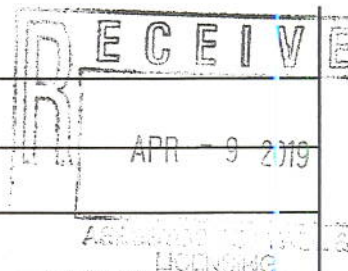


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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

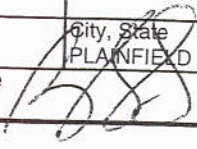


<b>Date of Notification (1)</b> 4 / 5 /19		<b>Name of Building Owner/Operator (2)</b> RIVERVIEW MEDICAL CENTER						
<b>Agencies Notified</b>		<b>Street Address</b> 1 RIVERVIEW PLAZA						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>City, State, Zip Code</b> RED BANK, NEW JERSEY 07701						
<b>Type Notification</b>		<b>Name of Contact</b> ERIC MATTSO						
<input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Telephone Number</b> 732-450-2689						
<b>FACILITY INFORMATION</b>								
<b>Name of Facility Where Abatement is Taking Place (3)</b> RIVERVIEW MEDICAL CENTER		<b>Type of Facility (4)</b>						
		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)						
<b>Street Address</b> 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		<b>Square Feet</b> 250,000	<b># of Floors</b> 6					
<b>City (5)</b> RED BANK		<b>Bldg. Age</b> 65						
<b>County (6)</b> MONMOUTH		<b>Current Use (Prior if being demolished)</b> Pharm. Lab. HOSPITAL						
<b>County Code (7) (STATE USE ONLY)</b>								
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL TACTICS		<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION					
<b>Street Address</b> 64 BROAD STREET		<b>Street Address</b> 313 SPOOK ROCK ROAD						
<b>City, State, Zip Code</b> MATAWAN, NEW JERSEY 07747		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901						
<b>Project Manager for Monitoring Firm</b> THOMAS GEIGER		<b>Telephone Number</b> 732-290-2236	<b>Telephone Number</b> 845-369-7500					
			<b>License Number</b> 1101					
<b>Expected State Date (10)</b> 1 / 23 / 19		<b>Sched. Completion Date (11)</b> 9 / 30 /19						
<b>Occupancy Status During Abatement (Check only one)</b>		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL						
<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: MONDAY -FRIDAY 7AM-12 AM		<b>Street Address</b> 1376 ROUTE 9						
		<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590						
<b>Scope of Work (Check all that apply)</b>								
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF								
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure								
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULATION
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X		
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X		
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF			
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC complete	1,300 SF	X		
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC complete	1,056 SF	X		
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION complete	478 LF	X		
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X		
2ND FL EAST CORRIDOR			X	PIPE INSULATION complete	40 LF	X		
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X		
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X		
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC complete	960 SF	X		
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X		
<b>Name of Registered Waste Hauler</b> NEWARK CARTING		<b>NJDEP Waste Hauler ID No.</b> 913		<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL			
<b>City, State</b> NEWARK, NJ 07105		<b>Disposal Date</b> 1/11/2019		<b>City, State</b> PLAINFIELD TOWNSHIP, PA				
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> <i>[Signature]</i>		<b>Date</b> 4/15/19		



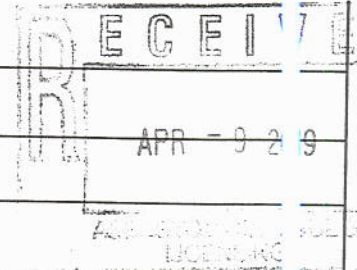
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

**RECEIVED**  
APR - 9 2019

<b>Date of Notification (1)</b> 3 / 25 /19			<b>Name of Building Owner/Operator (2)</b> RIVERVIEW MEDICAL CENTER		
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Street Address</b> 1 RIVERVIEW PLAZA		
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			<b>City, State, Zip Code</b> RED BANK, NEW JERSEY 07701		
			<b>Name of Contact</b> ERIC MATTSON		<b>Telephone Number</b> 732-450-2689
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> RIVERVIEW MEDICAL CENTER				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS				<b>Square Feet</b> 250,000	<b># of Floors</b> 6
<b>City (5)</b> RED BANK		<b>County (6)</b> MONMOUTH		<b>County Code (7)</b> (STATE USE ONLY)	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL TACTICS				<b>ASCM No.</b> 17	
<b>Street Address</b> 64 BROAD STREET City, State, Zip Code MATAWAN, NEW JERSEY 07747				<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Project Manager for Monitoring Firm</b> THOMAS GEIGER				<b>Street Address</b> 313 SPOOK ROCK ROAD City, State, Zip Code SUFFERN, NEW YORK 10901	
<b>Expected State Date (10)</b> 1 / 23 / 19				<b>Sched. Completion Date (11)</b> 9 / 30 /19	
<b>Occupancy Status During Abatement (Check only one)</b> <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: MONDAY - FRIDAY 2 PM- 10:30 PM				<b>Telephone Number</b> 845-369-7500	
				<b>License Number</b> 1101	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo, <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>			<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A		<b>Description of Asbestos-Containing Material (ACM)</b> (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)
2ND FL WEST -FAMILY HEALTH CNTR			X		PIPE INSULATION
2ND FL WEST -FAMILY HEALTH CNTR			X		VAT & MASTIC
2ND FL WEST -FAMILY HEALTH CNTR			X		WALL MASTIC
2ND FL MED SURG/OBSERVATION WAY			X		VAT & MASTIC complete
2ND FL MED SURG/OBSERVATION WAY			X		WALL MASTIC complete
2ND FL MED SURG/OBSERVATION WAY			X		PIPE INSULATION complete
2ND FL MED SURG/OBSERVATION WAY			X		WINDOW CAULK
2ND FL EAST CORRIDOR			X		PIPE INSULATION complete
2ND FL WEST CORRIDOR			X		WALL MASTIC
2ND FL WEST CORRIDOR			X		WINDOW CAULK
2ND FL CARDIAC RESPIRATORY REHAB			X		COLUMN MASTIC complete
1ST FL KITCHEN			X		DUCT INSULATION
<b>Name of Registered Waste Hauler</b> NEWARK CARTING			<b>NJDEP Waste Hauler ID No.</b> 913		<b>Cubic Yards of Waste</b> 120
<b>City, State</b> NEWARK, NJ 07105			<b>Disposal Date</b> 1/11/2019		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ			<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 
			<b>Date</b> 3/25/19		



