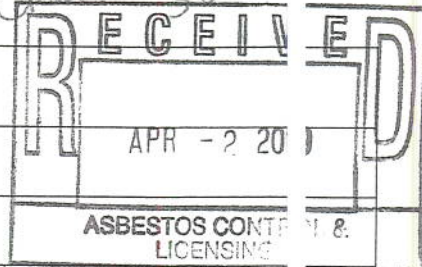


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)

PAID

chk (#2) 3541



Date of Notification (1) 3 / 21 / 19		Name of Building Owner/Operator (2) Hackettstown Board of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-3/26/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 120 North Warren Street City, State, Zip Code Hackettstown, NJ 07840 Name of Contact Gail Woicekowski Telephone Number 908-852-2800						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hackettstown High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings homes, etc.)						
Street Address 599 Warren Street		Square Feet +75,000 # of Floors +2 Bldg. Age +50						
City (5) Hackettstown	County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET						
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200	Telephone No. 215-788-6040 License No. 00509					
Start Date (10) 4 / 1 / 19	Scheduled Completion Date (11) 4 / 13 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 3:30PM-12:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	5,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Cement Wall Board Panelling	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30 Cu Yd	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>			Date 3-26-19	

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

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

#3538
RECEIVED
APR - 2 2019
ASBESTOS CONTINGENT LICENSING

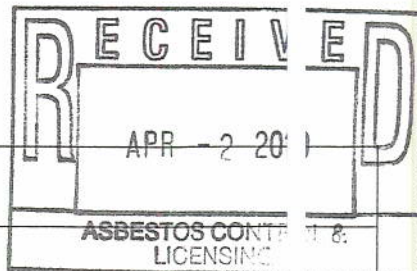
Date of Notification (1) 3 / 21 / 19		Name of Building Owner/Operator (2) Hackettstown Board of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA 5135 <input checked="" type="checkbox"/> DOLWD 5111 <input checked="" type="checkbox"/> DOH 5104 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 120 North Warren Street City, State, Zip Code Hackettstown, NJ 07840 Name of Contact Doug DeMatteo Telephone Number 908-852-2800						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hackettstown High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial building homes, etc.)						
Street Address 599 Warren Street		Square Feet +75,000						
City (5) Hackettstown		# of Floors +2	Bldg. Age +50					
County (6) Warren	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET						
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200	Telephone No. 215-788-6040					
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Start Date (10) 4 / 1 / 19	Scheduled Completion Date (11) 4 / 13 / 19							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/3:30PM-12:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	5,700 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 30 Cu Yd	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / gk		Date 3-21-19		

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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 5:16)



Date of Notification (1) <u>3</u> / <u>21</u> / <u>19</u>		Name of Building Owner/Operator (2) Hackettstown Board of Education						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-3/26/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 120 North Warren Street						
		City, State, Zip Code Hackettstown, NJ 07840						
		Name of Contact Gail Woickowski	Telephone Number 908-852-2800					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hackettstown High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings homes, etc.)						
Street Address 599 Warren Street								
City (5) Hackettstown		Square Feet +75,000	# of Floors +2					
		Bldg. Age +50						
County (6) Warren	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET						
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200	Telephone No. 215-788-6040					
		License No. 00509						
Start Date (10) <u>4</u> / <u>15</u> / <u>19</u>	Scheduled Completion Date (11) <u>5</u> / <u>12</u> / <u>19</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 3:30 PM - 12:00 AM		Street Address 1123 BEAVER STREET						
		City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustic Ceiling Plaster	6,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium North Mech. Closets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustic Wall Plaster	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium West Mechanical Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro</i>				Date 3-26-19	

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

chk #3538

Date of Notification (1) <u>3</u> / <u>21</u> / <u>19</u>		Name of Building Owner/Operator (2) Hackettstown Board of Education		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED APR - 2 2019 ASBESTOS CONTROL </div>				
Agencies Notified <input checked="" type="checkbox"/> EPA <u>5135</u> <input checked="" type="checkbox"/> DOLWD <u>511</u> <input checked="" type="checkbox"/> DOH <u>5104</u> <input checked="" type="checkbox"/> DCA <u>5128</u> (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 120 North Warren Street						
		City, State, Zip Code Hackettstown, NJ 07840						
		Name of Contact Doug DeMatteo						
				Telephone Number 908-852-2800				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Hackettstown High School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address 599 Warren Street								
City (5) Hackettstown				Square Feet +75,000	# of Floors +2			
				Bldg. Age +50				
County (6) Warren		County Code (7) (STATE USE ONLY) 1		Current Use (Prior if being demolished) High School				
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No. 00030	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET						
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Roland Jones		Telephone No. 609-392-4200	Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <u>4</u> / <u>15</u> / <u>19</u>		Scheduled Completion Date (11) <u>5</u> / <u>12</u> / <u>19</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 3:30PM-12:00AM				Street Address 1123 BEAVER STREET				
				City, State, Zip Code BRISTOL, PA 19007				
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
Auditorium	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustic Ceiling Plaster	6,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium North Mech. Closets	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Acoustic Wall Plaster	600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Auditorium West Mechanical Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fitting Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro / gm</i>			Date 3-21-19		

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

RECEIVED	APR - 2 2019
	ASBESTOS CONTROL LICENSING

Date of Notification (1) 03/28/19 <i>pk # 28966</i>		Name of Building Owner/Operator (2) Rockaway Township School District	
Agencies Notified	Notification Type	Street Address	City, State, Zip Code
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	183 Greenpond Road	Rockaway, NJ 07866
		Name of Contact Frank Cuevas Board President	Telephone Number 973-627-2411

