

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

RECEIVED  
APR 17 2019

Date of Notification (1) 04/09/19		Check #3356		Name of Building Owner/Operator (2) Queen of Peace High School	
Agencies Notified		Type Notification		Street Address 21 Church Place	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code North Arlington, NJ, 07031	
				Name of Contact Ralph	Telephone Number 973-270-3537

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Queen of Peace 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, etc.)		
Street Address 21 Church Place			Square Feet 20,000+		
City (5) North Arlington			# of Floors 3		Bldg. Age 50+
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services	
Street Address N/A		Street Address 436 69th st			
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07022			
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 04/22/19		Scheduled Completion Date (11) 04/24/19		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: 9am				Street Address N/A	
				City, State, Zip Code N/A	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Boiler Room		X		ACM Elbows	3 LF		X	

Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprise	
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Michael Fajardo		Title Office Clerk	Signature <i>Mf</i>		Date 04/09/19



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Check # 16563

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State of New Jersey

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

Date of Notification (1)

4/10/2019

Name of Building Owner/Operator (2)

Gene Krasner

Agencies Notified

☐ EPA☐ DEP☒ DOZ☒ DON☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☒ EMERGENCY☐ Cancellation

Street Address

City, State, Zip Code

Orange, NJ, 07050

Name of Contact

Gene

Telephone Number

DOL - 10 DAY

WAIVER APPROVED

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Type of Facility (4)

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

Street Address

Square Feet

# of Floors

Bldg. Age

City

County

County Code (7)  
(STATE USE ONLY)

Orange

Essex

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

ASCM No.

Owner (8)

N/A

Street Address

City, State, Zip Code

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

04- 10- 19

Sched. Completion Date (11)

04- 11- 19

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) to be Abated in Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULATION	DEMOLITION
Basement			X	Pipe Insulation	40 LF	X			

Name of Registered Waste Hauler

NJDEP Waste

Cubic Yards

Name of Registered Landfill

AZTECH MANAGEMENT, INC.

Hauler ID No.

of Waste 1.0

Tri - State

City, State

Disposal Date

City, State

Montclair, NJ 07042

4/12/19

Bronx, NY, 10474

Completed By (Print or Type)

Title

Signature

Date

Constantine Vivian

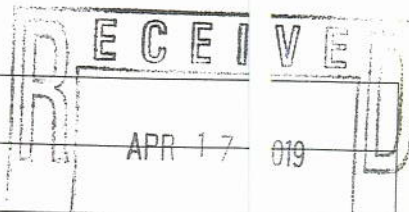
President

4/10/2019



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

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Date of Notification (1) 04/05/2019		Name of Building Owner/Operator (2) Mark Quartello					
Agencies Notified	Type Notification	Street Address [REDACTED]					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood, NJ 07675					
		Name of Contact Mark Quartello	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Trader Joe's & Adjacent Vacant Space		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 building, homes, etc.)					
Street Address 20 Irvington Street		Square Feet 16,195	# of Floors 1+Mezzanine				
City (5) Westwood		Bldg. Age 60					
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Trader Joe's & Adjacent Vacant Space					
Name of Monitoring Firm Hired by Building Owner (8) Iris Environmental Laboratories		ASCM No.	Name of Abatement Contractor (9) United Safety LLC				
Street Address 2333 Route 22 West		Street Address 22 Troy Lane					
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Lincoln Park, NJ 07035					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-636-9145	Telephone No. 973-276-0099				
Start Date (10) 04/22/2019	Scheduled Completion Date (11) 05/04/2019	License No. 01317					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00am - 3:30pm Mon-Fri		Name of OSHA Monitor United Safety LLC					
		Street Address 22 Troy Lane					
		City, State, Zip Code Lincoln Park, NJ 07035					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	
	Yes	No	N/A			Removal	Repair
1st FL Back Storage Room		X		9x9 Olive Green/Gray VAT ONLY	560 SF	X	
1st FL Back Storage Room		X		Off White Joint Compound	2,200 SF	X	
2nd FL Mezzanine		X		9x9 Green/Gray VAT ONLY	810 SF	X	
1st FL Adjacent Vacant Space		X		12x12 Off White VAT ONLY	5,500 SF	X	
Name of Registered Waste Hauler R.E.D. TECHNOLOGIES LLC		NJDEP Waste Hauler ID No. 0036163	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises			
City, State Portland, CT		Disposal Date TBD		City, State Waynesburg, OH/Morrisville, PA			
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 04/05/2019	