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



<b>Date of Notification (1)</b> 2 / 27 / 19			<b>Name of Building Owner/Operator (2)</b> RIVERVIEW MEDICAL CENTER		
<b>Agencies Notified</b>			<b>Street Address</b> 1 RIVERVIEW PLAZA		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>City, State, Zip Code</b> RED BANK, NEW JERSEY 07701		
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION			<b>Name of Contact</b> ERIC MATTSON <b>Telephone Number</b> 732-450-2689		
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> RIVERVIEW MEDICAL CENTER			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>Street Address</b> 1 RIVERVIEW PLAZA - 1ST & 2ND FLOORS			<b>Square Feet</b> 250,000	<b># of Floors</b> 6	<b>Bldg. Age</b> 65
<b>City (5)</b> RED BANK	<b>County (6)</b> MONMOUTH	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished) Pharm. Lab HOSPITAL</b>		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL TACTICS			<b>ASCM No.</b> 17	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 64 BROAD STREET			<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> MATAWAN, NEW JERSEY 07747			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> THOMAS GEIGER			<b>Telephone Number</b> 732-290-2236	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 1 / 23 / 19		<b>Sched. Completion Date (11)</b> 9 / 30 / 19		<b>Name of OSHA Monitor</b> QUALITY ENVIRONMENTAL	
<b>Occupancy Status During Abatement (Check only one)</b> <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: MONDAY - FRIDAY 2 PM- 10:30 PM			<b>Street Address</b> 1376 ROUTE 9		
			<b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590		
<b>Scope of Work (Check all that apply)</b>					
<input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>	<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A	<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b> REMOVAL REPAIR ENCAPSUL	
2ND FL WEST -FAMILY HEALTH CNTR	X	PIPE INSULATION	832 LF	X	
2ND FL WEST -FAMILY HEALTH CNTR	X	VAT & MASTIC	1,352 SF	X	
2ND FL WEST -FAMILY HEALTH CNTR	X	WALL MASTIC	1,552 SF		
2ND FL MED SURG/OBSERVATION WAY	X	VAT & MASTIC ✓	1,300 SF	X	
2ND FL MED SURG/OBSERVATION WAY	X	WALL MASTIC ✓	1,056 SF	X	
2ND FL MED SURG/OBSERVATION WAY	X	PIPE INSULATION ✓	478 LF	X	
2ND FL MED SURG/OBSERVATION WAY	X	WINDOW CAULK	20 SF	X	
2ND FL EAST CORRIDOR	X	PIPE INSULATION ✓	40 LF	X	
2ND FL WEST CORRIDOR	X	WALL MASTIC	144 SF	X	
2ND FL WEST CORRIDOR	X	WINDOW CAULK	2 SF	X	
2ND FL CARDIAC RESPIRATORY REHAB	X	COLUMN MASTIC	960 SF	X	
1ST FL KITCHEN	X	DUCT INSULATION	1,260 SF	X	
<b>Name of Registered Waste Hauler</b> NEWARK CARTING	<b>NJDEP Waste Hauler ID No.</b> 913	<b>Cubic Yards of Waste</b> 120	<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL		
<b>City, State</b> NEWARK, NJ 07105	<b>Disposal Date</b> 1/11/2019		<b>City, State</b> PLAINFIELD TOWNSHIP, PA		
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ	<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 	<b>Date</b> 2-27-19		



#2

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

RECEIVED  
APR - 9 - 2019

<b>Date of Notification (1)</b> 1 / 22 /19			<b>Name of Building Owner/Operator (2)</b> RIVERVIEW MEDICAL CENTER		
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		
<b>Street Address</b> 1 RIVERVIEW PLAZA			<b>City, State, Zip Code</b> RED BANK, NEW JERSEY 07701		
<b>Name of Contact</b> ERIC MATTSON			<b>Telephone Number</b> 732-450-2689		

FACILITY INFORMATION					
<b>Name of Facility Where Abatement is Taking Place (3)</b> RIVERVIEW MEDICAL CENTER				<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS				<b>Square Feet</b> 250,000	<b># of Floors</b> 6
<b>City (5)</b> RED BANK		<b>County (6)</b> MONMOUTH		<b>County Code (7)</b> (STATE USE ONLY)	
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL TACTICS				<b>ASCM No.</b> 17	
<b>Street Address</b> 64 BROAD STREET				<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> MATAWAN, NEW JERSEY 07747				<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> THOMAS GEIGER				<b>Telephone Number</b> 845-369-7500	
<b>Expected State Date (10)</b> 1 / 23 / 19				<b>Sched. Completion Date (11)</b> 9 / 30 / 19	
<b>Occupancy Status During Abatement (Check only one)</b> <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: MONDAY - FRIDAY 7AM-3:30PM				<b>License Number</b> 1101	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF				<input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo, <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X		
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF	X		
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF			
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X		
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X		
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X		
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X		
2ND FL EAST CORRIDOR			X	PIPE INSULATION	40 LF	X		
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X		
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X		
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X		
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X		

<b>Name of Registered Waste Hauler</b> NEWARK CARTING		<b>NJDEP Waste Hauler ID No.</b> 913		<b>Cubic Yards of Waste</b> 120		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY LANDFILL	
<b>City, State</b> NEWARK, NJ 07105				<b>Disposal Date</b> 1/11/2019		<b>City, State</b> PHAINFIELD TOWNSHIP, PA	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 		<b>Date</b> 1/22/19	

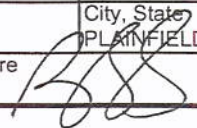


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

2328  
RECEIVED  
APR - 9 2019

Date of Notification (1) 1 / 11 /19		Name of Building Owner/Operator (2) RIVERVIEW MEDICAL CENTER	
Agencies Notified		Street Address 1 RIVERVIEW PLAZA	
Type Notification		City, State, Zip Code RED BANK, NEW JERSEY 07701	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION	
		Name of Contact ERIC MATTSON	Telephone Number 732-450-2689

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RIVERVIEW MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, e .)	
Street Address 1 RIVERVIEW PLAZA -1ST & 2ND FLOORS		Square Feet 250,000	# of Floors 6
City (5) RED BANK		County (6) MONMOUTH	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS		ASCM No. 17	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NEW JERSEY 07747		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2236	License Number 1101
Expected State Date (10) 1 / 23 / 19		Sched. Completion Date (11) 9 / 30 /19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30PM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Criticals with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclo , <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL
2ND FL WEST -FAMILY HEALTH CNTR			X	PIPE INSULATION	832 LF	X		
2ND FL WEST -FAMILY HEALTH CNTR			X	VAT & MASTIC	1,352 SF *	X		
2ND FL WEST -FAMILY HEALTH CNTR			X	WALL MASTIC	1,552 SF			
2ND FL MED SURG/OBSERVATION WAY			X	VAT & MASTIC	1,300 SF	X		
2ND FL MED SURG/OBSERVATION WAY			X	WALL MASTIC	1,056 SF	X		
2ND FL MED SURG/OBSERVATION WAY			X	PIPE INSULATION	478 LF	X		
2ND FL MED SURG/OBSERVATION WAY			X	WINDOW CAULK	20 SF	X		
2ND FL EAST CORRIDOR			X	PIPE INSULATION	40 LF	X		
2ND FL WEST CORRIDOR			X	WALL MASTIC	144 SF	X		
2ND FL WEST CORRIDOR			X	WINDOW CAULK	2 SF	X		
2ND FL CARDIAC RESPIRATORY REHAB			X	COLUMN MASTIC	960 SF	X		
1ST FL KITCHEN			X	DUCT INSULATION	1,260 SF	X		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 913		Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL			
City, State NEWARK, NJ 07105		Disposal Date 1/11/2019		City, State PLAINFIELD TOWNSHIP, PA				
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 		Date 1/11/19		



