥ 3 lf	☐ Renovation	☐ Full Containment with Negative Pressure
☒ ≥ 160 sf or ≥ 260 lf	☒ Demolition	☐ Mini-Enclosure
		☐ Glovebag Procedure
		☒ Non-Exempted (*) and Non-Friable Procedure

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
exterior	☐	☒	☐	asbestos siding	900 sf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey			Disposal Date 05/23/17	City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 			Date 5/9/17

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



Date of Notification (1) 05 / 10 / 17		Name of Building Owner/Operator (2) Leslie Perkins	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Cliffside Park, NJ 07010	
		Name of Contact Leslie Perkins	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-2) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Cliffside Park, NJ 07010		Square Feet	# of Floors
County (6) Bergen		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	License No. 01127
Start Date (10) 05 / 19 / 17	Scheduled Completion Date (11) 05 / 21 / 17	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 - 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	☒ Renovation	☒ Clean up and decontamination with negative pressure	
☒ > 160 sf or >260 lf	☐ Demolition	☒ 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	☐	☐	☒	Pipe insulation	5 LF	☒	☐	☐	☐
Basement	☐	☐	☒	Transite ceiling	30 SF	☒	☐	☐	☐
Basement-garage	☐	☐	☒	Pipe insulation	70 LF	☒	☐	☐	☐
Attic	☐	☐	☒	Vermiculite insulation	450 SF	☒	☐	☐	☐

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 5/10/17	

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

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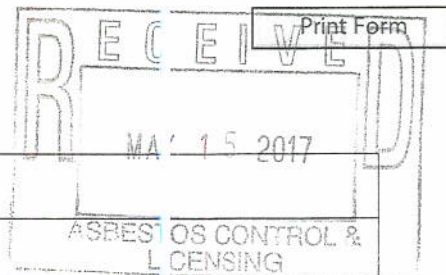
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5/12/17		Name of Building Owner/Operator (2) Lia Smith							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Pennsauken, NJ 08109							
		Name of Contact Lia							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED] Pennsauken		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Pennsauken		Square Feet	# of Floors						
		Bldg. Age							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS							
City, State, Zip Code		Street Address 6 WHITE DOVE COURT							
Project Manager for Monitoring Firm		City, State, Zip Code LAKEWOOD, NJ 08701							
Telephone No.		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 5/24/17	Scheduled Completion Date (11) 5/26/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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
INTERIOR				Floor Tile	900 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 5/26/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			

CK5557

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



Date of Notification (1) 5/12/17		Name of Building Owner/Operator (2) Episcopal Diocese of New Jersey							
Agencies Notified	Type Notification	Street Address 53 University Place							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Phylis Jones	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 53 University Pl Princeton		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K- 2) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 53 University Pl		Square Feet	# of Floors						
City (5) Princeton		Bldg. Age							
County (6) Mercer	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) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 732-668-9078						
		License No.	1200						
Start Date (10) 5/22/17	Scheduled Completion Date (11) 5/23/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
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
INTERIOR				Floor Tile	140SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 2	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 5/23/17	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

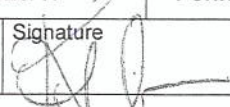
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 5 / 11 / 17		Name of Building Owner/Operator (2) The College of New Jersey / Job #1504-1975 Chk. #4697	
Agencies Notified ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 2000 Pennington Road	
		City, State, Zip Code Ewing, NJ 08618	
		Name of Contact Matthew Bonomo	
		Telephone Number 609-702-0400	

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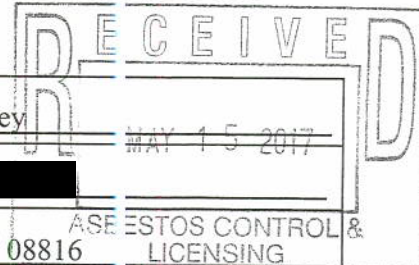
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Brower Student Center		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2000 Pennington Road		Square Feet 95000	# of Floors 3
City (5) Ewing	County (6) Mercer	County Code (7) (STATE USE ONLY)	Bldg. Age 40
Current Use (Prior if being demolished) Student Center			
Name of Monitoring Firm Hired by Building Owner (8) Langan		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address River Drive Center 1		Street Address 3859 Sylon Boulevard	
City, State, Zip Code Elmwood Park, NJ 07407		City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 201-281-3869	License No. 00862
Start Date (10) 5 / 25 / 17	Scheduled Completion Date (11) 5 / 26 / 17	Name of OSHA Monitor EMSL Analytical, Inc.	
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		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)			
☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ ≥160 sf or ≥260 lf ☐ 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
Game Room #106	☐	☐	☒	Transite	140 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central
City, State Freehold, NJ		Disposal Date 5/26/17	City, State Penn Argyle, PA	
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 		Date 5-11-17

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

Check # 25496



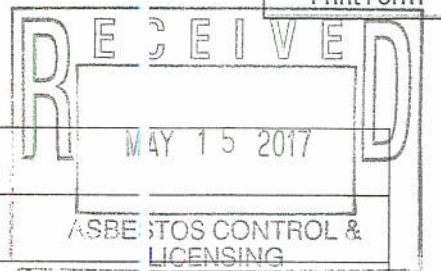
Date of Notification (1) <u>5/12/17</u>		Name of Building Owner/Operator (2) <u>Murtaugh - Frey</u>	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <u>East Brunswick, NJ 08816</u>	
		Name of Contact <u>Ashleigh Frey</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>E. Brunswick, NJ 08816</u>		Square Feet <u>1500</u>	# of Floors <u>2</u>
County (6) <u>Middlesex</u>		County Code (7) (STATE USE ONLY) _____	Bldg. Age <u>70+/-</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>	
Street Address <u>PO Box 341</u>		Street Address <u>PO Box 322</u>	
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		City, State, Zip Code <u>Allentown, NJ 08501</u>	
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>	License No. <u>00493</u>
Start Date (10) <u>5/24/17</u>	Scheduled Completion Date (11) <u>5/30/17</u>		Name of OSHA Monitor <u>MECS</u>
Occupancy Status During Abatement (Check only one) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: <u>8 am - 4 pm</u>		Street Address <u>PO Box 341</u>	
		City, State, Zip Code <u>Crosswicks, NJ 08515</u>	
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)
	Yes	No	
<u>Basement</u>		☒	<u>Thermal Pipe Insulation</u>
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>	Cubic Yards of Waste <u>1 cu</u>
City, State <u>Allentown, NJ</u>		Disposal Date <u>5/30/17</u>	Name of Registered Landfill <u>Fairless Landfill</u>
		City, State <u>Morrisville, PA</u>	
Completed By <u>Mahlon E. Stevens</u>	Title <u>Project Manager</u>	Signature 	Date <u>5/12/17</u>

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

RECEIVED
MAY 15 2017

Date of Notification (1) 05/08/2017		Name of Building Owner/Operator (2) Patricia Connolly							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Mountainside, NJ 07092							
		Name of Contact Patricia Connolly	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Patricia Connolly		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K 12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Mountainside		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) IRIS Environmental Laboratories, LLC		ASCM No.	Name of Abatement Contractor (9) MKD Property Maintenance LLC						
Street Address 2333 Route 22 West		Street Address 105 Van Riper Ave							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Clifton, NJ 07011							
Project Manager for Monitoring Firm Rick		Telephone No. 908-206-0073	Telephone No. 201-899-9008						
		License No. 01336							
Start Date (10) 05-13-17	Scheduled Completion Date (11) 05-15-17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: Normal Hours		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☐ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Fixable 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 5 LOCATIONS				DUCT INSULATION	145 SQ FT	☒			
Name of Registered Waste Hauler MKD Property Maintenance LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 2 yds	Name of Registered Landfill 110 Sand Company					
City, State Clifton, NJ 07011		Disposal Date 05/15/17		City, State Melville, NY 11747					
Completed by Darko Raloski		Title Project Manager		Signature 		Date 05/08/17			