FACILITY INFORMATION

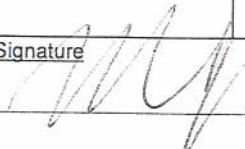
Name of Facility Where Abatement is Taking Place (3) Stony Brook Elementary School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: # of Floors: 3 Bldg. Age: 1947 Current Use (prior if being demolished): Elementary School
Street Address 44 Stony Brook Rd, Rockaway, NJ 07866			
City (5) Rockaway	County (6) Morris	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Contractor (9) Panoramic Window & Door Systems Inc.
Street Address		Street Address 712 Sergeantsville Road	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Stockton, NJ 08559	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number P (732)926-0900	License Number 01237
Scheduled Start Date (10) 04/08/19	Scheduled Completion Date (11) 05/04/19	Name of OSHA Monitor IAQ GURU LLC	
Occupancy Status During Abatement (Check only one) Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Describe: During School Days 3pm-11pm Saturdays 8am-4pm Spring Break 8am-4pm <input type="checkbox"/> Other - Describe:		Street Address 87 Main Street	
		City, State, Zip Code Lincoln Park, NJ 07035	

Source of Work (Check all that apply)

≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap close
Exterior of Building		Exterior Window Caulking and Glazing	790 lf	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Landfill	
			Disposal Date	City, State Easton, PA
Completed by (Print or Type) Mark M Jovic	Title Environmental Project Manager	Signature 	Date 03/26/19	

PAID

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

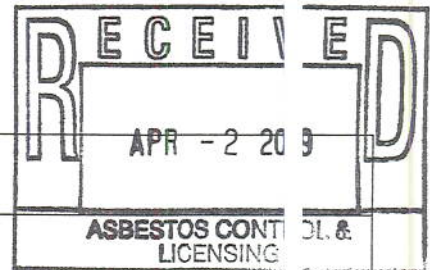
CHK # 3545

Date of Notification (1) 3 / 28 / 19		Name of Building Owner/Operator (2) Buckeye Partners, LP - Northeast District		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR - 28 19 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 750 Cliff Road City, State, Zip Code Port Reading, NJ 07064 Name of Contact John Philbin			
Telephone Number 732-692-5212		ASBESTOS CONTROL & LICENSING							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Buckeye Partners, LP				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 123 Derousse Ave. (River Road Terminal)				Square Feet -					
City (5) Pennsauken				# of Floors -					
County (6) Camden				Bldg. Age -					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Exterior							
Name of Monitoring Firm Hired by Building Owner (8) Vertex Engineering		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 700 Turner Way		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007					
City, State, Zip Code Aston, PA 19014		City, State, Zip Code BRISTOL, PA 19007		License No. 00509					
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902		Telephone No. 215-788-6040					
Start Date (10) 4 / 8 / 19		Scheduled Completion Date (11) 4 / 8 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____ PM- ____ AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
River Road Exterior Grounds	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Insulation Panel Debris	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Hills Landfill			
City, State Bristol, PA		Disposal Date		City, State Fairless Hills, PA					
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 3-28-19			

ASB-41
MAY 11 **GI19066**

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

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

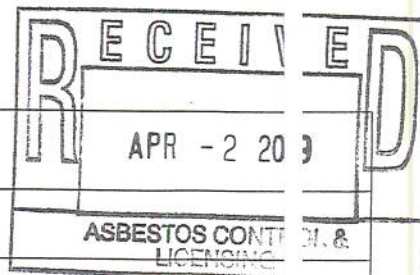


Date of Notification (1) 10 / 26 / 18			Name of Building Owner/Operator (2) Verizon Communications					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-3/28/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 East Maple Avenue City, State, Zip Code Merchantville, NJ 08109 Name of Contact Brian Tilton Telephone Number 215-640-4563				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Merchantville C.O.			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings homes, etc.)					
Street Address 15 East Maple Avenue			Square Feet 33,000					
City (5) Merchantville			# of Floors 4		Bldg. Age +50			
County (6) Camden		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Verzion				
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.				
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET						
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5870		License No. 00509				
Start Date (10) 11 / 13 / 18		Scheduled Completion Date (11) 3 / 28 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM			Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
Basement Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL		
City, State NEW CASTLE, DE				Disposal Date TBD		City, State WAYNESBURG, OH		
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>		Date 3-28-19		

ASB-41
JAN 13 **DD18055**

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

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



Date of Notification (1) 10 / 26 / 18		Name of Building Owner/Operator (2) Verizon Communications						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-11/21/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Maple Avenue City, State, Zip Code Merchantville, NJ 08109						
		Name of Contact Brian Tilton	Telephone Number 215-640-4563					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Merchantville C.O.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 15 East Maple Avenue		Square Feet 33,000	# of Floors 4					
City (5) Merchantville		Bldg. Age +50						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET						
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5870	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) 11 / 13 / 18	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00AM-2:00PM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
Basement Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Chiller Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 11/21/18					