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

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Date of Notification (1) 04/8/19		Name of Building Owner/Operator (2) South Plainfield Board of Education					
Agencies Notified	Type Notification	Street Address 125 Jackson Ave.					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ 07080					
		Name of Contact Thomas Wiggins	Telephone Number 908-754-4620				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) South Plainfield Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial building etc.)					
Street Address 2201 Plainfield Ave.		Square Feet	# of Floors				
City (5) South Plainfield		Bldg Age					
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental		ASCM No. 00127	Name of Abatement Contractor (9) Academy Construction Inc				
Street Address 1248 Wrights Ln.		Street Address 205 Route 46 Suite 14					
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Totowa NJ 07512					
Project Manager for Monitoring Firm Paul McCaa		Telephone No. 484-894-4841	Telephone No. 973 832 4244				
		License No. 01379					
Start Date (10) 04/18/19	Scheduled Completion Date (11) 05/02/19	Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address					
		City, State, Zip Code					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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
Cafeteria			X	Drop Ceiling Panels 2x4	5,440sf	x	
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill			
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville, PA			
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>		Date 04/08/19		



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(Pursuant to NJAC 8:60 and 12:120)

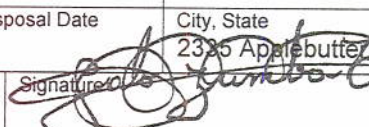
Date of Notification (1) 4/10/2019		Name of Building Owner/Operator (2) Residential					
Agencies Notified	Type Notification	Street Address [REDACTED]					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Livingston, NJ 07039  Name of Contact Subrat Nayak					
Telephone Number [REDACTED]							
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)					
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)					
City (5) Livingston		Square Feet 2,678	# of Floors 1				
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Bldg. Area 60				
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No. _____	Name of Abatement Contractor (9) Sky Contracting, LLC				
Street Address		Street Address 1385 Valley Road, Suite K					
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470					
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040	License No. 00874				
Start Date (10) 4/24/2019	Scheduled Completion Date (11) 4/29/2019	Name of OSHA Monitor Sky Contracting, LLC					
Occupancy Status During Abatement (Check Only One)		Street Address 1385 Valley Road, Suite K					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Wayne, New Jersey 07470					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> $\geq 3$ 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No			N/A	Removal	
Ground Floor		X		Floor Tiles	200 SF	X	
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC			
City, State New Castle, Delaware		Disposal Date TBD		City, State Waynesburg, Ohio			
Completed by Predrag Sarcev		Title Vice President		Signature [Signature]		Date 4/10/2019	



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

ch# 1001

Date of Notification (1) 4/10/2019		Name of Building Owner/Operator (2) Private Property /Brett Tanzman ESQ							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills							
		Name of Contact Danny Mataresse	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Springfield NJ		Square Feet	# of Floors 2						
County (6) union County		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) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 201-552-9685						
Start Date (10) 4/10/2019		Scheduled Completion Date (11) 4/12/2019	License No. 01384						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Iris Environmental Laboratories							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 2333 Route 22 West							
Scope of Work (Check All That Apply)		City, State, Zip Code Union NJ 07803							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Encapsulate	
basement			x	pipe insulation Wrap and cut	55LF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem P					
Completed by Galo Zumba		Title Principal		Signature 			Date 4/10/2019		