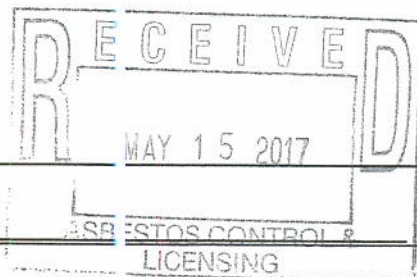
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 05/11/17		Name of Building Owner/Operator (2) Michelle and Duke BAXTER							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Bridgewater, NJ 08807							
		Name of Contact COLBE CLARK	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MICHELLE AND DUKE BAXTER		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than C-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) BRIDGEWATER, NJ 08807		Bldg. Age							
County (6) SOMERSET	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) MKD PROPERTY MAINTENANCE, LLC						
Street Address		Street Address 105 VAN RIPER AVENUE							
City, State, Zip Code		City, State, Zip Code CLIFTON, NJ 07011							
Project Manager for Monitoring Firm		Telephone No. 201-899-9008	Licence No. 01333						
Start Date (10) 05/12/17	Scheduled Completion Date (11) 06/09/17	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8:00 AM		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Fixable 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		BASEMENT - VAT	675	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 8 YDS	Name of Registered Landfill 110 SAND CO, MP, NY					
City, State		Disposal Date		City, State MELVILLE, NY 11747					
Completed by DARKO RALOSKI		Title PROJECT MANAGER		Signature 			Date 05/11/17		

CK 7044
D&S Proj. #: 17-137

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



Date of Notification (1) 10/15/17		Name of Building Owner/Operator (2) capricorn investments, llc	
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended Amendment #: _____ ☐ Emergency (including justification) ☐ Cancellation	
Street Address point box 4		City, State, Zip Code JERSEY CITY, NJ 07306	
Name of Contact john fio rito		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) john fio rito			Type of Facility (4) ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) VERONA	County (6) ESSEX	County Code (7) (State use only)	Current Use (Prior if being demolished)		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 05/23/17		Sched. Completion Date (11) 05/31/17	License Number 01169	
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			Name of OSHA Monitor D & S Restoration, Inc.	
			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

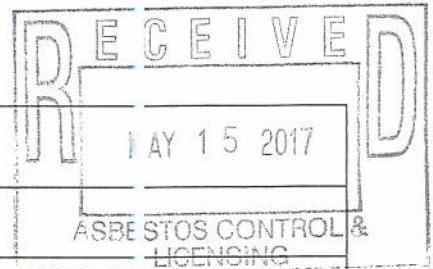
Scope of Work (check all that apply)

☐ >3 sf or >3 lf	☒ Renovation	☐ Full Containment w/ negative pressure
☒ ≥160 sf or ≥260 lf	☐ Demolition	☒ 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 and sub basement		☒		PIPE INSULATION & rope	308 ln ft		☒	☐	☐	☐
BASEMENT BOILER		☒		BOILER INSULATION	60 sq ft		☒	☐	☐	☐
BASEMENT		☒		transite panels	50 sq ft		☒	☐	☐	☐
BASEMENT		☒		DUCT WORK (WRAP & CUT)	4 l ft		☒	☐	☐	☐
BASEMENT		☒		chimney thimble packing	6 sq ft		☒	☐	☐	☐

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 5 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 05/25/17	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 05/09/2017

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



Date of Notification (1) 05 / 12 / 17		Name of Building Owner/Operator (2) Crest Haven Academy							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 530 W. 7th Street City, State, Zip Code Plainfield, NJ 07060 Name of Contact Lina Kraytem Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 530 W. 7th Street		Square Feet	# of Floors						
City (5) Plainfield		Bldg. Age							
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 05 / 22 / 17	Scheduled Completion Date (11) 06 / 22 / 17								
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		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
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
Under Back Stage	☐	☐	☒	VAT/Mastic	20 SF	☒	☐	☐	☐
Sanctuary	☐	☐	☒	Mastic	3,500 SF	☒	☐	☐	☐
Two storerooms in Sanctuary	☐	☐	☒	VAT/Mastic	340 SF	☒	☐	☐	☐
Kitchen and Pantry	☐	☐	☒	VAT/Mastic	470 SF	☒	☐	☐	☐
Name of Registered Waste Hauler Century Waste LLC		NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill					
City, State Elizabeth, NJ		Disposal Date TBD	City, State Bethlehem, PA						
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature 		Date 5/12/17					

State of New Jersey
ASBESTOS ABATEMENT
12:120-7)

NOTIFICATION OF
(Pursuant to NJAC 8-60-7 AND
CONTINUATION SHEET

RECEIVED
MAY 15 2017

[illegible]

Completed by: (Print or type)
Monchik

Allen

Title:

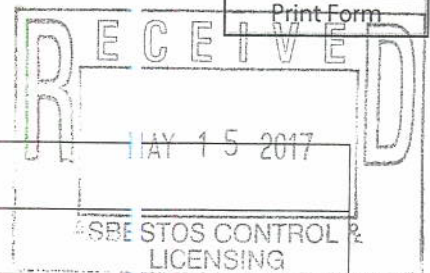
Project Manager

Signature _____

Date: / /

5/14/17

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



Date of Notification (1) 5/3/17		Name of Building Owner/Operator (2) Rene Jinorio & Justin Jinorio (JINCO)							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Secaucus, NJ 07094							
		Name of Contact Rene or Justin							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) N/A		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Bayonne, NJ 07002		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) CA Environmental		ASCM No.	Name of Abatement Contractor (9) Super, LLC						
Street Address 2200 Paterson Plank Rd		Street Address 203 Belmont Ave							
City, State, Zip Code North Bergen, NJ 07047		City, State, Zip Code Haledon, NJ 07508							
Project Manager for Monitoring Firm Carmelo Altomonte		Telephone No. 201 864-6583	Telephone No. 201 336-0477						
Start Date (10) 05/18/17		Scheduled Completion Date (11) 06/05/17	License No. 01195						
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 203 Belmont Ave							
		City, State, Zip Code Haledon, NJ 07508							
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
Main Garage & Boiler Room		X		Pipe Insulation	250LF	X			
Front Office		X		Floor Tile	250 SF	X			
Entire Roof		X		East, North, South & West	4,200 Ft	X			
Name of Registered Waste Hauler Super, LLC		NJDEP Waste Hauler ID No. WH16329	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management					
City, State 203 Belmont Ave		Disposal Date TBD	City, State Tullytown, PA						
Completed by Tailor Dominguez		Title Project Manager	Signature 		Date 05/03/17				

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

B & G proj. #: 2017-60

Check # 8375

Date of Notification (1) 10/15/12/17		Name of Building Owner/Operator (2) James E Gould		RECEIVED MAY 15 2017 ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address		
☐ EPA	☒ Initial	[REDACTED]		
☐ DEP	☐ Amendment	City, State, Zip Code Fair Lawn, NJ 07410		
☒ DOL	☐ Cancellation	Name of Contact James E Gould		
☒ DOH				Telephone Number
☐ DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) James E Gould			Type of Facility (4) ☐ School (K - 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Fair Lawn, NJ 07410	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior to being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	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) 05/22/2017		Sched. Completion Date (11) 05/23/2017	License Number 00378		
Occupancy Status During Abatement (Check only one)			Name of OSHA Monitor B & G Restoration, Inc.		
☒ Facility closed/vacated during entire period of abatement.			Street Address 105 Ryerson Road		
☐ Abatement performed outside of normal facility hours- Describe:			City, State, Zip Code		
☐ Other-Describe:			Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
main room, laundry room, bathroom, & storage room			☒	VAT, mastic	475 SF	☒			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 05/24/2017	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 05/12/2017

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

B & G proj. #: 2017-58

Check # 8: 76

Date of Notification (1) 10/5/12/17		Name of Building Owner/Operator (2) Catherine Calardo		RECEIVED MAY 15 2017 ASBESTOS CONTROL & LICENSING
Agencies Notified	Type Notification	Street Address		
☐ EPA	☒ Initial	[REDACTED]		
☐ DEP	☐ Amendment	City, State, Zip Code Ridgewood, NJ 07410		
☒ DOL	☐ Cancellation	Name of Contact Catherine Calardo		
☒ DOH		Telephone Number		
☐ DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Catherine Calardo			Type of Facility (4) ☐ School (K 12) ☐ Subchapter 8 (Other than K-12) ☒ Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of floors Bldg. Age		
City (5) Ridgewood, NJ 07410	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior to being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 05/23/2017		Sched. Completion Date (11) 05/24/2017		Name of OSHA Monitor B & G Restoration, 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 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