ASB-41
JAN 13 **0018055**

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

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

Date of Notification (1) 10 / 26 / 18		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> APR - 26 - 19 </div>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 East Maple Avenue City, State, Zip Code Merchantville, NJ 08109						
Name of Contact Brian Tilton				Telephone Number 215-640-4563						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Verizon Merchantville C.O.				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings homes, etc.)						
Street Address 15 East Maple Avenue				Square Feet 33,000						
City (5) Merchantville				# of Floors 4						
County (6) Camden				Bldg. Age +50						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon								
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007						
City, State, Zip Code Philadelphia, PA 19153		Telephone No. 215-365-5870		Telephone No. 215-788-6040						
Project Manager for Monitoring Firm Mark Jenkins		License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Start Date (10) 11 / 13 / 18		Scheduled Completion Date (11) 11 / 24 / 18		Street Address 1123 BEAVER STREET						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM				City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type		
								Removal	Repair	Encapsulate
Basement Chiller Room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe Insulation		100 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Chiller Room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe Fittings		40 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Chiller Room		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Duct Insulation		75 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro/gm</i>		Date 10-26-18				

ASB-41
JAN 13 **DD18055**

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

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

RECEIVED

APR - 2 2019
7 Job #1903-2419 Chk. # 316

ASBESTOS CONTROL
LICENSING

Date of Notification (1)
3 / 29 / 19

Name of Building Owner/Operator (2)
United Family and Children Society

Agencies Notified
☒ EPA
☒ DOLWD
☒ DHSS
☐ DCA
(NJAC 5:23-8)

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

Street Address
305 West 7th Street
City, State, Zip Code
Plainfield, NJ 07060-1511

Name of Contact
Tom Reedy

Telephone Number
908-755-4848

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
United Family and Children Society

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

Street Address
305 West 7th Street

City (5)
Plainfield, NJ

Square Feet **3,000** # of Floors **3** Bldg. Age **1905**

County (6)
Union

County Code (7) (STATE USE ONLY)

Current Use (Prior if being demolished)
Commerical

Name of Monitoring Firm Hired by Building Owner (8)
Finog Environmental Inc

ASCM No.

Name of Abatement Contractor (9)
Asbestos and Mold Services, Corp.

Street Address
617 Stokes Road

Street Address
3859 Sylon Boulevard

City, State, Zip Code
Medford, NJ 08055

City, State, Zip Code
Hainesport, NJ 08036

Project Manager for Monitoring Firm
Rebecca Rubnitz

Telephone No.
888-715-2211

Telephone No.
609-702-0400

License No.
00862

Start Date (10)
4 / 13 / 19

Scheduled Completion Date (11)
4 / 13 / 19

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
☒ ≥ 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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Main area & Crawl Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Ductwork	45 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Back Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aircell Duct Wrap	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Waste Management

NJDEP Waste Hauler ID No.
17273

Cubic Yards of Waste
5

Name of Registered Landfill
Grand Central

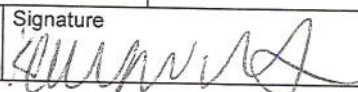
City, State
Lafayette, NJ

Disposal Date
4/13/19

City, State
Penn Argyle, PA

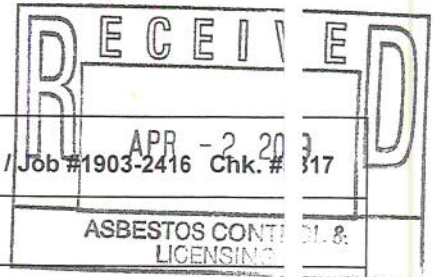
Completed By (Print or Type)
Kaysi Gruner

Title
Office Assistant

Signature


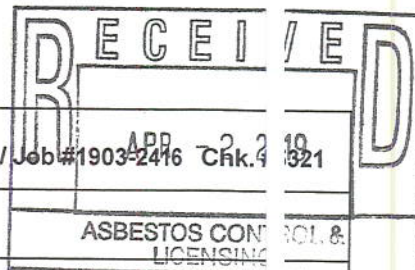
Date
3/29/19

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



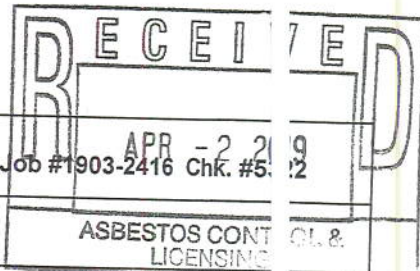
Date of Notification (1) 3 / 29 / 19		Name of Building Owner/Operator (2) Audubon Mutual Housing Corp.		Job #1903-2416 Chk. # 317					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 Road C City, State, Zip Code Audubon Park, NJ 08106					
Name of Contact Ken Whalen (Maintenance Supervisor)			Telephone Number 856-547-4550						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet +/- 1,000 SF					
City (5) Audubon Park				# of Floors 1	Bldg. Age 78				
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential					
Name of Monitoring Firm Hired by Building Owner (8) Briggs and Associates		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 3 Crosswicks Street		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Bordentown NJ 08505		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Doug Ferry		Telephone No. 609-847-2957		Telephone No. 609-702-0400					
Start Date (10) 4 / 8 / 19		Scheduled Completion Date (11) 4 / 10 / 19		License No. 00862					
Name of OSHA Monitor EMSL Analytical, Inc.									
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM				Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Insulation	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ		Disposal Date 4/10/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature <i>[Signature]</i>		Date 3/29/19			