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

Oct 10 2019

RECEIVED  
APR 17 2019

Date of Notification (1) 4/10/2019		Name of Building Owner/Operator (2) Private Property /Brett Tanzman ESQ	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Short Hills	
<input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Danny Mataresse	Telephone Number [REDACTED]

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors 2
City (5) Springfield NJ		Bldg. Age +50	
County (6) Union County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC
Street Address N/A		Street Address 1435 51st Street	
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047	
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384
Start Date (10) 4/10/2019	Scheduled Completion Date (11) 4/12/2019	Name of OSHA Monitor Iris Environmental Laboratories	
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 checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 2333 Route 22 West	
		City, State, Zip Code Union NJ 07803	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Enclosure
basement			x	pipe insulation Wrap and cut	40LF	x		

Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill	
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem P	
Completed by Galo Zumba	Title Principal	Signature 		Date 4/10/2019	



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

RECEIVED  
APR 17 2019

Date of Notification (1) 04/08/2019		Name of Building Owner/Operator (2) PEARSALL ST. LLC.							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code JERSEY CITY NJ.							
		Name of Contact RAFAEL BERNAL	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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 etc.)							
Street Address [REDACTED]		Square Feet 1,100 SF	# of Floors 2						
City (5) JERSEY CITY NJ.		Bldg. 98							
County (6) HUDSON	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC,						
Street Address		Street Address 4919 BERGENLINE AVE,							
City, State, Zip Code N/A		City, State, Zip Code WEST NEW YORK NJ.							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 776 0642						
			License No. 01300						
Start Date (10) 04/10/2019	Scheduled Completion Date (11) 04/11/2019	Name of OSHA Monitor EMSL ANALITICAL 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 307 W. 38 ST, City, State, Zip Code NEW YORK NY.							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
BASEMENT		X		PIPE INSULATION	100 LF	X			
Name of Registered Waste Hauler TRI STATE ASSOCC INC		NJDEP Waste Hauler ID No. 19951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC					
City, State BRONX N.Y.			Disposal Date TBD	City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title OWNER	Signature 			Date 04/08/2019			



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

**RECEIVED**  
APR 17 19

Date of Notification (1) <b>4/3/19</b>		Name of Building Owner / Operator (2) <b>Rider University</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #R3-4/12/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2083 Lawrenceville Road</b> City, State & Zip Code <b>Lawrenceville, NJ 08648</b>	
		Name of Contact <b>Walter Eddy</b>	Telephone Number <b>609-896-780</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Kroner Dormitory</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, home etc.)		
Street Address <b>2083 Lawrenceville Rd</b>			Square Feet <b>12000</b>	# of Floors <b>3</b>	Bldg. Age <b>4</b>
City (5) <b>Lawrenceville</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Dormitory</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>515 Grove Street, Suite B</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Brian Clark</b>		Telephone Number <b>856-656-2944</b>	Telephone Number <b>(215) 788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>4/8/19</b>	Scheduled Completion Date (11) <b>4/12/19 (SUB 8 PORTION COMPLETED)</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b>		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>2 PM - 10PM (4/11/19)</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 Beaver Street</b>		
			City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

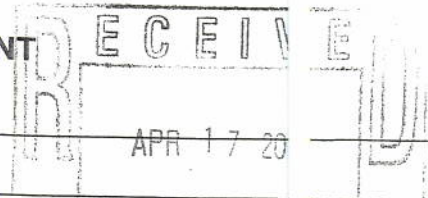
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Enclosure
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flue Packing	30 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"/>			<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5 cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date	City, State <b>Fairless Hill, PA</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni/jf</i>	Date <b>4/12/19</b>