- | | | | |
|--|--|---|---|
| ☐ Demolition | ☒ Renovation | ☐ Full Containment w/negative pressure | ☒ Govebag procedure |
| ☒ >3 sf or >3 lf | ☐ ≥160 sf or ≥260 lf | ☒ Mini-enclosure | ☐ Non-inflatable 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						
main room drop ceiling soffit			X	pipe insulation	131 lf	X			
boiler room, storage room,									
& laundry room									

Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 05/25/2017		City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer	Signature <i>Gordana Luna</i>		Date 05/12/2017

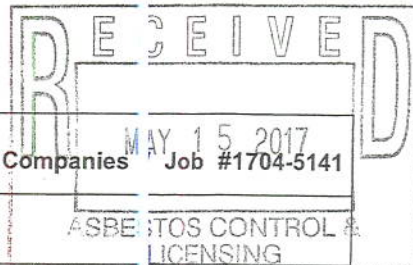
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



MO# 24382365407

Date of Notification (1) 05/12/17		Name of Building Owner/Operator (2) Euphrasnie Tucker							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Ridgewood, NJ 07450							
		Name of Contact Euphrasnie Tucker							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Euphrasnie Tucker		Type of Facility (4)							
Street Address [REDACTED]		☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Ridgewood, NJ 07450		Square Feet	# of Floors						
County (6) Bergen		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) MKD PROPERTY MAINTENANCE, LLC							
City, State, Zip Code		Street Address 105 VAN RIPER AVENUE							
Project Manager for Monitoring Firm		City, State, Zip Code CLIFTON, NJ 07011							
Telephone No.		Telephone No. 201-899-9008	License No. 01336						
Start Date (10) 05/15/17	Scheduled Completion Date (11) 06/09/17		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address							
☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: 8:00 AM		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf		☒ Renovation ☐ Demolition							
		☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		boiler insulation	35 sq ft	X			
Name of Registered Waste Hauler TBD		NJDEP Waste Hauler ID No. TBD	Cubic Yards of Waste 1 YD	Name of Registered Landfill 110 SAND CO, MPAN					
City, State		Disposal Date		City, State MELVILLE, NY 1174					
Completed by DARKO RALOSKI		Title PROJECT MANAGER		Signature 		Date 05/12/17			

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



Date of Notification (1) <u>5</u> / <u>12</u> / <u>17</u>		Name of Building Owner/Operator (2) HPF VIII 700 Union LLC c/o Hampshire Companies Check # <u>9169</u> PG 1 of 2	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 22 Maple Avenue City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Hoon Lee	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Pharmaceutical Building		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 700 Union Blvd.		Square Feet	# of Floors
City (5) Totowa, NJ 07512		Bldg. Age	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Building	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Albert Oswald	Telephone No. 609-839-6636	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>5</u> / <u>25</u> / <u>17</u>	Scheduled Completion Date (11) <u>7</u> / <u>6</u> / <u>17</u>	Name of OSHA Monitor EMSL Analytical	
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		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

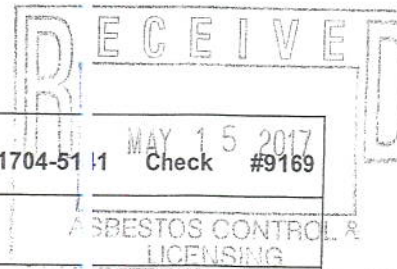
Scope of Work (Check all that apply)

- | | | |
|--|--|--|
| ☐ ≥ 3 sf or ≥ 3 lf | ☒ Renovation | ☐ Full Containment with Negative Pressure |
| ☒ ≥ 160 sf or ≥ 260 lf | ☐ Demolition | ☒ 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
Throughout	☐	☐	☒	Elbows	1,000 total	☒	☐	☐	☐
Atrium Area	☐	☐	☒	Plaster	5,000 SF	☒	☐	☐	☐
1 st Floor	☐	☐	☒	Single Layer Floor tile & Mastic	7,810 SF	☒	☐	☐	☐
2 nd Floor	☐	☐	☒	Double Layer Floor tile & Mastic	7,875 SF	☒	☐	☐	☐

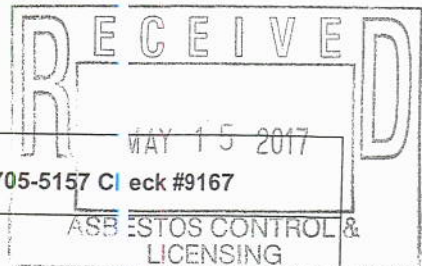
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ		Disposal Date 7/6/17	City, State Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 5/12/17

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



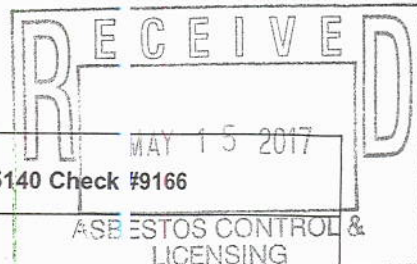
Date of Notification (1) 5 / 12 / 17			Name of Building Owner/Operator (2) HPF VIII 700 Union LLC/ Job #1704-5111 PG 2 of 2			Check #9169							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation		Street Address 22 Maple Ave.			City, State, Zip Code Morristown, NJ 07960						
				Name of Contact Hoon Lee		Telephone Number							
FACILITY INFORMATION													
Name of Facility Where Abatement is Taking Place (3) Former Pharmaceutical Building						Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 700 Union Blvd.													
City (5) Totowa, NJ 07512						Square Feet		# of Floors					
County (6) Passaic						County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Private Building					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services				ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 365				Street Address 30 Maple Ave. PO Box 25									
City, State, Zip Code Berlin, NJ 08009				City, State, Zip Code Lumberton, NJ 08048									
Project Manager for Monitoring Firm Albert Oswald			Telephone No. 609-839-6636		Telephone No. 609-265-2107		License No. 00529						
Start Date (10) 5 / 25 / 17		Scheduled Completion Date (11) 7 / 6 / 17		Name of OSHA Monitor EMSL Analytical									
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						Street Address 200 Route 130 North							
						City, State, Zip Code Cinnaminson, NJ 08077							
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) 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	Enclosure
Hallway			☐ ☐ ☒			Pipe Insulation		900 LF		☒	☐	☐	☐
1st Floor Mechanical Room			☐ ☐ ☒			Tank Insulation		250 SF		☒	☐	☐	☐
			☐ ☐ ☐							☐	☐	☐	☐
			☐ ☐ ☐							☐	☐	☐	☐
Name of Registered Waste Hauler AbateTech, Inc.			NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S. Landfill						
City, State Lumberton, NJ					Disposal Date 7/6/17		City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti			Title Operations Coordinator			Signature 			Date 5/12/17				

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



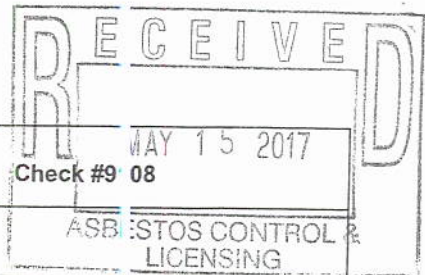
Date of Notification (1) 5 / 12 / 17		Name of Building Owner/Operator (2) Robert Wood Johnson Hospital / Job #1705-5157 Check #9167							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address One Robert Wood Johnson Place City, State, Zip Code New Brunswick, NJ 08901 Name of Contact Mark Lambdin Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Robert Wood Johnson Hospital		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address One Robert Wood Johnson Place		Square Feet	# of Floors						
City (5) New Brunswick		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital							
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 280 Huyler Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code South Hackensack, NJ 07606		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Geiser Fajardo	Telephone No. 201-489-8700	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 5 / 25 / 17	Scheduled Completion Date (11) 5 / 31 / 17	Name of OSHA Monitor EMSL Analytical							
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 / 5 PM - 6:30 AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
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
Blood Bank Lab Office 2nd Floor	☐	☒	☐	Sheet goods Flooring	250 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/31/17	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 5/12/17						