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

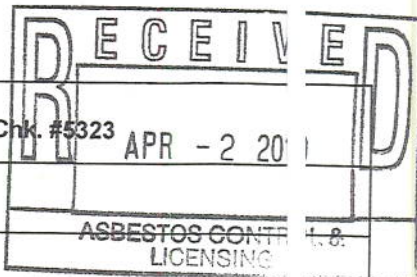


Date of Notification (1) 3 / 29 / 19		Name of Building Owner/Operator (2) Audubon Mutual Housing Corp		Job # 1903-2416 Chk. 4 1321							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 20 Road C City, State, Zip Code Audubon Park, NJ 08106							
		Name of Contact Ken Whalen (Maintenance Supervisor)		Telephone Number 856-547-4550							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]				Square Feet +/- 1,000 SF							
City (5) Audubon Park				# of Floors 1							
County (6) Camden				Bldg. Age 78							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential									
Name of Monitoring Firm Hired by Building Owner (8) Briggs and Associates		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address 3 Crosswicks Street		Street Address 3859 Sylon Boulevard									
City, State, Zip Code Bordentown NJ 08505		City, State, Zip Code Hainesport, NJ 08036									
Project Manager for Monitoring Firm Doug Ferry		Telephone No. 609-847-2957		Telephone No. 609-702-0400							
Start Date (10) 4 / 11 / 19		Scheduled Completion Date (11) 4 / 13 / 19		License No. 00862							
Name of OSHA Monitor EMSL Analytical, Inc.											
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: SATURDAY AM- PM- PM- AM				Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)											
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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) 375 SF		Abatement type			
								Removal	Repair	Encapsulate	Enclosure
Attic		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Asbestos Insulation				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central					
City, State Lafayette, NJ				Disposal Date 4/13/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 				Date 3-29-19			

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



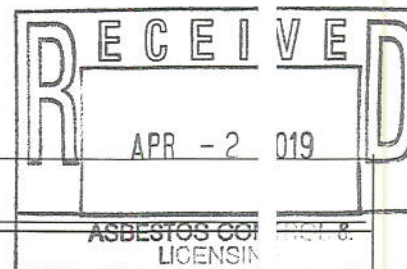
Date of Notification (1) 3 / 29 / 19		Name of Building Owner/Operator (2) Audubon Mutual Housing Corp.		Job #1903-2416 Chk. #5				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 20 Road C		ASBESTOS CONT. LICENSING				
		City, State, Zip Code Audubon Park, NJ 08106						
Name of Contact Ken Whalen (Maintenance Supervisor)			Telephone Number 856-547-4550					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address [REDACTED]				Square Feet +/- 1,000				
City (5) Audubon Park				# of Floors 1				
County (6) Camden				Bldg. Age 78				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Briggs and Associates		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.				
Street Address 3 Crosswicks Street		Street Address 3859 Sylon Boulevard						
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Doug Ferry		Telephone No. 609-847-2957		Telephone No. 609-702-0400				
Start Date (10) 4 / 15 / 19		Scheduled Completion Date (11) 4 / 17 / 19		License No. 00862				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM- _____ AM				Name of OSHA Monitor EMSL Analytical, Inc.				
Street Address 200 U.S. Route 130 North				City, State, Zip Code Cinnaminson, NJ 08077				
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Enclosure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Insulation	375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central			
City, State Lafayette, NJ		Disposal Date 4/17/19		City, State Penn Argyle, PA				
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature <i>[Signature]</i>		Date 3/29/19		

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)

Date of Notification (1) 3 / 29 / 19		Name of Building Owner/Operator (2) NJTA / Job #1710-2243		Chk. #5323				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 Turnpike Plaza City, State, Zip Code Woodbridge, NJ 07095				
Name of Contact Robert Womelsdorf				Telephone Number 732-442-8600				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) NJTA MUB - E - Hightstown			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address Milepost 67 S - NJ Turnpike			Square Feet 20,000					
City (5) East Windsor/Hightstown			# of Floors 1		Bldg. Age unkow			
County (6) Mercer		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Office & Shops				
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.				
Street Address PO Box 316		Street Address 3859 Sylon Boulevard						
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Hainesport, NJ 08036						
Project Manager for Monitoring Firm Dave or Steve Flanigan		Telephone No. 856-848-0800		Telephone No. 609-702-0400				
Start Date (10) 4 / 8 / 19		Scheduled Completion Date (11) 4 / 12 / 19		License No. 00862				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM			Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type			
	Yes	No			N/A	Removal	Repair	Encapsulate
10 Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	10 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central		
City, State Lafayette, NJ		Disposal Date 4/12/19		City, State Penn Argyle, PA				
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 		Date 3/29/19		

Ch 2019

STATE OF NEW JERSEY
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 AND 12:120)



Date of Notification (1) 3/26/19		Name of Building Owner/Operator (2) Alabama Partners LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 195 Paterson Ave Suite 2		City, State, Zip Code Little Falls, NJ 07424	
Name of Contact Ken Abdy		Tel. Number 973.632.8602	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Paterson	County (6) Passaic	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) n/a		ASCM No.	
Street Address		Name of Contractor (9) MTM Metro Corporation	
City, State, Zip Code		Street Address 135-137 McBride Ave	
		City State, ZipCode Paterson, NJ 07501	
Project Manager for Monitoring Firm	Telephone Number	Telephone Number 973-742-5030	License Number 00809
Scheduled Start Date (10) 4/6/2019	Scheduled Completion Date (11) 4/11/2019	Name of OSHA Monitor MTM Metro Corporation	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other-Describe: _____		Street Address 135-137 McBride Avenue	
		City, State, Zip Code Paterson, NJ 07501	
Source of Work (Check all that apply) <input type="checkbox"/> > 3 sf or > 3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> > 160 sf or > 260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Non-Exempted(*) & Non-Friable Procedure <input type="checkbox"/> Glovebag Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO N/A	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
Exterior Siding		Siding Shingles	3,000 sf
Basement		Pipe insulation	50LF
Basement		Boiler Insulation	50 SF
Name of Reg. Waste Hauler MTM Metro Corporation		NJDEP Waste Hauler ID # 26552	Cubic Yards of Waste 40
City, State Paterson, NJ 07501		Name of Reg. Landfill Tullytown, PA	
Disp. Date 4/21/2019		City, State Tullytown, PA	
Completed by (Print or Type) Mike Damevski	Title Proj. Manager	Signature Mike Damevski	Date 3/26/19