PAID

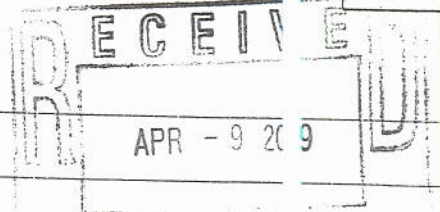
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Ck # 20722

Date of Notification (1) 04/02/19		Name of Building Owner/Operator (2) Patrick Constantino		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  APR - 9 2019 </div>	
Agencies Notified		Type Notification			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Jersey City, NJ Name of Contact Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residential House				Type of Facility (4)	
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, homes, etc.)	
City (5) Dumont				Square Feet 2000	# of Floors 2
County (6) Bergen				County Code (7) (STATE USE ONLY)	Bldg. Age 50+
Name of Monitoring Firm Hired by Building Owner (8) n/a				ASCM No. n/a	Name of Abatement Contractor (9) Harmony Contracting Inc
Street Address n/a				Street Address 360 Palisade Ave	
City, State, Zip Code n/a				City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm n/a				Telephone No. n/a	License No. 01255
Start Date (10) 04/11/19				Scheduled Completion Date (11) 04/14/19	Name of OSHA Monitor Harmony Contracting Inc
Occupancy Status During Abatement (Check Only One)				Street Address 360 Palisade Ave	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other -- Describe: <u>Scheduled for Demo</u>				City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement			x	Floor Tile	600 SF
Name of Registered Waste Hauler Harmony Contracting INC			NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill
City, State Garfield, NJ			Disposal Date TBD		City, State Morrisville, PA
Completed by S. Lazarevich			Title Owner	Signature <i>S. Lazarevich</i>	Date 04/02/19



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



**OK3001 PAID**

Date of Notification (1)  
4-4-2019

Name of Building Owner/Operator (2)  
Michel Jamer

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

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

Street Address  
[REDACTED]

City, State, Zip Code  
River Vale, NJ 07675

Name of Contact  
Michel Jamer

Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
Residential

Street Address  
[REDACTED]

City (5)  
River Vale, NJ 07675

County (6)  
Bergen

County Code (7)  
(STATE USE ONLY)

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

Square Feet  
2100

# of Floors  
2

Bldg. Age  
5+

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)  
[REDACTED]

ASCM No.

Name of Abatement Contractor (9)  
Green Environmental Services, LLC

Street Address  
235 Virginia Avenue

City, State, Zip Code  
Jersey City, NJ 07304

Project Manager for Monitoring Firm  
[REDACTED]

Telephone No.  
201-333-8855

License No.  
01174

Start Date (10)  
4-5-2019

Scheduled Completion Date (11)  
4-5-2019

Name of OSHA Monitor  
Green Environmental Services, LLC

Street Address  
235 Virginia Avenue

City, State, Zip Code  
Jersey City, NJ 07304

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

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)	Removal	Abatement Type		
	Yes	No	N/A				Repair	Encapsulate	Enclosure
Attic		X		Vermiculite debris- clean up	625 SF	X			

Name of Registered Waste Hauler  
Green Environmental Services, LLC

NJDEP Waste Hauler ID No.  
0034889

Cubic Yards of Waste  
3

Name of Registered Landfill  
Fairless Landfill

City, State  
Jersey City, NJ

Disposal Date  
4-5-2019

City, State  
Morrisville, PA

Completed by  
Liliana Serrano

Title  
Office Manager

Signature  
[Signature]

Date  
4-4-2019



RECEIVED  
DOL - 10 DAY  
Check # 10 356

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:130)

OK 1234 PAID

Date of Notification (1) 4/3/19

Name of Building Owner/Operator (2) AMBRA MELEUPEZ

Agencies Notified: ☒ EPA, ☒ DEP, ☒ DOL, ☒ DOH, ☒ DCA

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

Street Address: [REDACTED]

City, State, Zip Code: LINDEN NJ 07036

Name of Contact: SAM

Telephone Number: [REDACTED]

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) MELEUPEZ

Street Address: [REDACTED]

City (5) LINDEN

County (6) UNION

County Code (7) (STATE USE ONLY) \_\_\_\_\_

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

Square Feet: 1650

# of Floors: 2

Bldg. Age: 64

Current Use (Prior to being demolished): RES

Name of Monitoring Firm Hired by Building Owner (8) \_\_\_\_\_

ASCM No. \_\_\_\_\_

Name of Abatement Contractor (9) A. Mac Contracting Inc.

Street Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Project Manager for Monitoring Firm \_\_\_\_\_

Telephone No. \_\_\_\_\_

Telephone No. 201-262-5641

License No. 00166

Start Date (10) 4/3/19

Scheduled Completion Date (11) 4/10/19

Name of OSHA Monitor Omega Environmental Services Inc.

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

Street Address: 280 Huyler Street

City, State, Zip Code: Hackensack, NJ 07606

**Scope of Work (Check All That Apply)**

☒ as of or as if ≥150 of or ≥200 if ☐ Renovation, ☐ Demolition, ☒ Full Containment with Negative Pressure, ☐ Mini-Enclosure, ☐ Gloving Procedure, ☐ Non-Exempted (\*) and Non-Exempt 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
<u>KITCHEN CEILING</u>			<u>X</u>	<u>PLASTER</u>	<u>96.5A</u>	<u>X</u>		

Name of Registered Waste Hauler Newark Carting Inc.

NJDEP Waste Hauler ID No. 04609

Cubic Yards of Waste 1

Name of Registered Landfill Grand Central Sanitary Landfill

City, State Newark, NJ 07105

Disposal Date 4/6/19 on

City, State Pen Argyl, PA 08072

Completed by R. McDonald

Title President

Signature R. McDonald

Date 4/3/19



Check#3312

PAID

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

Date of Notification (1) 04 / 05 / 19		Name of Building Owner/Operator (2) Susanne Orans	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Millburn, NJ 07041	
Name of Contact Susanne Orans		Telephone Number [REDACTED]	

**RECEIVE**  
APR - 9 2019

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (5) Millburn, NJ 07041		# of Floors	
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9) Gr Tech LLC	
City, State, Zip Code		Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, NJ 07470	
Telephone No.		Telephone No. 973-638-1777	
Start Date (10) 04 / 15 / 19		License No. 01127	
Scheduled Completion Date (11) 04 / 16 / 19		Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM		Street Address 20-21 Wagaraw Road, Bldg .# 35E	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
City, State, Zip Code Fair Lawn, NJ 07410			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 04/05/19