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



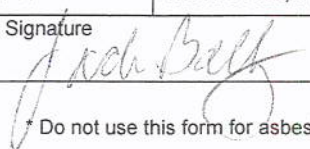
Date of Notification (1) 5 / 11 / 17		Name of Building Owner/Operator (2) Verizon Communications / Job #1704-5140 Check #9166							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 100 Greenwood Avenue							
		City, State, Zip Code Jenkintown, PA 19046							
		Name of Contact Alex Baylor							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon- Ridgewood CO		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-1) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 178 East Ridgewood Avenue									
City (5) Ridgewood, NJ 07450		Square Feet	# of Floors						
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) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 8436 Enterprise Ave.		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 609-265-2107						
License No. 00529									
Start Date (10) 5 / 24 / 17	Scheduled Completion Date (11) 5 / 30 / 17	Name of OSHA Monitor EMSL Analytical							
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 5PM-1:30AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
☐ ≥3 sf or ≥3 lf ☒ Renovation ☒ Full Containment with Negative Pressure ☒ ≥160 sf or ≥260 lf ☐ Demolition ☐ 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
Basement- AC Room	☒	☐	☐	Floor tile & Mastic	475 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 25	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 5/30/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 		Date 5/14/17					

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



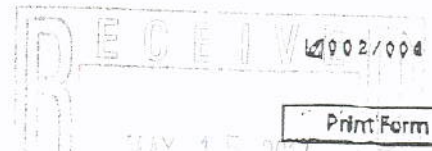
Date of Notification (1) 5 / 9 / 17		Name of Building Owner/Operator (2) Resorts Hotel & Casino Job #1705-5153		Check #9 08					
Agencies Notified ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation		Street Address 1133 Boardwalk City, State, Zip Code Atlantic City, NJ 08401-7329 Name of Contact Kathy Chamberlin					
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resorts Hotel & Casino				Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1133 Boardwalk				Square Feet _____ # of Floors _____ Bldg. Age _____					
City (5) Atlantic City				County (6) Atlantic					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Hotel & Casino					
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25		City, State, Zip Code Lumberton, NJ 08048					
City, State, Zip Code Berlin, NJ 08009		Telephone No. 609-265-2107		License No. 00529					
Project Manager for Monitoring Firm James Proctor		Telephone No. 856-452-1311		Name of OSHA Monitor EMSL Analytical					
Start Date (10) 5 / 10 / 17		Scheduled Completion Date (11) 5 / 12 / 17		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					
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
Sub-Basement Steam Chase	☐	☒	☐	Pipe Insulation	20 LF	☒	☐	☐	☐
Sub-Basement Steam Chase	☐	☒	☐	Debris	25 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 5/12/17		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 5/9/17			

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

Date of Notification (1) 5/12/17		Name of Building Owner/Operator (2) Woodlake Apartments							
Agencies Notified	Type Notification	Street Address 231 N. Evergreen Avenue							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☒ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Woodbury, NJ 08096							
		Name of Contact Kristy Araujo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Woodlake Apartments		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K 12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 231 N. Evergreen Avenue		Square Feet 80,000	# of Floors 2						
City (5) Woodbury		Bldg. Age 60							
County (6) Goucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Apartments							
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 411 Southgate Court, Suite E		Street Address 303 B National Road							
City, State, Zip Code Mickleton, NJ 08056		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Jack Carney		Telephone No. 856-224-0080	License No. 01161						
Start Date (10) 5/13/17	Scheduled Completion Date (11) 5/13/17	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: <u>Basement unoccupied</u>		Street Address 200 Route 130							
		City, State, Zip Code Cinnaminson, NJ							
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
Building 5 Basement			X	Asbestos containing pipe insulation	4 LF	X			
Building 8 Basement			X	Asbestos containing pipe insulation	4 LF	X			
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill					
City, State Exton, PA			Disposal Date 5/13/17	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature 	Date 5/13/17					

05/12/2017 FRI 13:56 FAX 484 872 8884 ECOSERVICES LLC

CL5310



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

DOL-10000

Date of Notification (1) 5/12/17		Name of Building Owner/Operator (2) Woodlake Apartments					
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation					
Street Address 231 N. Evergreen Avenue		City, State, Zip Code Woodbury, NJ 08096					
Name of Contact Kristy Araujo		Telephone Number					
Name of Facility Where Abatement is Taking Place (3) Woodlake Apartments							
Street Address 231 N. Evergreen Avenue		Type of Facility (4) ☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Woodbury		Square Feet 80,000	# of Floors 2				
County (6) Goucester		Bldg. Age 60					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartments					
Name of Monitoring Firm Hired by Building Owner (8) EHS		ASCM No.					
Street Address 411 Southgate Court, Suite E		Name of Abatement Contractor (9) ecoservices, LLC					
City, State, Zip Code Mickleton, NJ 08056		Street Address 303 B National Road					
Project Manager for Monitoring Firm Jack Carney		City, State, Zip Code Exton, PA 18341					
Telephone No. 856-224-0080		Telephone No. 484-872-8884	License No. 01161				
Start Date (10) 5/13/17	Scheduled Completion Date (11) 5/13/17		Name of OSHA Monitor EMSL				
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other - Describe: <u>Resident unoccupied</u>							
Street Address 200 Route 130							
City, State, Zip Code Cinnaminson, NJ							
Scope of Work (Check All That Apply) ☒ ≥ 3 sf or ≥ 3 lf ☐ ≥ 180 sf or ≥ 280 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	Encapsulation	Repair
Building 5 Basement			X	Asbestos containing pipe insulation	4 LF	X	
Building 8 Basement			X	Asbestos containing pipe insulation	4 LF	X	
Name of Registered Waste Hauler ecoservices, LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill			
City, State Exton, PA		Disposal Date 5/13/17		City, State Morrisville, PA			
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 5/13/17	

Chet. # 11221

RECEIVED
MAY 15 2017
ASB: STOS CONTROL & LICENSING

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

RECEIVED

CV 4077

MAY 15 2017

Date of Notification (1) 5/5/17		Name of Building Owner/Operator (2) FEUCIAN UNIVERSITY							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☒ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 1 FEUCIAN WAY City, State, Zip Code RUTHERFORD . NJ. 07070 Name of Contact MR. CHARLES SARASIAN							
Name of Facility Where Abatement is Taking Place (3) FEUCIAN UNIVERSITY / CAFETERIA		Type of Facility (4) ☐ School (K-12) ☒ Subchapter 8 (Other than K 12) ☐ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1 FEUCIAN WAY		Square Feet 16,000	# of Floors 2						
City (5) RUTHERFORD		Bldg. Age 1949							
County (6) BERGEN		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) UNIVERSITY						
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES		ASCM No. 00012	Name of Abatement Contractor (9) Best Removal Inc						
Street Address 300 GRAND AVE		Street Address 450 South River Street							
City, State, Zip Code ENGLEWOOD . NJ 07631		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm ANTHONY VALENTINE		Telephone No. 201-569-6708	Telephone No. 201-329-7444						
Start Date (10) 5/24/17		Scheduled Completion Date (11) 5/31/17	Licence No. 00388						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:		Name of OSHA Monitor Omega Environmental							
		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
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-Fixable 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
CAFETERIA			X	VAT	1500	X			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 8CKS	Name of Registered Landfill Minverva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 5/31/17		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature <i>J. Maiorano</i>			Date 5/5/17			

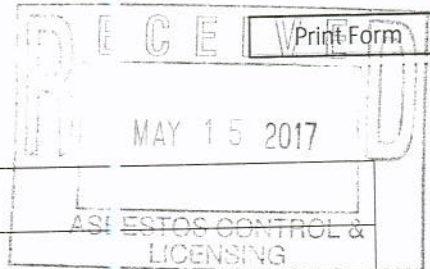


CK 525

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

Date of Notification (1) 05-08-2017		Name of Building Owner/Operator (2) Sumi abd Stephan Kim							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Engelwood NJM 07631							
		Name of Contact Stephan Kim	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K 12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Engelwood NJ 07631		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution	ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC							
Street Address 1130 W Chestnut St		Street Address PO BOX 734							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 9723-692-6298	License No. 01266						
Start Date (10) 05-17-2017	Scheduled Completion Date (11) 06-17-2017	Name of OSHA Monitor Amax Contracting LLC							
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 PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
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
Basement			x	Pipe Insulation	220 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 5 cy	Name of Registered Landfill Fairless Hills					
City, State Woodland Park		Disposal Date 06-25-2017		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager	Signature 		Date 05-08-2017				