ASB-41

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

(11) 3/28/

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

RECEIVED	APR - 2 201
	ASBESTOS CONTR LICENSING

Date of Notification (1) 3/1/2019		Name of Building Owner/Operator (2) Old Dominion Freight Line							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTR LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	500 Old Dominion Way							
		City, State, Zip Code Thomasville, NC 27360							
		Name of Contact Michael Diggs	Telephone Number 336-239-4213						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Dominion Terminal Building		Type of Facility (4)							
Street Address 200 S. Inman Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Avenel	Square Feet 18,000	# of Floors 1	Bldg. Age 50						
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Shipping terminal							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental Inc						
Street Address 2002 Renaissance Blvd, Suite 110		Street Address 150 Glenwood Dr							
City, State, Zip Code King of Prussia		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Andrew D. Hubley		Telephone No. 610-279-7070	Telephone No. 215-313-7427						
License No. 01225									
Start Date (10) 3/18/2019	04/05/2019		Name of OSHA Monitor same						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Attached									
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg OH					
Completed by Andre Gosek		Title Project Manager		Signature <i>Andre Gosek</i>				Date 03/27/2019	

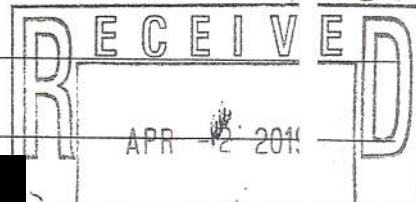
Ch 10556
3-28-19

PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7 and 12:120-7)

Name of Building Owner/Operator (2)

JASON KANG



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

Type Notification
☐ Initial Notification
☐ Amended Notification
☐ EMERGENCY
☐ Cancellation

Street Address

City, State, Zip Code

ROCKWAY NJ

Name of Contact

JASON KANG

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RESIDENCE

Street Address

Type of Facility (4)

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

City (5)

ROCKWAY

County (6)

MORRIS

County Code (7)
(STATE USE ONLY)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)
N/A

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm
Telephone Number
N/A

Telephone Number
(973) 744-8800

License Number
00371

Scheduled Start Date (10)
4-7-19
Month Day Year

Sched. Completion Date (11)
4-4-19
Month Day Year

Name of OSHA Monitor
N/A

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement

☐ Abatement Performed Outside of Normal Facility Hours - Describe: OffHours Descript

☐ Other - Describe: Other Occupancy Descript

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☐ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glove-bag Procedure
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCLOSURE
Basement East				PIPE INSULATION	50 LF			
" West				" "	100 LF			

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste

Name of Registered Landfill

TRI STATE

City, State
Montclair, NJ 07042

Disposal Date

4-10-19

City, State

ROCKWAY NJ 07866

Completed By (Print or Type)
Constantine Vivian

Title
President

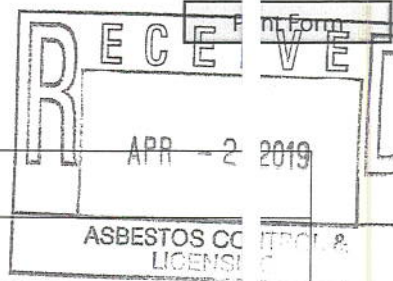
Signature

Constantine Vivian

Date

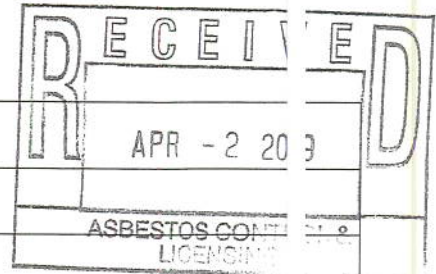
4-28-19

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



Date of Notification (1) 3/27/2019		Name of Building Owner/Operator (2) CITY OF CAMDEN						
Agencies Notified	Type Notification	Street Address 520 MARKET STREET						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CAMDEN, NJ 08101						
		Name of Contact JAMES RIZZO	Telephone Number 856-757-7032					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) VACANT BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 1601 FEDERAL STREET		Square Feet	# of Floors					
City (5) CAMDEN		Bldg. Age						
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.					
Street Address		Street Address 11 VREELAND AVENUE						
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512						
Project Manager for Monitoring Firm		Telephone No. 973-956-8700	License No. 00494					
Start Date (10) 4/1/2019	Scheduled Completion Date (11) 4/22/2019	Name of OSHA Monitor SAME AS (9) ABOVE						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>VACANT</u>		Street Address						
		City, State, Zip Code						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
				BUILDING TO BE DEMOED				
				AS ASBESTOS, DEEMED				
				AS UNSAFE STRUCTURE				
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 200	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.				
City, State TOTOWA, NJ		Disposal Date 4/22/2019		City, State MORRISVILLE, PA				
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR			Signature <i>Viveca Ramos</i>		Date 3/27/2019	