ASB-41

MAY 11

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



UK9209

B &amp; G proj. #: 2019-69

PAID

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

Check # 9209-10-2019

Date of Notification (1) 04/04/19		Name of Building Owner/Operator (2) Juan Conejero	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Wayne, NJ 07470	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Juan Conejero	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Juan Conejero			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc)	
Street Address [REDACTED]			Square Feet	Bldg. Age
City (5) Wayne, NJ 07470	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 04/05/2019	Sched. Completion Date (11) 04/06/2019	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/Vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road		
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		City, State, Zip Code Lincoln Park, NJ 07035		
		<input type="checkbox"/> wrap & cut <input checked="" type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Non-friable procedure		

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
first floor entrance			X	VAT (no mastic)	170 sf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19683	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 04/08/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/04/2019



B &amp; G proj. #: 2019-69

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

\*\*\* EMERGENCY \*\*\*

Check # 9209

Date of Notification (1) 04/10/19		Name of Building Owner/Operator (2) Juan Conejero	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Wayne, NJ 07470	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Juan Conejero	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Juan Conejero			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Wayne, NJ 07470	County (6) Passaic	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 04/05/2019	Sched. Completion Date (11) 04/06/2019		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
first floor entrance			<input checked="" type="checkbox"/>	VAT (no mastic)	170 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 04/08/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/04/2019



B &amp; G proj. #: 2019-32

PAID

State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:120-7)  
\*\*\* EXTRA footage/rooms \*\*\*

Check # 9208

Date of Notification (1) 04/04/19		Name of Building Owner/Operator (2) Morris - Union Jointure Commission Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 340 Central Avenue		City, State, Zip Code New Providence, NJ 07974	
Name of Contact Erick Hammerdahl		Telephone Number 908-464-7425	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morris - Union Jointure, Developmental Learning Center ( NON Sub 8 )			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 340 Central Avenue			Square Feet    # of Floors    Bldg. Age		
City (5) New Providence	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) school (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Phone Number		Telephone Number (973)696-6869	License Number 00378		
Scheduled Start Date (10) 04/04/2019	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 work 1:30 pm					

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room 113 ***			<input checked="" type="checkbox"/>	VAT & mastic	16 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 136 ***			<input checked="" type="checkbox"/>	VAT & mastic	16 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 02/09/19 - 04/30/19	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/04/2019



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

B &amp; G proj. #: 2019-32

\*\*\* EXTRA footage/rooms \*\*\*

Check # 9170

Date of Notification (1) 02/12/2019		Name of Building Owner/Operator (2) Morris - Union Jointure Commission Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 340 Central Avenue		City, State, Zip Code New Providence, NJ 07974	
Name of Contact Erick Hammerdahl		Telephone Number 908-464-7425	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Morris - Union Jointure, Developmental Learning Center ( NON Sub 8 )			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 340 Central Avenue			Square Feet   # of Floors   Bldg. Age		
City (5) New Providence	County (6) Morris	County Code (7) (State use only)	Current Use (Prior if being demolished) school (non sub 8)		
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address City, State, Zip Code		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc. Street Address 105 Ryerson Road City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Phone Number		Telephone Number (973)696-6869	License Number 00378		
Scheduled Start Date (10) 02/08/2019		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 work 2:00 pm					

## Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Room 108			<input checked="" type="checkbox"/>	VAT & mastic	16 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 110			<input checked="" type="checkbox"/>	VAT & mastic	32 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Room 140			<input checked="" type="checkbox"/>	VAT & mastic	16 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 02/09/19 - 04/30/19	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/28/2019



PAID

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

Check # 1916

Date of Notification (1) <b>April 5, 2019</b>		Name of Building Owner / Operator (2) <b>DaVita, Inc.</b>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	Street Address  <b>7 East Clinton Street</b>						
		City, State & Zip Code <b>Newton, NJ 07860</b>						
		Name of Contact <b>Christina Caravello</b>						
		Telephone Number <b>973-940-0965</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>DaVita Rental Center</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)						
Street Address <b>7 East Clinton Street</b>		Square Feet <b>10,000</b>	# of Floors <b>3</b>					
City (5) <b>Newton</b>		Bldg. Age <b>48</b>						
County (6) <b>Sussex</b>		Current Use (Prior if being demolished) <b>Medical Office Building</b>						
County Code (7) <b>USE ONLY</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis U.S., Inc.</b>		ASCM No.						
Street Address <b>10 Friends Lane</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>						
City, State & Zip Code <b>Newton, PA 18940</b>		Street Address <b>829 Radio Road</b>						
Project Manager for Monitoring Firm <b>Firoz Jan</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Telephone Number <b>267-916-0935</b>		Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>					
Scheduled Start Date (10) <b>May 3, 2019</b>	Scheduled Completion Date (11) <b>July 15, 2019</b>	Name of OSHA Monitor <b>Synatech, Inc.</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>						
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 50$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) <b>120 SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Third Floor</b>			<b>X</b>	<b>Corrugated Boiler Insulation</b>	<b>X</b>			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Fairless Hills</b>				
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>July 16, 2019</b>		City, State <b>Morrisville, PA</b>				
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>			Date <b>April 5, 2019</b>			

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



2019-04-04 13:04

Shade Environmental 1 -&gt; 609 633 0664

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P 3/4

APR - 9 2019

10 DAY

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

Date of Notification (1) 04 / 04 / 19		Name of Building Owner/Operator (2) The Protestant Community Church of Medford Lakes					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Stokes Road City, State, Zip Code Medford Lakes, NJ 08055					
		Name of Contact Erant Schopfel	Telephone Number 609-405-8260				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Protestant Community Church, Cathedral of the Woods		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 100 Stokes Road		Square Feet 8,000					
City (5) Medford Lakes		# of Floors 2					
County (6) Burlington		Bldg. Age 88					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.					
Street Address PO Box 341		Name of Abatement Contractor (9) Shade Environmental, LLC					
City, State, Zip Code Chesterfield, NJ 08515		Street Address 623 Outler Avenue					
Project Manager for Monitoring Firm Bill Welgarber		City, State, Zip Code Maple Shade, NJ 08052					
Telephone No. 609-296-4070		Telephone No. 856-755-0099					
Start Date (10) 04 / 10 / 19		License No. 00842					
Scheduled Completion Date (11) 04 / 12 / 19		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM- _____ AM		Street Address 200 Route 130 North					
		City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥ 3 of or ≥ 3 if <input type="checkbox"/> ≥ 180 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("") and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Gutter Rib Packing	70 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe Fittings	5 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 Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill			
City, State Freehold, NJ		Disposal Date 04/12/2019	City, State Morrisville, PA				
Completed By (Print or Type) Margie Muller		Title Administrative Manager	Signature 		Date 4-4-19		

ASB-41  
JAN 13

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04/04/2019 02:12PM 2013297440

BEST REMOVAL INC

PAGE 02/04

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State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 12:20)