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



CK 524

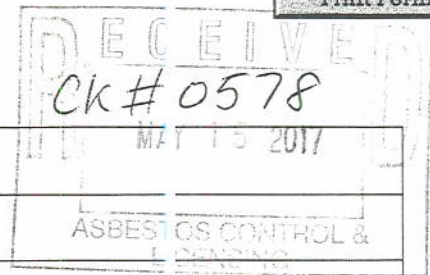
Date of Notification (1) 05-09-2017		Name of Building Owner/Operator (2) Adilson DaSilva							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☒ EPA ☒ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Paterson NJ 07503							
		Name of Contact Adilson DaSilva	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Paterson NJ 07503		Bldg. Age N/A							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Private Dwelling							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solution		ASCM No.	Name of Abatement Contractor (9) Amax Contracting LLC						
Street Address 1130 W Chestnut St		Street Address PO BOX 734							
City, State, Zip Code Union NJ 07083		City, State, Zip Code Woodland Park NJ 07424							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 9723-692-6298						
Start Date (10) 05-20-2017		Scheduled Completion Date (11) 05-22-2017	License No. 0 266						
Occupancy Status During Abatement (Check Only One) ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		Name of OSHA Monitor Amax Contracting LLC							
		Street Address PO BOX 734							
		City, State, Zip Code Woodland Park NJ 07424							
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
Basement			x	Pipe Insulation	8 LF	x			
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184	Cubic Yards of Waste 5 cy	Name of Registered Landfill Fairless Hills					
City, State Woodland Park		Disposal Date 05-25-2017		City, State Morrisville PA					
Completed by Tome Maslarkov		Title Project Manager		Signature 		Date 05-09-2017			

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

CK# 0577 2017

Date of Notification (1) 5/9/17		Name of Building Owner/Operator (2) IC Builders LLC							
Agencies Notified	Type Notification	Street Address 21 Ross Ave							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Demarest, NJ 07627							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Tenafly		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a	ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc							
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a	Telephone No. n/a	Telephone No. 973460.6026	License No. C 1255						
Start Date (10) 5/18/17	Scheduled Completion Date (11) 5/25/17	Name of OSHA Monitor Harmony Contracting 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 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
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
Basement			x	VAT	1200 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Garfield, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature Tina Caporino			Date 5/9/17			

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



Date of Notification (1) 5/9/17		Name of Building Owner/Operator (2) IC Builders LLC							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 21 Ross Ave							
		City, State, Zip Code Demarest, NJ 07627							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential House		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Tenafly		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential House							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
Start Date (10) 5/18/17		Scheduled Completion Date (11) 5/25/17	Name of OSHA Monitor Harmony Contracting 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 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
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-Facility 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
2nd Floor			x	Asbestos Drywall	1500 SF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033137	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Tina Caporino		Title Secretary	Signature <i>Tina Caporino</i>			Date 5/9/17			

MO#24219197998

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

G L I V E

MAY 15 2017

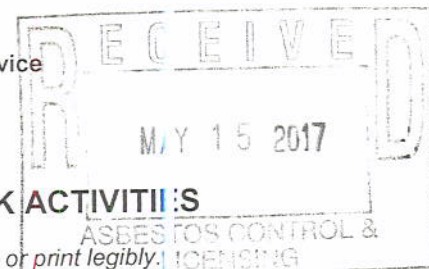
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 05 / 09 / 17		Name of Building Owner/Operator (2) Rhonda Youkner							
Agencies Notified ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)		Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation							
Street Address [REDACTED]		City, State, Zip Code Morris Plains, NJ 07950							
Name of Contact Rhonda Youkner		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Morris Plains, NJ 07950		# 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) 05 / 18 / 17		License No. 01127							
Scheduled Completion Date (11) 05 / 19 / 17		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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E							
Scope of Work (Check all that apply) ☒ >3 sf or >3 lf ☐ > 160 sf or >260 lf ☒ Renovation ☐ Demolition		City, State, Zip Code Fair Lawn, NJ 07410							
☐ 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) <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	☐	☐	☒	Pipe insulation	110 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
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 05/09/17			

ASB-41

MAY 11

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



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

NO CK

I. NOTIFICATION INFORMATION

Date of Notification: 5 / 9 / 2017

☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)

Type of Work: ☐ Demolition ☒ Renovation

II. BUILDING INFORMATION

Name of Building Owner/Operator: Felicia Nesmith

Street Address: [REDACTED] City: Pennsauken State: NJ Zip: 08110

Name of Contact: Felicia Nesmith Telephone No. [REDACTED]

III. FACILITY INFORMATION

Name of Facility Where Work Activity is to Take Place: Nesmith Residence

Describe Facility Use: Residence

Street Address: [REDACTED] City: Pennsauken State: NJ Zip: 08110

County Name: Camden County Code (State Use Only): [REDACTED]

Scheduled Start Date: 5 / 25 / 2017 Scheduled Completion Date: 5 / 26 / 2017

Occupancy Status During Activity (check only one):

☒ Facility Closed/Vacated During Entire Activity

☐ Activity Performed Outside Normal Facility Hours—Describe: [REDACTED]

☐ Other—Describe: [REDACTED]

Scope of Work (check all that apply):

☒ Floor Tile Square Footage: 400 SF Percentage Asbestos: [REDACTED] %

☐ Mastic Square Footage: [REDACTED] Percentage Asbestos: [REDACTED] %

IV. CONTRACTOR INFORMATION

Company Name: Shade Environmental, LLC Telephone No.: 856-755-0099

Street Address: 623 Cutler Avenue City: Maple Shade State: NJ Zip: 08052

New Jersey Asbestos License Number (if applicable): 00842

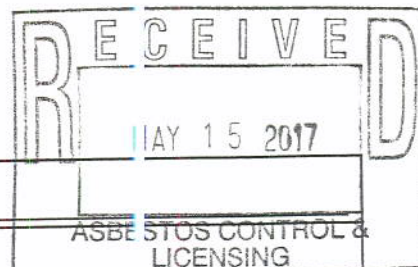
Monitoring Firm (if applicable): MDG Environmental, LLC Telephone No.: 856-755-9300

V. SIGNATURE

Completed By (type or print legibly): Christina Lynch Title: Vice President of Operations

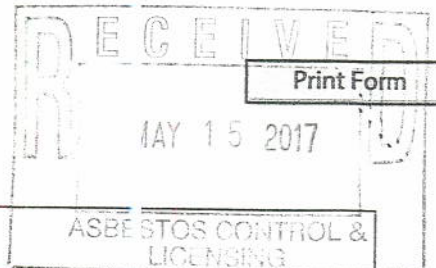
Signature: [Signature] Date: May 9, 2017

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



CH 1778

Date of Notification (1) <u>5/6/17</u>		Name of Building Owner/Operator (2) <u>Pamela Dunleavy</u>							
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended ☐ Amendment # ☐ Emergency (including justification) ☐ Cancellation	Street Address 							
		City, State, Zip Code <u>Ventnor City, NJ 08406</u>							
		Name of Contact <u>Brian Clark</u>							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>Residence</u>		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)							
Street Address 		Square Feet <u>1800 SF</u>	# of Floors <u>2</u>						
City (s) <u>Ventnor City, NJ 08406</u>		Bldg. Age <u>30 yrs</u>							
County (6) <u>Atlantic</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Residence</u>							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <u>AEi2, LLC</u>							
Street Address		Street Address <u>361 E. Fleming Pike</u>							
City, State, Zip Code		City, State, Zip Code <u>Hammonton, NJ 08037</u>							
Project Manager for Monitoring Firm		Telephone No. <u>609-481-2122</u>	License No. <u>00689</u>						
Start Date (10) <u>5/16/17</u>	Scheduled Completion Date (11) <u>5/20/17</u>	Name of OSHA Monitor <u>AEi2, LLC</u>							
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 <u>361 E. Fleming Pike</u>							
		City, State, Zip Code <u>Hammonton, NJ 08037</u>							
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	Encapsulation	Enclosure
Bottom of raised house			X	TSI	5 LF	X			
Name of Registered Waste Hauler <u>AEi2, LLC</u>		NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>.1</u>	Name of Registered Landfill <u>ACUA</u>					
City, State <u>Hammonton, NJ</u>		Disposal Date <u>TBD</u>	City, State <u>TBD</u>						
Completed By <u>Wm. Minnick</u>		Title <u>Program Mgr.</u>	Signature 		Date <u>5/5/17</u>				