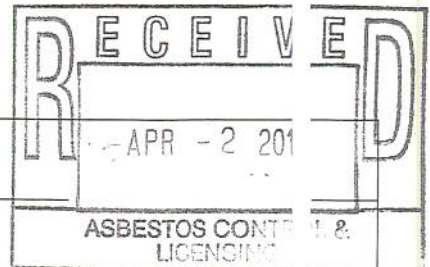
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) 3/22/2019		Name of Building Owner/Operator (2) CITY OF CAMDEN							
Agencies Notified	Type Notification	Street Address 520 MARKET STREET							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code CAMDEN, NJ 08101							
		Name of Contact JAMES RIZZO	Telephone Number 856-757-7032						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) VACANT BUILDING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1625 FEDERAL STREET		Square Feet	# of Floors						
City (5) CAMDEN		Bldg. Age							
County (6) CAMDEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) TWO BROTHERS CONTRACTING, INC.						
Street Address		Street Address 11 VREELAND AVENUE							
City, State, Zip Code		City, State, Zip Code TOTOWA, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		973-956-8700	00494						
Start Date (10) 4/1/2019	Scheduled Completion Date (11) 4/22/2019	Name of OSHA Monitor SAME AS (9) ABOVE							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
				BUILDING TO BE DEMOED					
				AS ASBESTOS, DEEMED					
				AS UNSAFE STRUCTURE					
Name of Registered Waste Hauler TWO BROTHERS CONTRACTING		NJDEP Waste Hauler ID No. 18743	Cubic Yards of Waste 200	Name of Registered Landfill WASTE MANAGEMENT G.R.O.W.					
City, State TOTOWA, NJ		Disposal Date 4/22/2019		City, State MORRISVILLE, PA					
Completed by VIVECA RAMOS		Title PROJECT COORDINATOR		Signature <i>Viveca Ramos</i>				Date 3/22/2019	

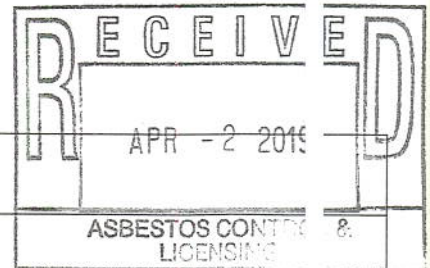
CH36278

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



Date of Notification (1) 03 / 28 / 19			Name of Building Owner/Operator (2) Groundhawg Demolition			RECEIVED APR - 2 2019 ASBESTOS CONTROL & LICENSING						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address P O Box 32					City, State, Zip Code Bay Head, NJ 08742			
			Name of Contact Jim			Telephone Number 732-899-5200						
FACILITY INFORMATION												
Name of Facility Where Abatement is Taking Place (3) Residence						Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings homes, etc.)						
Street Address [REDACTED]												
City (5) Point Pleasant						Square Feet 2000 sf		# of Floors 2	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			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.		Telephone No. 732-349-9932		License No. 00624					
Start Date (10) 03 / 29 / 19		Scheduled Completion Date (11) 04 / 01 / 19			Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM					Street Address 1056 Stelton							
					City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)												
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf			<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 400 sf		Abatement Type		
										Removal	Repair	Enclosure
exterior-gable ends			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A			asbestos siding				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A							<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.			NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 2		Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey					Disposal Date 04/01/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola			Title Project Manager			Signature 			Date 3/28/19			

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




Date of Notification (1) 03 / 28 / 19		Name of Building Owner/Operator (2) Sakoutis Brothers Disposal						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 113 Route 34 South						
		City, State, Zip Code Farmingdale, NJ 07727						
		Name of Contact John Sakoutis	Telephone Number 732-683-0600					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]								
City (5) Westfield		Square Feet 2000	# of Floors 2					
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 65					
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.						
Street Address 1889 Route 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) 04 / 07 / 19	Scheduled Completion Date (11) 04 / 09 / 19	Name of OSHA Monitor E.M.S.L. Analytical						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton						
		City, State, Zip Code Piscataway, New Jersey 08854						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
kitchen, laundry, 1 st fl bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos floor tile	232 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd fl stairwell, hallway, 2 bedrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos floor tile	516 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 04/09/19		City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 			Date 3/28/19			

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

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Date of Notification (1) 03 / 27 / 19		Name of Building Owner/Operator (2) IGC Service Group	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1100 Maxim-Southard Road	
		City, State, Zip Code Howell, NJ 07731	
		Name of Contact Jen	Telephone Number 732-610-5535
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2000	
City (5) Howell		# of Floors 2	Bldg. Age 80
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) Guardian Contracting, Inc.		ASCM No.	
Street Address 1889 Rte. 9, Unit 61		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
City, State, Zip Code Toms River, New Jersey 08755		Street Address 1889 Route 9, Unit 61	
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	
Start Date (10) 04 / 08 / 19		License No. 00624	
Scheduled Completion Date (11) 04 / 12 / 19		Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code Piscataway, New Jersey 08854	
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
interior-hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 20
City, State Toms River, New Jersey		Name of Registered Landfill T.R.R.F.	
Disposal Date 04/12/19		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 3/27/19

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Date of Notification (1) 03/28/19		Name of Building Owner/Operator (2) Kuschnier		APR - 2 2019						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code New York, NY 10103 Name of Contact [REDACTED] Telephone Number [REDACTED]						
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) [REDACTED]			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]			Square Feet		# of Floors					
City (5) Long Branch			Bldg. Age							
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) 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.		License No. 1200						
Start Date (10) 04/08/19		Scheduled Completion Date (11) 04/11/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____			Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type		
								Removal	Repair	Encapsulate
INTERIOR		Yes	No	N/A	FLOORING		1500SF	x		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 8		Name of Registered Landfill IESI				
City, State NEWARK, NJ				Disposal Date 04/11/19		City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 03/28/19			