CK 5040

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 APR - 9 2019

Date of Notification (1) 4/4/19		Name of Building Owner/Operator (2) MS. ROBERTA THAXTON	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code ORANGE, NJ, 07051
		Name of Contact MS. THAXTON	Telephone Number
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) MS. ROBERTA THAXTON		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare/Preschool (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2800	Year Built 1930
City (5) ORANGE		County Code (7) (STATE USE ONLY) ESSEX	Current Use (Prior to being demolished) RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) Best Removal Inc
Street Address [REDACTED]		Street Address 450 South River St	
City, State, Zip Code [REDACTED]		City, State, Zip Code Hackensack, N.J. 07601	
Project Manager for Monitoring Firm [REDACTED]		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 - Duration: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 3 or more <input type="checkbox"/> 100 sq ft or less		City, State, Zip Code S. Hackensack, N.J. 07606	
<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> High-Enclosure <input checked="" type="checkbox"/> Cleaning Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Flexible Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
		THESEAL SYSTEMS INSULATION	35 LF
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Name of Registered Landfill Minerva Enterprises, LLC
City, State Hackensack, N.J. 07601		Cubic Yards of Waste 2 1/2	City, State Waynesburg, Oh, 44688
Completed by J. Maiorano	Title Estimator	Signature J. Maiorano	Date 4/4/19

ASB-41

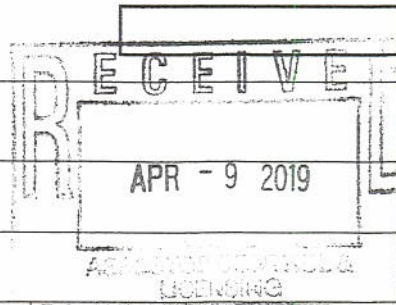
Do not use this form for asbestos abatement excepted activities.



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

Check#3313

PAID



Date of Notification (1) 04 / 05 / 19		Name of Building Owner/Operator (2) Dawson Kukuwa	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Maplewood, NJ 07040	
		Name of Contact Dawson Kukuwa	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Maplewood, NJ 07040		Square Feet	# of Floors
County (6) Essex		Bldg. Age	
County Code (7) (STATE USE ONLY) Essex		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address [REDACTED]		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No. 973-638-1777	License No. 01127	
Start Date (10) 04 / 16 / 19	Scheduled Completion Date (11) 04 / 17 / 19	Name of OSHA Monitor Envirovision Consultants, Inc		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410		

## Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	40 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 04/05/19	



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

OK 1446 PAID

APR - 9 2019  
Check No. 1446

Date of Notification (1) 04/05/2019		Name of Building Owner/Operator (2) Fair Lawn Board of Education	
Agencies Notified	Type Notification	Street Address 37-01 Fair Lawn Avenue	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, New Jersey 07410	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Name of Contact Tom Senko	Telephone Number 201-794-6500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Fair Lawn High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 14-00 Borden Avenue		Square Feet 20,000	# of Floors 2
City (5) Fair Lawn, New Jersey 07410		Bldg. Age 50+	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School	
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental Services Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 250 Huyler Street		Street Address 246 Union Boulevard	
City, State, Zip Code South Hackensack, New Jersey 07605		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Stan Blackman		Telephone No. 201-489-8700	Telephone No. 973-225-8400
License No. D1104			
Start Date (10) 04/15/2019	Scheduled Completion Date (11) 04/21/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West	
		City, State, Zip Code Union, NJ 07083	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2160 sf or 2260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure			

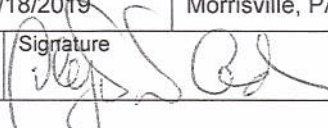
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
2nd Floor Mechanical Room	X			TSI Fitting (Tent Glove Bag)	50 LF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill
City, State Totowa, New Jersey	Disposal Date 04/21/2019	City, State Morrisville, PA	
Completed by Adriana Olejarova	Title President	Signature 	Date 04/05/2019

ASB-41 (R-08-08)

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



State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:60 and 12:120)										
Date of Notification (1) 04/05/2019			Name of Building Owner/Operator (2) Fair Lawn Board of Education				<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  Check No. 1445  APR - 9 2019 </div>			
Agencies Notified		Type Notification		Street Address 37-01 Fair Lawn Avenue		City, State, Zip Code Fair Lawn, New Jersey 07410				
<input 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		Name of Contact Tom Senko		Telephone Number 201-794-5500				
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Fair Lawn 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 & commercial buildings, homes, etc.)				
Street Address 14-00 Berdan Avenue						Square Feet 20,000		# of Floors 2		Bldg. Age 50+
City (5) Fair Lawn, New Jersey 07410										
County (6) Bergen				County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) High School				
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental Inc				ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation				
Street Address 555 Broad Street, Suite K						Street Address 246 Union Boulevard				
City, State, Zip Code Glen Rock, New Jersey 07452						City, State, Zip Code Totowa, New Jersey 07512				
Project Manager for Monitoring Firm Bruce Wolf				Telephone No 201-652-1119		Telephone No. 973-225-8400		License No. 01104		
Start Date (10) 04/16/2019			Scheduled Completion Date (11) 04/18/2019			Name of OSHA Monitor Iris Environmental Laboratories, LLC				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____						Street Address 2333 Route 22 West				
						City, State, Zip Code Union, NJ 07083				
Scope of Work (Check All That Apply)										
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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 of LF)	Abatement Type			
		Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Mechanical Room		X			HVAC Duct Insulation (Non Friable Tar Mastic) (NJDOLTent Encl-Intact Removal Non Sub 8)	1200 SF	X			
2nd Floor Mechanical Room		X			HVAC Duct Vibration Damper/s (NJDOLTent Encl-Intact Removal Non Sub 8)	40 SF	X			
Name of Registered Waste Hauler Lilich Corporation				NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5		Name of Registered Landfill Fairless Landfill		
City, State Totowa, New Jersey						Disposal Date 04/18/2019		City, State Morrisville, PA		
Completed by Adriana Olejarova				Title President		Signature 		Date 04/05/2019		



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

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APR - 9 2019

OK 45360  
07/01/2019

PAID

Date of Notification (1) 07/01/2019		Name of Building Owner/Operator (2) Custom Home Builders LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 46 Avalon Lane City, State, Zip Code Matawan, N.J. 07747	
		Name of Contact Mr. Anthony Louis	Telephone Number 646-522-6868

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 Bldg. Age	
City Westfield, N.J.		Current Use (Prior if being demolished)	
County (6) Union	County Code (7) (STATE USE ONLY)		

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Novatech Inc.	
Street Address			Street Address P.O. Box 814	
City, State, Zip Code			City, State, Zip Code Old Bridge, N.J. 08857	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. (732) 238-7500	License No. 00000000806
Start Date (10) 07/01/19	Scheduled Completion Date (11) 5/01/19	Name of OSHA Monitor Novatech Inc.		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address P.O. Box 814		
		City, State, Zip Code Old Bridge, N.J. 08857		

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Novatech Inc.		NJDEP Waste Hauler ID No. 18501	Cubic Yards of Waste 8	Name of Registered Landfill G.R.O.W.S. Inc.	
City, State Old Bridge, N.J.		Disposal Date 05/02/19	City, State Morrisville, PA.		
Completed by Carlos Almeida	Title President	Signature [Signature]	Date 07/01/19		