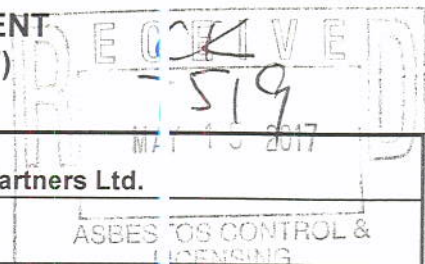


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CB 1195

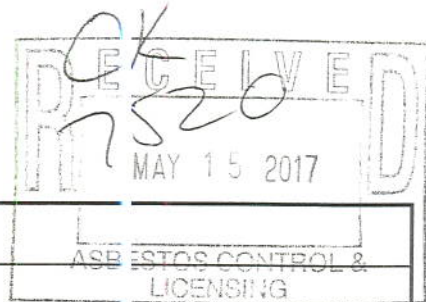
Date of Notification (1) 05/05/2017		Name of Building Owner/Operator (2) STEFANO MONTELLA		ASBESTOS CONTROL & LICENSING					
Agencies Notified ☒ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA		Type Notification ☐ Initial ☐ Amended ☐ Amendment # ☒ Emergency (including justification) ☐ Cancellation		Street Address [REDACTED] City, State, Zip Code STANHOPE, NJ. 07874 Name of Contact STEFANO MONTELLA Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE			Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) BRANCHVILLE NJ. 07826			Square Feet 1,600	# of Floors 2 STOR	Bldg. Age 72				
County (6) SUSSEX		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) YES					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.					
Street Address				Street Address 1126 - 51ST.					
City, State, Zip Code				City, State, Zip Code NORTH BERGEN NJ. 07047					
Project Manager for Monitoring Firm N/A		Telephone No.		Telephone No. 201-776-0642	License No. 01300				
Start Date (10) 05/09/17		Scheduled Completion Date (11) 05/10/17		Name of OSHA Monitor ENVIRO - PROBE 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 108 LIBERTY ST. City, State, Zip Code METUCHEN NJ.					
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-Frangible 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
EXTERIO SIDING		X		TRANSITE SIDING	700 SF.	X			
Name of Registered Waste Hauler TRI - STATE - ASSOCC		NJDEP Waste Hauler ID No. 19951		Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.				
City, State BRONX N.Y.				Disposal Date TBD	City, State WAYNESBURG, OH IO				
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 		Date 5/05/17			

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



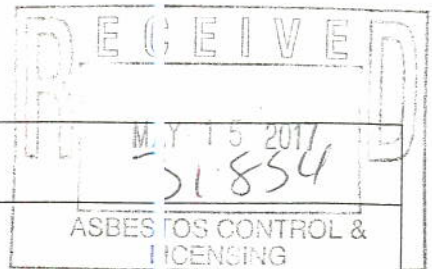
Date of Notification 5/8/17		Name of Building Owner / Operator (2) 350 Carter Road LLC c/o Equus Capital Partners Ltd.	
Agencies Notified	Type of Notification	Street Address	ASBESTOS CONTROL & LICENSING
☒ EPA	Emergency Notification	301 Oxford Valley Road	
☒ DEP	☒ Initial Notification	City, State & Zip Code Yardley, PA 19067	
☒ DOL	Amended Notification	Name of Contact	Telephone Number
☒ DOH	Cancellation	Michele Mooney	
DCA			
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Office Building		Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 350 Carter Road		Square Feet 77,000	# of Floors 2
City (5) Princeton	County (6) Mercer	County Code (7)	Bldg. Age 49
Name of Monitoring Firm Hired by Building Owner (8) Eagle Industrial Hygiene Services, Inc.		ASCM No. N/A	Name of Abatement Contractor (9) Global Abatement Services, LLC
Street Address 359 Dresher Road		Street Address 443 Schoolhouse Road	
City, State & Zip Code Horsham, PA, 19044		City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm Richard Mason	Telephone Number 215-672-6088	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 5/19/17	Scheduled Completion Date (11) 5/29/17	Name of OSHA Monitor Global Abatement Services, LLC	
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 443 Schoolhouse Road	
		City, State & Zip Code Monroe Township, NJ 08831	
Scope of Work (Check all that apply)			
Demolition ☐ Renovation ☒		Full Containment with Negative Pressure ☐	
Large Project ☐		Mini-Enclosure ☐	
☒ Quantity is ≥ 3 SF or ≥ 3 LF ACM		☒ Glovebag Procedure ☐	
Quantity is ≥ 160 SF or ≥ 260 LF ACM ☐		Other: ☐	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)
Mechanical Room	N/A	Pipe insulation	6 LF
Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 2	Name of Registered Landfill GROWS
City, State Freehold, NJ	Disposal Date 5/29/17	City, State Morrisville, PA	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature 	Date 5/8/17

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



Date of Notification (1) 5/8/15 Type Notification		Name of Building Owner / Operator (2) Bergenline 3100 LLC		ASBESTOS CONTROL & LICENSING MAY 15 2017	
Agencies Notified		Street Address			
EPA DEP X DOL X DOH DCA		415 32nd Street City, State & Zip Code Union City, NJ 07087 Name of Contact John Bowen			
Emergency Notification X Initial Notification Amended Notification Cancellation		Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Vacant Building			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) X Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 415 32nd Street			Square Feet 10,000	# of Floors 2	Bldg. Age 70
City (5) Union City	County (6) Union	County Code (7)	Current Use (Prior if being demolished) Bank		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc		ASCM No.	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 07747		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) 5/18/17	Scheduled Completion Date (11) 5/29/17		Name of OSHA Monitor Global Abatement Services, LLC		
Occupancy Status During Abatement (Check only one) X Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Area Isolated During Abatement Other - Describe:			Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		
Scope of Work (Check all that apply)					
Demolition Large Project Quantity is ≥ 3 SF or ≥ 3 LF ACM X Quantity is ≥ 160 SF or ≥ 260 LF ACM			Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure X Other: Repair		
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)	
Throughout building	N/A	TSI Pipe	3,000 LF	Repair	
2nd floor	N/A	VAT	1,000 SF	Removal	
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 10	Name of Registered Landfill TRRF	
City, State Trenton, NJ		Disposal Date 5/29/17	City, State Tullytown, Pa		
Completed By (Print or Type) Dominick Tringali	Title Pres.	Signature <i>Dominick Tringali</i>		Date 5/8/17	

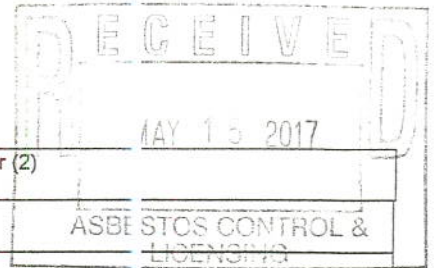
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



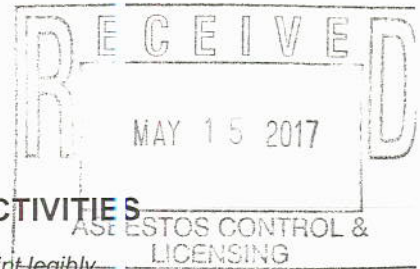
Date of Notification (1) 05 / 09 / 17		Name of Building Owner/Operator (2) Jacobs Demolition							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address P O Box 9 City, State, Zip Code Manasquan, NJ 08736							
		Name of Contact Linda	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Wall	Square Feet 2500	# of Floors 2	Bldg. Age 65						
County (6) Monmouth	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) Guardian Contracting, Inc.						
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 05 / 19 / 17	Scheduled Completion Date (11) 05 / 22 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
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		Street Address 1056 Stelton City, State, Zip Code Piscataway, New Jersey 08854							
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) 2900 sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	☐	☒	☐	asbestos siding		☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey			Disposal Date 05/22/17	City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature 			Date 5/9/17			