B & G proj. #: 2019-46

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

Check # 9183

Date of Notification (1) 03/12/19		Name of Building Owner/Operator (2) Hudson County Community College		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR - 22 19 </div>
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 26 Journal Square, 14th Floor		
Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Jersey City, NJ 07306		
		Name of Contact Ilya Ashmyan		
		Telephone Number (201)360-4099		<div style="border: 1px solid black; padding: 2px;"> State of NJ DEPARTMENT OF LICENSING </div>

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Hudson County Community College (Sub-chapter 8)			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 81 Sip Avenue			Square Feet		
City (5) Jersey City, NJ 07306			# of Floors		
County (6) Hudson			Bldg. Age		
County Code (7) (State use only)			Current Use (Prior if being demolished) vacant building		
Name of Monitoring Firm Hired by Bldg. Owner (8) AHERA Consultants		ASCM No. 0057	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address P.O. Box 385			Street Address 105 Ryerson Road		
City, State, Zip Code Oceanville, NJ 08231			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm John Smoyer		Phone Number (609)652-1833	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 03/27/2019 ***		Sched. Completion Date (11) 04/30/2019		Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

Occupancy Status During Abatement (Check only one)									
<input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: start 7:00 am (occupied)									
Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-friable procedure									
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Vault room/Walk-in Box			<input checked="" type="checkbox"/>	Asphalt coated cork interior	522 sf	<input checked="" type="checkbox"/>			
				insulation freezer box					
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 8 cy	Name of Registered Landfill Grand Central Landfill				
City, State Lincoln Park, NJ		Disposal Date 03/27/19 - 04/30/19		City, State Pen Argyl, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			Date 03/26/2019		

26.03.2019 07:12 AM

A. Mac Contracting

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:00 and 12:120)

Date of Notification (1) 3/26/19		Name of Building Owner/Operator (2) LEU AMENT				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment II <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				
Street Address [REDACTED]		City, State, Zip Code ORADELL NJ 07630				
Name of Contact LEU		Telephone Number [REDACTED]				
Name of Facility Where Abatement is Taking Place (3) AMENT						
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) ORADELL		Square Feet 1650				
County (6) Bergen		# of Floors 2				
County Code (7) (STATE USE ONLY)		Bldg. Age 64				
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Current Use (Prior to being demolished) ICE				
Street Address [REDACTED]		Name of Abatement Contractor (9) A. Mac Contracting Inc.				
City, State, Zip Code [REDACTED]		Street Address 185 Vreeland Ave.				
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Midland Park, NJ 07432				
Telephone No. [REDACTED]		Telephone No. 201-262-5641				
Start Date (10) 3/20/19		License No. 00158				
Scheduled Completion Date (11) 3/31/19		Name of OSHA Monitor Omega Environmental Services Inc.				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 280 Huyler Street				
Steps of Work (Check All That Apply) <input checked="" type="checkbox"/> a3 sf or as if a160 sf or a280 if <input checked="" type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07606				
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT	Amount (Specify SF or LF) 775 SF	Abatement Type		
				Removal	Repair	Encapsulate
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 1		
City, State Newark, NJ 07105		Name of Registered Landfill Grand Central Sanitary Landfill		City, State Pen Argyl, PA 08072		
Completed by R. McDonald		Title President		Signature R. McDonald		Date 3/26/19

ASB-41 (R-08-08)

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

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

CPECA # 625

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ASBESTOS CONTAMINATION & ABATEMENT LICENSING	

Date of Notification (1) 3/27/2019		Name of Building Owner/Operator (2) Frank Cooper	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address [REDACTED]		City, State, Zip Code Brick, NJ 08724	
Name of Contact Frank Cooper		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) xOther (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # 1,800 of Floors: 2 Bldg. Age: 52 years old Current Use (prior if being demolished):	
Street Address [REDACTED]		City (5) Brick, NJ 08724	
County (6) Ocean	County Code (7) (State Use Only)		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	
Street Address		Name of Contractor (9) BL Contracting Inc.	
City, State, Zip Code		Street Address 5 Marguerite Lane	
Project Manager for Monitoring Firm		City, State, Zip Code Towaco NJ 07082	
Telephone Number		Telephone Number 973-901-0153	
Scheduled Start Date (10) 4/06/ 2019		License Number 01265	
Scheduled Completion Date (11) 4/12/2019		Name of OSHA Monitoring BL Contracting Inc	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Monday-Sunday 7AM-4:30 PM		Street Address 5 Marguerite Lane	
		City, State, Zip Code Towaco, NJ 07082	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf $X \geq 160$ sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove-bag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Main/Custodial Staff (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Exterior	<input checked="" type="checkbox"/>	Removal transite siding	1,200 SF
Name of Reg. Waste Hauler BL Contracting Inc	NJDEP Waste Hauler ID # 0036784	Cubic Yards of Waste 6	Name of Registered L T.R.R.F
Disposal Date 4/18/2019		City, Sta Tully tow, PA	
Completed by (Print or Type) Nedo Vasilic	Title Project Manager	Signature Nedo Vasilic	Date 3/27/2019

CH5021

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 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 18:60 and 12:120)

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 APR 2 2019

Date of Notification (1) 3/27/19		Name of Building Owner/Operator (2) MS. MARY CREVI	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	ASBESTOS CONTROL LICENSING
		City, State, Zip Code REDGEWOOD, NJ, 07450	
		Name of Contact MS. CREVI	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MS MARY CREVI		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) REDGEWOOD	Square Feet 1900	# of Floors 2	Bldg. Age 1930
County (6) BERGEN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St		
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-329-7444	License No. 00388
Start Date (10) 4/5/19	Scheduled Completion Date (11) 4/6/19		Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5PM			Street Address 280 Huyler St	
			City, State, Zip Code S. Hackensack, N.J. 07606	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) IN Facility (13)	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		
	Yes	No	N/A			Removal	Repair	Encapsulation
BASEMENT			<input checked="" type="checkbox"/>	THERMAL SYSTEM INSULATION	75 LF	<input checked="" type="checkbox"/>		

Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2075	Name of Registered Landfill Minerva Enterprises, Inc
City, State Hackensack, N.J. 07601		Disposal Date 4/8/19	City, State Waynesburg, Oh, 44688
Completed by J. Maiorano	Title Estimator	Signature <i>[Signature]</i>	Date 3/27/19

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

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CL# 027987

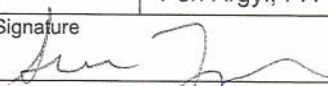
Date of Notification (1) 03/26/19		Name of Building Owner/Operator (2) 75 Jersey City, LLC							
Agencies Notified	Type Notification	Street Address 855 Lexington Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 11065							
		Name of Contact Mr. Eric Albanese	Telephone Number 973-300-0069						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 20,000 +	# of Floors 6 +						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 50 +						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-628-9200						
Start Date (10) 04/08/19		Scheduled Completion Date (11) 06/10/19	License No. 00408						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied		Street Address 1141 Route 23							
		City, State, Zip Code Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
Room 301			X	Floor Tile & Mastic	3,200 SF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 40	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature			Date 03/26/19		



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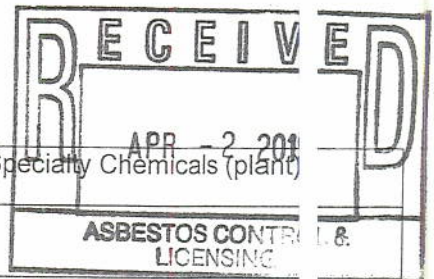
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:42)

RECEIVED	APR 2 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 3/21/2019		Name of Building Owner/Operator (2) Cliffake Associates LLC						
Agencies Notified	Type Notification	Street Address 430 Park Avenue, Suite 201						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code New York, NY 10022						
		Name of Contact Andrew Walsh	Telephone Number 646-357-2006					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Clifton		Square Feet 33,298	# of Floors 1					
County (6) Passaic County		County Code (7) (STATE USE ONLY)	Bldg. Age 1950					
Name of Monitoring Firm Hired by Building Owner (8) Assessment Resources & Technologies, Inc.		Current Use (Prior if being demolished) Unoccupied Warehouse						
Street Address 111 John Street, Suite 538		Name of Abatement Contractor (9) Incinia Contracting, INC						
City, State, Zip Code New York, NY 10038		Street Address 1360 Clifton Avenue Unit 365						
Project Manager for Monitoring Firm Paul Otters		City, State, Zip Code Clifton, NJ 07012						
Telephone No. 212-785-0266		Telephone No. 973-450-9500	License No. 01036					
Start Date (10) 4/1/2019	Scheduled Completion Date (11) 4/19/2019	Name of OSHA Monitor Incinia Contracting, Inc						
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Avenue Unit 365						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Clifton, NJ 07012						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No			N/A	Removal	Repair	
Throughout Warehouse 1st Floor		X		Vinyl Floor Tiles	23,000 SF	X		
Main Roof		X		Roof Penetration	40 SF	X		
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. NJ641/JA454	Cubic Yards of Waste 80	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA				
Completed by Sean Zoric		Title President	Signature 		Date 3/21/2019			

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



Date of Notification (1) MARCH 27, 2019		Name of Building Owner/Operator (2) Valtris Specialty Chemicals (plant)	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Notification Type Initial x <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address 170 US 130 City, State, Zip Co Sweedesboro, NJ 80850 Name of Contact John Nepi	Telephone Number 856-467-8220
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Valtris Specialty Chemicals		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc. <i>Chemical plant</i>)	
Street Address 107 US 130		Square Feet NA	# of Floors NA
City (5) Sweedesboro NJ 80850		Bldg NA	Age
County (6) Salem		County Code (7) (STATE USE ONLY)	Current Use (prior if being demolished)
Name of Monitoring Firm Hired by Bldg. Owner (8) Harvard Environmental Inc.		ASCM No.	Name of Contractor (9) County Environmental
Street Address 760 Pulaski Highway		Street Address 461 New Churchmans Rd.	
City, State, Zip Code New Castle, DE 19720		City State, Zip Code New Castle, DE 19720	
Project Manager for Monitoring Firm Wesley Morrison		Telephone No. (302) 326-2333	Telephone Number (302) 322-8946
License Number 00578		Scheduled Start Date (10) 04-10-2019	
Scheduled Completion Date 04-11-2019		Name of OSHA Monitor County Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - <input checked="" type="checkbox"/> Other - Describe: exterior work only		Street Address 461 New Churchmans Road	
Scope of Work (Check all that apply) ≥ 3 sf or ≥ 3 lf X ≥ 160 sf or ≥ 260 lf		City, State, Zip Code New Castle, DE 19720	
<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) Exterior lines / oil tank to boiler room	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) 140 LF of exterior pipe insulation 15 ft high in the air	Amount (Specify SF or LF) 140 LF
			Abatement type Encapsulate Removal X
Name of Reg. Waste Hauler Service Transport Grp		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste
City, State New castle DE		Disposal Date TBA	Name of Reg. Landfill Minerva
Completed by Virgel Cassel		Title PM	Signature
			Date 3-27-2019