2019-04-04 14:52

Shade Environmental 1 &gt;&gt; 609 633 0664

p. 3/4

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

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APR - 9 2019

Date of Notification (1) 04 / 04 / 19		Name of Building Owner/Operator (2) United Methodist Communities		APR - 9 2019	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DOA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3311 State Route 33 City, State, Zip Code Neptune, NJ 07763 Name of Contact Robert Sanko Telephone Number 888-555-7500	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) United Methodist Communities at Pitman			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 835 North Oak Avenue			Square Feet 80,000		
City (5) Pitman			# of Floors 2		
County (6) Gloucester			Bldg. Age 112		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Health Care Facility		
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1930 Brown Road				Street Address 623 Outlar Avenue	
City, State, Zip Code Newfield, NJ 08344				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Jim Eberste		Telephone No. 856-266-1077		Telephone No. 856-755-0999	
Start Date (10) 04 / 08 / 19		Scheduled Completion Date (11) 04 / 10 / 19		License No. 00542	
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/7:30PM-3:30AM			Street Address 250 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 sf or less if <input type="checkbox"/> 2160 sf or greater if <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Hallway		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		80 SF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15539		Cubic Yards of Waste 1	
City, State Freehold, NJ		Disposal Date 04/10/2019		Name of Registered Landfill Fairless Landfill	
City, State Morrisville, PA					
Completed By (Print or Type) Margie Muller		Title Administrative Manager		Signature Date 4-4-19	

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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 12:120)

Check No. 1441

RECEIVED

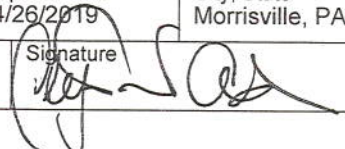
APR - 9 2019

Date of Notification (1) 04/03/2019		Name of Building Owner/Operator (2) Middlesex Board of Education	
Agencies Notified	Type Notification	Street Address 300 John F Kennedy Drive	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, New Jersey 08846	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Michele Loree	Telephone Number 732-317-6000 x 20201

**FACILITY INFORMATION**

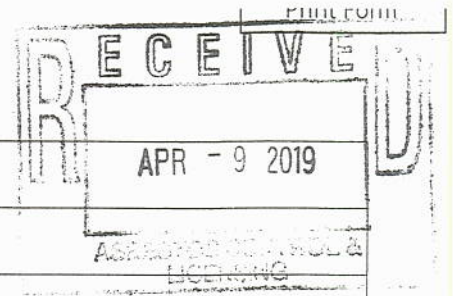
Name of Facility Where Abatement is Taking Place (3) Parker Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 150 South Lincoln Avenue		Square Feet 20,000	# of Floors 2
City (5) Middlesex, New Jersey 08846		Bldg. Age 50+	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Elementary School	
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation
Street Address 3 Crosswicks Street		Street Address 246 Union Boulevard	
City, State, Zip Code Bordentown, New Jersey 08505		City, State, Zip Code Totowa, New Jersey 07512	
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	License No. 01104
Start Date (10) 04/19/2019	04/26/2019	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 2333 Route 22 West	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Union, NJ 07083	

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
Boiler Room	X			Elbow Insulation (Glovebag Procedure)	8	X			
Boiler Room	X			Transite Ceiling Panels (Non Friable Procedure)	100 SF	X			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill
City, State Totowa, New Jersey		Disposal Date 04/26/2019	City, State Morrisville, PA
Completed by Adriana Olejarova	Title President	Signature 	Date 04/03/2019



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



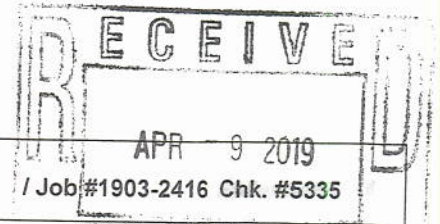
Date of Notification (1) 04/03/2019		Name of Building Owner/Operator (2) Cedar Grove BOE							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 520 Pompton Avenue		City, State, Zip Code Cedar Grove, NJ 07009							
Name of Contact Mario Galta		Telephone Number 973-239-1550							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Cedar Grove 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 & commercial buildings, homes, etc.)							
Street Address 90 Rugby Road		Square Feet							
City (5) Cedar Grove		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Ahera Consultants Inc.		ASCM No. 00057							
Name of Abatement Contractor (9) VMC Company Inc.		Street Address 208 Piaget Avenue							
Street Address PO Box 385		City, State, Zip Code Clifton NJ 07011							
City, State, Zip Code Oceanville, NJ 08231		Telephone No. 973-253-8828							
Project Manager for Monitoring Firm John Smoyer		License No. 00704							
Start Date (10) 04/22/2019		Scheduled Completion Date (11) 04/26/2019							
Name of OSHA Monitor VMC Company Inc.		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Occupied							
Street Address		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Main Entrance		X		Ceiling Plaster	277 SF	X			
Main Entrance		X		Ceiling Plaster top coat	55 SF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 05409		Cubic Yards of Waste		Name of Registered Landfill GROWS			
City, State Newark, NJ		Disposal Date		City, State Morrisville, PA					
Completed by Voytek Roszkowski		Title President		Signature <i>Voytek Roszkowski</i>		Date 04/03/2019			



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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.		APR 9 2019 Job #1903-2416 Chk. #5335	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <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	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]					
City (5) Audubon Park				Square Feet +/- 1,000	# 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	License No. 00862
Start Date (10) 4 / 10 / 19		Scheduled Completion Date (11) 4 / 12 / 19		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM				Street Address 200 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 <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)
		Yes	No		
Attic		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Insulation
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<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 4/12/19	City, State Penn Argyle, PA
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 	Date 4-4-19