CH 538

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



<u>Date of Notification (1)</u> 05/9/17			<u>Name of Building Owner/Operator (2)</u> Joseph M Sanzari, INC		
<u>Agencies Notified</u> ☒ EPA ☐ DCA ☒ DOL ☒ DEP ☒ DOH		<u>Notification Type</u> ☐ Initial notification ☐ Amended ☒ Emergency notification ☐ Cancelled		<u>Street Address</u> 77 Frederick Street	
				<u>City, State, Zip Code</u> Hackensack NJ	
		<u>Name of Contact:</u> Roman Oliveira		<u>Telephone Number</u>	
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> Commercial Building			<u>Type of Facility (4)</u> ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)		
<u>Street Address</u> 77 Frederick Street			<u>Square Feet</u> 3,000 SF	<u># floors</u> 1	<u>Bldg. Age</u> 60
<u>City (5)</u> Hackensack, NJ	<u>County (6)</u> Bergen	<u>County Code (7)</u> (State Use Only)	<u>Current Use (prior if being demolished) :</u> Commercial Building		
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> CSL, INC		<u>ASCM No.</u>	<u>Name of Contractor (9)</u> BL Contracting, Inc		
<u>Street Address</u> 45 Marine Ln			<u>Street Address</u> 5 Marguerite Lane		
<u>City, State, Zip Code</u> Brick NJ			<u>City, State, Zip Code</u> Towaco 07082		
<u>Project Manager for Monitoring Firm</u> Michael Chain		<u>Telephone Number</u> 732-291-9223	<u>Telephone Number</u> 973-901-0153	<u>License Number</u> 01265	
<u>Scheduled Start Date (10)</u> 05/11/17		<u>Scheduled Completion Date (11)</u> 05/20/17		<u>Name of OSHA Monitor</u> BL Contracting Inc.	
<u>Occupancy Status During Abatement (Check only one)</u> ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe ☐ Other			<u>Street Address</u> 5 Marguerite Lane		
			<u>City, State, Zip Code</u> Towaco, NJ 07082		
<u>Source of Work (Check all that apply)</u>					
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf		☐ Renovation ☒ Demolition		☒ Non Exempted and Non Frangible Procedure ☐ Mini-Enclosure ☐ Glove bag Procedure ☐ Full Containment with Negative Pressure	
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u>	<u>Is Location Normally Used Solely by Maint/Custodial Staff? (12)</u> YES NO NA	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</u>	<u>Amount (Specify SF or LF)</u>	<u>Abatement Type</u> Remove Repair Encap Enclose	
Roof		Roof Material	2,700 SF	☒	
Roof		Roof Flashing	320 SF	☒	
<u>Name of Reg. Waste Hauler</u> Waste Management of Pennsylvania		<u>NJDEP Waste Hauler ID #</u> 0036784	<u>Cubic Yards of Waste</u> 80	<u>Name of Registered Landfill</u> T.R.R.F	
			<u>Disposal Date</u> 05/15/17	<u>City, State</u> Tullytown, PA	
<u>Completed by (Print or Type)</u> Nedo Vasilic		<u>Title</u> President	<u>Signature</u> Nedo Vasilic	<u>Date</u> 05/09/2017	



NOTIFICATION OF NON-FRIABLE ASBESTOS WORK ACTIVITIES

Must be submitted 10 days prior to the beginning of work. Please type or print legibly.

NO CK

I. NOTIFICATION INFORMATION			
Date of Notification: <u>5</u> / <u>10</u> / <u>2017</u>			
☒ Initial ☐ Amended ☐ Cancellation ☐ Emergency (must include justification)			
Type of Work: ☐ Demolition ☒ Renovation			
II. BUILDING INFORMATION			
Name of Building Owner/Operator:		<u>Claire Russell</u>	
Street Address:	<u>[REDACTED]</u>	City: <u>West Deptford</u>	State: <u>NJ</u> Zip: <u>08086</u>
Name of Contact:	<u>Claire Russell</u> Telephone No: _____		
III. FACILITY INFORMATION			
Name of Facility Where Work Activity is to Take Place:		<u>Russell Residence</u>	
Describe Facility Use:		<u>Residence</u>	
Street Address:	<u>[REDACTED]</u>	City: <u>West Deptford</u>	State: <u>NJ</u> Zip: <u>08086</u>
County Name:	<u>Gloucester</u>	County Code (State Use Only): _____	
Scheduled Start Date:	<u>5</u> / <u>24</u> / <u>2017</u>	Scheduled Completion Date:	<u>5</u> / <u>6</u> / <u>2017</u>
Occupancy Status During Activity (check only one):			
☒ Facility Closed/Vacated During Entire Activity			
☐ Activity Performed Outside Normal Facility Hours—Describe: _____			
☐ Other—Describe: _____			
Scope of Work (check all that apply):			
☒ Floor Tile	Square Footage:	<u>240 SF</u>	Percentage Asbestos: _____ %
☒ Mastic	Square Footage:	<u>240 SF</u>	Percentage Asbestos: _____ %
IV. CONTRACTOR INFORMATION			
Company Name:	<u>Shade Environmental, LLC</u>	Telephone No.:	<u>856 755-0099</u>
Street Address:	<u>623 Cutler Avenue</u>	City: <u>Maple Shade</u>	State: <u>NJ</u> Zip: <u>08052</u>
New Jersey Asbestos License Number (if applicable):	<u>00842</u>		
Monitoring Firm (if applicable):	<u>Mgmt. & Enviro. Consulting Services</u>	Telephone No.:	<u>609 298-4070</u>
V. SIGNATURE			
Completed By (type or print legibly):	<u>Christina Lynch</u>	Title:	<u>Vice President of Operations</u>
Signature:		Date:	<u>May 10, 2017</u>

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:18)

Date of Notification (1)	Name of Building Owner/Operator (2)
5 / 9 / 17	GOLD BEER REALTY ASSOCIATES
Agencies Notified	Street Address
☐ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 8:23-8)	33 CLINTON RD
Type Notification	City, State, Zip Code
☐ Initial ☐ Amended Amendment # ☒ Emergency (including justification) ☐ Cancellation	WEST CALDWELL, N.J. 07066
	Name of Contact
	GWA VINCE
	Telephone Number
	07066

FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3)	Type of Facility (4)
PLEASANT VALLEY APARTMENT COMPLEX	☐ School (K-12) ☐ Subchapter S (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address	Square Feet
531 KINGS HWY.	30,000
City (5)	# of Floors
MOORESTOWN	3
County (6)	Age
BURGESS	+50
County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)
	RESIDENTIAL
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.
Street Address	Name of Abatement Contractor (9)
	A.MAC Contracting Inc.
City, State, Zip Code	Street Address
	185 Vreeland Ave
Project Manager for Monitoring Firm	City, State, Zip Code
	Midland Park, NJ 07432
Telephone No.	Telephone No.
	201-262-8841
Start Date (10)	License No.
5 / 16 / 17	00148
Scheduled Completion Date (11)	Name of OSHA Monitor
5 / 25 / 17	Omega Environmental Services
Occupancy Status During Abatement (Check only one)	Street Address
☐ Facility Closed/Vacated During Entire Period of Abatement	280 Mylar St
☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM	City, State, Zip Code
	Hackensack, NJ 07605

Scope of Work (Check all that apply)	
☒ ≥ 3 sf or ≥ 3 ft ☐ ≥ 150 sf or ≥ 250 ft	☒ Removal ☐ 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)
Bldg 9 Bldg 24	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)
PIPE INSULATION	76 LF
THAT INSULATION	126 SF

Name of Registered Waste Hauler	NJOEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill
Newark Carting	04508	3	IESI PA Bethlehem Landfill Corp
City, State	Disposal Date	City, State	
Newark, NJ	5/10/17	Bethlehem, PA	
Completed By (Print or Type)	Title	Signature	Date
Joseph Vaccaro	Vice President	J. Vaccaro	5/10/17

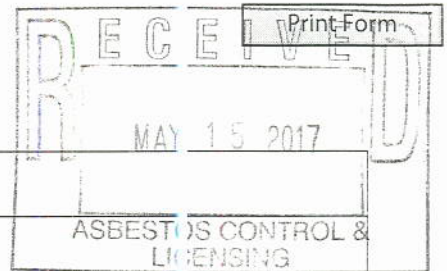
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* Do not use this form for asbestos maintenance and repair activities.

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MAY 15 2017
ASBESTOS CONTROL & LICENSING

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



CH 5545

Date of Notification (1) 5/10/17		Name of Building Owner/Operator (2) Jared Yoder							
Agencies Notified	Type Notification	Street Address [REDACTED]							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Belmar, NJ 07719							
		Name of Contact Jared	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED] Belmar		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Belmar		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 5/21/17	Scheduled Completion Date (11) 5/23/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
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
EXTERIOR				Siding	2400SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 5/23/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date			

CH 2246

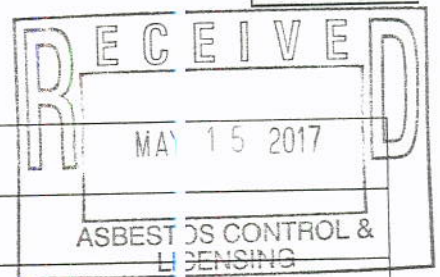
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 5-10-2017		Name of Building Owner/Operator (2) Regional Construction Corp.							
Agencies Notified	Type Notification	Street Address 3 Manhattanville Road							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Purchase, NY 10577							
		Name of Contact Gerald Eglentowicz							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4)							
Street Address 290 Shrewsbury Plaza		☐ School (K-12) ☐ Subchapter 8 (Other than K-2) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Shrewsbury, NJ 07702		Square Feet 3200	# of Floors 1						
County (6) Monmouth		Bldg. Age 70+							
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) Green Environmental Services, LLC							
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 5-24-2017	Scheduled Completion Date (11) 5-24-2017	Name of OSHA Monitor Same as above							
Occupancy Status During Abatement (Check Only One)		Street Address							
☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe: _____		City, State, Zip Code							
Scope of Work (Check All That Apply)									
☐ ≥ 3 sf or ≥ 3 lf ☒ ≥ 160 sf or ≥ 260 lf									
☐ Renovation ☒ Demolition									
☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-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
Parapit wall under rubber N&S		X		Black flashing	450 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 2	Name of Registered Landfill G.r.o.w.s. North Landfill					
City, State Jersey City, NJ		Disposal Date 5-24-2017		City, State Morrisville, P.A.					
Completed by Liliana Serrano		Title Office Manager		Signature <i>Liliana Serrano</i>		Date 5-10-2017			

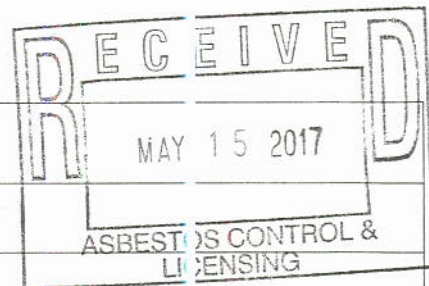
CH 2245

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



Date of Notification (1) 5-10-2017		Name of Building Owner/Operator (2) Regional Construction Corp.							
Agencies Notified	Type Notification	Street Address 3 Manhattanville Road							
☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	City, State, Zip Code Purchase, NY 10577							
		Name of Contact Gerald Eglentowicz	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-1) ☒ Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1183 Broad Street		Square Feet 3000	# of Floors 1						
City (5) Shrewsbury, NJ 07702		Bldg. Age 70+							
County (6) Monmouth	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) Green Environmental Services, L.C.						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No. 201-333-8855	License No. 01174						
Start Date (10) 5-22-2017	Scheduled Completion Date (11) 5-23-2017	Name of OSHA Monitor Same as above							
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							
		City, State, Zip Code							
Scope of Work (Check All That Apply) ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13) <u>TO BE ABATED</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bathrooms North & South		X		VAT	350 SF	X			
Entry wall		X		White glue dab	8 SF	X			
Roof		X		Flashing	450 SF	X			
Name of Registered Waste Hauler Green Environmental Services		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 4	Name of Registered Landfill G.r.o.w.s. North Landfill					
City, State Jersey City, NJ			Disposal Date 5-23-2017	City, State Morrisville, P.A.					
Completed by Liliana Serrano		Title Office Manager	Signature			Date 5-10-2017			

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



CH 3935

Date of Notification (1) 5 / 10 / 17		Name of Building Owner/Operator (2) Joe Murphy	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 	
		City, State, Zip Code Delran, NJ 08075	
		Name of Contact Joe Murphy	
Telephone Number _____			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Murphy Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K 12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 			
City (5) Delran	Square Feet 1,400	# of Floors 3	Bldg. Age 80
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residential	
Name of Monitoring Firm Hired by Building Owner (8) Mgmt. & Environmental 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) 05 / 19 / 17	Scheduled Completion Date (11) 05 / 20 / 17	Name of OSHA Monitor EMSL Analytical, Inc.	
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		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

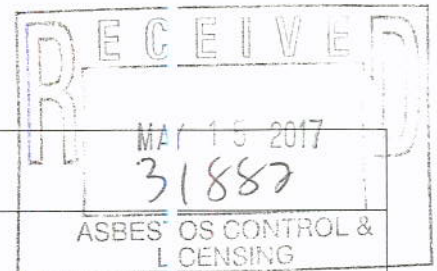
Scope of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf	☒ Renovation	☒ Full Containment with Negative Pressure
☐ ≥ 160 sf or ≥ 260 lf	☐ Demolition	☐ 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
Crawlspace	☐	☒	☐	Paper on Ductwork	30 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill GROWS North Landfill	
City, State Freehold, NJ			Disposal Date 05/20/2017	City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 		Date 5/10/17	

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



Date of Notification (1) 05 / 11 / 17		Name of Building Owner/Operator (2) Howard Green							
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☐ Amended Amendment # _____ ☐ Emergency (including justification) ☐ Cancellation	Street Address [REDACTED]							
		City, State, Zip Code Highland Park, NJ 08904							
		Name of Contact Howard Green	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-1) ☒ Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1500 sf	# of Floors 1						
City (5) Highland Park		Bldg. Age 65							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 05 / 24 / 17	Scheduled Completion Date (11) 05 / 25 / 17	Name of OSHA Monitor E.M.S.L. Analytical							
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		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
☒ ≥3 sf or ≥3 lf ☒ Renovation ☐ Full Containment with Negative Pressure ☐ ≥160 sf or ≥260 lf ☐ Demolition ☐ 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
basement	☐	☒	☐	asbestos floor tile	30 sf	☒	☐	☐	☐
basement	☐	☒	☐	asbestos pipe insulation	30 lf	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 05/26/17	City, State Tullytown, Pennsylvania						
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 		Date 5/11/17					

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

Chart # 3011
RECEIVED
NJ 15 2017

GAC Project # 060-17

Date of Notification (1) May 9, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified ☐ EPA ☐ DCA ☒ DOL ☒ DEP- No Longer REQUIRED ☒ DOH	Notification Type ☒ Initial Notification ☐ Amended Notification # ☐ Emergency (including justification) ☐ Cancelled	Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS	
		City, State, Zip Code PISCATAWAY, NJ 08854	
		Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SCHOOL OF DENTAL MEDICINE, BLDG# 7253		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address RBHS NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 268 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 05/19/17	Scheduled Completion Date (11) 05/22/17	Name of OSHA Monitor 1 ENVIROVISION, 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: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply) ☒ > 3 sf or > 3 lf ☒ Renovation ☐ > 160 sf or > 260 lf ☐ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glove bag Procedure / Wrap & Cut ☒ Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) B826	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA ☒ YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) MASTIC	Amount (Specify SF or LF) 100 SF
			Abatement Type Remove Repair Encap Enclose ☒ Remove
Name of Reg. Waste Hauler See Hauler Below #1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5 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 05/22/2017	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date May 9, 2017