ENCLOSURE



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

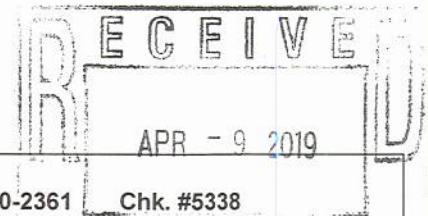
**RECEIVED**

APR - 9 2019

Date of Notification (1) <b>4 / 5 / 19</b>		Name of Building Owner/Operator (2) <b>Larc School / Job #1903-2411 Chk. #5337</b>						
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 <b>1089 Creek Road</b> City, State, Zip Code <b>Bellmawr, NJ 08031</b> Name of Contact <b>Marc Cheeseman</b>						
		Telephone Number <b>856-933-0882</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <b>Larc School</b>		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 <b>1089 Creek Road</b>		Square Feet <b>65,000</b>						
City (5) <b>Bellmawr</b>		# of Floors <b>1</b>	Bldg. Age <b>54</b>					
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>School</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>Horizon Environmental</b>		ASCM No.	Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>PO Box 316</b>		Street Address <b>3859 Sylon Boulevard</b>						
City, State, Zip Code <b>Thorofare, NJ 08086</b>		City, State, Zip Code <b>Hainesport, NJ 08036</b>						
Project Manager for Monitoring Firm <b>Steve / Dave Flanigan</b>		Telephone No. <b>856-848-0800</b>	License No. <b>00862</b>					
Start Date (10) <b>4 / 22 / 19</b>	Scheduled Completion Date (11) <b>4 / 25 / 19</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
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 <b>200 U.S. Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)								
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED IN Facility (13)</b>	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) <b>1080 SF</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Rooms 13, 8 &amp; 11</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Floor Tile &amp; Mastic</b>	<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 <b>Waste Management</b>		NJDEP Waste Hauler ID No. <b>17273</b>	Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>				
City, State <b>Lafayette, NJ</b>		Disposal Date <b>4/25/19</b>		City, State <b>Penn Argyle, PA</b>				
Completed By (Print or Type) <b>Kimberly Trumbetti</b>		Title <b>Office Coordinator</b>		Signature 		Date <b>4-5-19</b>		



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



Date of Notification (1) <b>4 / 5 / 19</b>			Name of Building Owner/Operator (2) <b>Medford Leas / Job #1810-2361</b>			Chk. #5338						
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 <b>One Medford Leas Way</b>			City, State, Zip Code <b>Medford, NJ 08055</b>					
				Name of Contact <b>Steve Mirarchi</b>		Telephone Number <b>215-539-9124</b>						
<b>FACILITY INFORMATION</b>												
Name of Facility Where Abatement is Taking Place (3) <b>Medford Leas - PHASE 2</b>						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 <b>One Medford Leas Way</b>						Square Feet		# of Floors				
City (5) <b>Medford</b>						Bldg. Age						
County (6) <b>Gloucester</b>			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Residential</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Criterion Labs</b>			ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>							
Street Address <b>400 Street Road</b>			Street Address <b>3859 Sylon Boulevard</b>									
City, State, Zip Code <b>Bensalem, PA 19020</b>			City, State, Zip Code <b>Hainesport, NJ 08036</b>									
Project Manager for Monitoring Firm <b>Mike Panepresso</b>			Telephone No. <b>215-244-1300</b>		Telephone No. <b>609-702-0400</b>		License No. <b>00862</b>					
Start Date (10) <b>4 / 15 / 19</b>		Scheduled Completion Date (11) <b>4 / 26 / 19</b>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>								
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 <b>200 U.S. Route 130 North</b>								
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>								
Scope of Work (Check all that apply)												
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED</b> 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
Pharmacy		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile and mastic		700 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Custodial Closet		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile and mastic		33 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Hallway		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	floor tile and mastic		1184 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salon Storage		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2x4 ceilings		30 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Waste Management</b>			NJDEP Waste Hauler ID No. <b>17273</b>		Cubic Yards of Waste <b>5</b>		Name of Registered Landfill <b>Grand Central</b>					
City, State <b>Lafayette, NJ</b>			Disposal Date <b>4/26/19</b>		City, State <b>Penn Argyle, PA</b>							
Completed By (Print or Type) <b>Kimberly A. Trumbetti</b>		Title <b>Office Coordinator</b>			Signature 				Date <b>4-5-19</b>			



B &amp; G proj. #:

2019-70

PAID

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

NON Sub 8

Check # 9210

Date of Notification (1)

04/05/19

Name of Building Owner/Operator (2)

Demarest Board of Education

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

- ☒ Initial  
☐ Amendment  
☐ Cancellation

Street Address

568 Piermont Road

City, State, Zip Code

Demarest, NJ 07627

Name of Contact

Thomas Perez

Telephone Number

201-768-6060

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## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Demarest Middle School (NON Sub 8)

Street Address

568 Piermont Road

City (5)

Demarest, NJ 07627

County (6)

Bergen

County Code (7)

(State use only)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
middle school

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

ASCM No.

Name of Abatement Contractor (9)

B &amp; G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00318

Scheduled Start Date (10)

04/17/2019

Sched. Completion Date (11)

04/19/2019

Occupancy Status During Abatement (Check only one)

- ☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_  
☒ Other-Describe: start 8:00 am

Name of OSHA Monitor

B &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R	E	E	E
	Yes	No	N/A						
Auditorium/Gym Stage			<input checked="" type="checkbox"/>	pipe (wrap & cut)	60 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
left side						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler

B &amp; G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

2

Name of Registered Landfill

Grand central Landfill

City, State

Lincoln Park, NJ

Disposal Date

04/20/2019

City, State

Pen Argyl, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

04/05/2019



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

1370-03  
CK 164884 **PAID**

Date of Notification (1) <b>1 / 22 / 19</b>		Name of Building Owner/Operator (2) <b>Millennial Partners LLC</b>							
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 checked="" type="checkbox"/> Amended Amendment # <b>4</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Riverside Drive Suite 500</b>							
		City, State, Zip Code <b>Camden NJ 08103</b>							
		Name of Contact	Telephone Number <b>1 800 971-6773</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>The Victor Bldg</b>		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 <b>201 N. Front Street</b>									
City (5) <b>Camden</b>		Square Feet <b>90,000</b>	# of Floors <b>7</b>						
County (6) <b>Camden</b>		Bldg. Age <b>10</b> +							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni</b>		ASCM No.	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>						
Street Address <b>515 Grove Street, Suite 1B</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone No. <b>856-656-2875</b>	Telephone No. <b>215 322-2900</b>						
		License No. <b>00783</b>							
Start Date (10) <b>2 / 1 / 19</b>	Scheduled Completion Date (11) <b>5 / 31 / 19</b>		Name of OSHA Monitor <b>Criterion Labs</b>						
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: <b>7AM-4PM</b> / <b>PM</b> - <b>AM</b>		Street Address <b>400 Street Road</b>							
		City, State, Zip Code <b>Bensalem Pa 19020</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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	Encapsulate	Enclosure	
<b>1<sup>st</sup> Floor Office</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>160 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Radiator Insulation</b>	<b>75 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Ins. above Plaster Ceiling</b>	<b>600 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Contaminated Plaster Ceiling</b>	<b>12,000 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>58 PYLES LANE NEW CASTLE DE</b>			Disposal Date	City, State <b>WAYNESBURG, OHIO</b>					
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>		Title <b>ASST. ADMINISTRATOR</b>	Signature <i>Christine DelViscio</i>		Date <b>4/8 2019</b>				







E C F I V E

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



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LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?		DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
	YES	NO						
Victor Building Warehouse		N/A						
Victor Building Warehouse		X	Old Roof below newer roof	32,000 sf	X			
Through out		X	Wire Insulation	500 LF	X			
1st Fl Cafeteria		X	Residual 9 X 9 Mastic	150 SF	X			
1st fl small office		X	Residual 9 X 9 Mastic	100 SF	X			
2nd Fl Large Rm 40sf under concrete floor								
2nd Fl Large Rm entry-stairway		X	Residual 9x9 Mastic	600 sf	X			
Above Ceilings and Old Roof		X	Residual 9x9 Mastic	60 sf	X			
Above Large Storage 4" dia		X	Duct Tar	840 sf	X			
Above Large Storage 1' dia		X	Block Pipe Insulation	50 lf	X			
2nd floor Tool Shop		X	Block Pipe Insulation	50 lf	X			
2nd floor Tool Shop Closet		X	Block Pipe Insulation	35 lf	X			
2nd floor office after bathrm		X	Block Pipe Insulation	3 lf	X			
1st Fl , in pile debris in cafeteria		X	9x9 Gray Floor Tile and Mastic	360 sf	X			
1st Floor Cafeteria/Kitchen Side		X	cove base mastic	50 lf	X			
1st fl Cafeteria /kitchen side floor tile continues under walls and mastic		X	Mastic on bottom of drywall	600 sf	X			
1st fl,entryway to stairs and into walk-in freezers		X	9x9 Floor Tile	600 sf	X			
		X	Residual 12 x 12 Mastic	1,275 sf	X			







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

1370-03

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Date of Notification (1) <div style="text-align: center;">1 / 22 / 19</div>		Name of Building Owner/Operator (2) <b>Millennial Partners LLC</b>							
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 checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Riverside Drive Suite 500</b>							
		City, State, Zip Code <b>Camden NJ 08103</b>							
		Name of Contact	Telephone Number <b>1 800 971-6773</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>The Victor Bldg</b>		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 <b>201 N. Front Street</b>		Square Feet <b>90,000</b>	# of Floors <b>7</b>						
City (5) <b>Camden</b>		Bldg. Age <b>100</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni</b>		Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>							
Street Address <b>515 Grove Street, Suite 1B</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>	Telephone No. <b>856-656-2875</b>	Telephone No. <b>215 322-2900</b>	License No. <b>00783</b>						
Start Date (10) <div style="text-align: center;">2 / 1 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">3 / 31 / 19</div>	Name of OSHA Monitor <b>Criterion Labs</b>							
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: <b>7AM-4PM</b> / <b>PM</b> - <b>AM</b>		Street Address <b>400 Street Road</b>							
		City, State, Zip Code <b>Bensalem Pa 19020</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
1 <sup>st</sup> Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement <b>ADD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Ins. above Plaster Ceiling	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement <b>ADD</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated Plaster Ceiling	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>58 PYLES LANE NEW CASTLE DE</b>			Disposal Date	City, State <b>WAYNESBURG, OHIO</b>					
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>		Title <b>ASST. ADMINISTRATOR</b>		Signature			Date <b>2-15-2019</b>		



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

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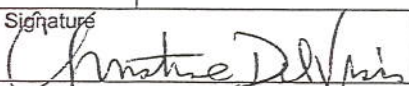
Date of Notification (1) <b>1 / 22 / 19</b>		Name of Building Owner/Operator (2) <b>Millennial Partners LLC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Riverside Drive Suite 500</b>	
		City, State, Zip Code <b>Camden NJ 08103</b>	
		Name of Contact	Telephone Number <b>1 800 971-6773</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>The Victor Bldg</b>		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 <b>201 N. Front Street</b>		Square Feet <b>90,000</b>	# of Floors <b>7</b>
City (5) <b>Camden</b>		Bldg. / Age <b>100</b>	
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex</b>		ASCM No.	
Street Address <b>700 Turner Way Suite 105</b>		Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>	
City, State, Zip Code <b>Aston Pa 19014</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>	
Project Manager for Monitoring Firm <b>David Brown</b>		Telephone No. <b>610-558-8902</b>	City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>
Start Date (10) <b>2 / 1 / 19</b>	Scheduled Completion Date (11) <b>3 / 31 / 19</b>	Telephone No. <b>215 322-2900</b>	License No. <b>00783</b>
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: <b>7AM-4PM</b> / <b>PM</b> - <b>AM</b>		Name of OSHA Monitor <b>Criterion Labs</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address <b>400 Street Road</b>	
City, State, Zip Code <b>Bensalem Pa 19020</b>			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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	
<b>1<sup>st</sup> Floor Office</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>4<sup>th</sup> Floor</b>	<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"/>
Amount (Specify SF or LF) <b>160 LF</b>		Abatement Type	
		Removal	Repair
		<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"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>58 PYLES LANE NEW CASTLE DE</b>		Cubic Yards of Waste	Disposal Date
			City, State <b>WAYNESBURG, OHIO</b>
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>	Title <b>ASST. ADMINISTRATOR</b>	Signature <i>Christine DelViscio</i>	Date <b>2-6-2019</b>



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

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Date of Notification (1) <u>1</u> / <u>22</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Millennial Partners LLC</b>							
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 <b>2 Riverside Drive Suite 500</b>							
		City, State, Zip Code <b>Camden NJ 08103</b>							
		Name of Contact	Telephone Number <b>1 800 971-6773</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>The Victor Bldg</b>		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 <b>201 N. Front Street</b>		Square Feet <b>90,000</b>	# of Floors <b>7</b>						
City (5) <b>Camden</b>		Bldg. Area <b>100</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex</b>		ASCM No.	Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>						
Street Address <b>700 Turner Way Suite 105</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>							
City, State, Zip Code <b>Aston Pa 19014</b>		City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>							
Project Manager for Monitoring Firm <b>David Brown</b>		Telephone No. <b>610-558-8902</b>	Telephone No. <b>215 322-2900</b>						
			License No. <b>00783</b>						
Start Date (10) <u>2</u> / <u>1</u> / <u>19</u>	Scheduled Completion Date (11) <u>3</u> / <u>31</u> / <u>19</u>	Name of OSHA Monitor <b>Criterion Labs</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>7</u> AM- <u>4</u> PM/____PM-____AM		Street Address <b>400 Street Road</b>							
		City, State, Zip Code <b>Bensalem Pa 19020</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> 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) <b>160 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
<b>1<sup>st</sup> Floor Office</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>		<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 <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>58 PYLES LANE NEW CASTLE DE</b>			Disposal Date	City, State <b>WAYNESBURG, OHIO</b>					
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>		Title <b>ASST. ADMINISTRATOR</b>	Signature 	Date <b>1-22-2019</b>					



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

Date of Notification (1) 01/07/19		Name of Building Owner/Operator (2) Walter Konopacki						
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Middlesex, NJ 08846 Name of Contact Walter Konopacki						
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> DOL - 10 DAY  4-9-19 </div>								
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)						
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Middlesex		Square Feet	# of Floors					
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT						
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701						
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 01/08/19	Scheduled Completion Date (11) 01/09/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS						
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		City, State, Zip Code LAKEWOOD, NJ 08701						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Frangible Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
INTERIOR				Boiler Insulation	9SF	x		
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 3	Name of Registered Landfill IESI				
City, State NEWARK, NJ		Disposal Date 01/09/19		City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 01/07/19		