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



Date of Notification (1) <b>4/3/19</b>		Name of Building Owner / Operator (2) <b>Rider University</b>		APR 17 2019	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #R2-4/10/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		Street Address <b>2083 Lawrenceville Road</b> City, State & Zip Code <b>Lawrenceville, NJ 08648</b> Name of Contact <b>Walter Eddy</b> Telephone Number <b>609-896-780</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Kroner Dormitory</b> Street Address <b>2083 Lawrenceville Rd</b> City (5) <b>Lawrenceville</b> County (6) <b>Mercer</b> County Code (7)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, home etc.) Square Feet <b>12000</b> # of Floors <b>3</b> Bldg. Age <b>4</b> Current Use (Prior if being demolished) <b>Dormitory</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b> Street Address <b>515 Grove Street, Suite B</b> City, State & Zip Code <b>Haddon Heights, NJ 08035</b> Project Manager for Monitoring Firm <b>Brian Clark</b> Telephone Number <b>856-656-2944</b>		ASCM No. Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b> Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b> Telephone Number <b>(215) 788-6040</b> License Number <b>00509</b>			
Scheduled Start Date (10) <b>4/8/19</b> Scheduled Completion Date (11) <b>4/12/19</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</b> Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>2 PM - 10PM</b> <input checked="" type="checkbox"/> Facility Occupied During Abatement					
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf  <input type="checkbox"/> ≥160 sf ≥260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove Bag Procedures  <input type="checkbox"/> Non-Exempted and Non-Friable F         </div> </div>					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
Boiler Room		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Boiler Insulation 60 SF	
Boiler Room		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Flue Packing 30 LF	
Name of Registered Waste Hauler <b>Service Transport Inc.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>5 cu yd</b>	
City, State <b>New Castle, DE</b>		Disposal Date		Name of Registered Landfill <b>Fairless Landfill</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>		Signature <i>Gino Pizzigoni</i> / jfl	
				Date <b>4/12/19</b>	



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

**R E C E I V E**

APR 17 2019

Date of Notification (1) <b>4/3/19</b>		Name of Building Owner / Operator (2) <b>Rider University</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended #R1-4/10/19 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>2083 Lawrenceville Road</b> City, State & Zip Code <b>Lawrenceville, NJ 08648</b> Name of Contact <b>Walter Eddy</b>	
		Telephone Number <b>609-896-180</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Kroner Dormitory</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)		
Street Address <b>2083 Lawrenceville Rd</b>			Square Feet <b>12000</b>	# of Floors <b>3</b>	Bldg. Age <b>41</b>
City (5) <b>Lawrenceville</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Dormitory</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>		ASCM No.	Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>515 Grove Street, Suite B</b>		Street Address <b>1123 Beaver Street</b>			
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>		City, State & Zip Code <b>Bristol, PA 19007</b>			
Project Manager for Monitoring Firm <b>Brian Clark</b>		Telephone Number <b>856-656-2944</b>	Telephone Number <b>(215) 788-6040</b>	License Number <b>00509</b>	
Scheduled Start Date (10) <b>4/8/19</b>	Scheduled Completion Date (11) <b>4/12/19</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</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 Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement <b>7:00 AM to 3:30 PM</b>			Street Address <b>1123 Beaver Street</b> City, State & Zip Code <b>Bristol, PA 19007</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Enclosure
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Boiler Insulation</b>	<b>60 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Boiler Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Flue Packing</b>	<b>30 LF</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"/>			<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5 cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date	City, State <b>Fairless Hill, PA</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>4/10/19</b>



APPROVED BY:

TOM VOORHEES,

NJ DOL, 4/3/19, 3:45pm

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

CHK # 35 16  
 APR 1 2019

Date of Notification (1) <b>4/3/19</b>		Name of Building Owner / Operator (2) <b>Rider University</b>	
Agencies Notified	Type Notification	Street Address <b>2083 Lawrenceville Road</b>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Lawrenceville, NJ 08648</b>	
		Name of Contact <b>Walter Eddy</b>	Telephone Number <b>609-896-7700</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Kroner Dormitory</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>2083 Lawrenceville Rd</b>			Square Feet <b>12000</b>		
City (5) <b>Lawrenceville</b>	County (6) <b>Mercer</b>	County Code (7)	# of Floors <b>3</b>	Bldg. Age <b>40+</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni Associates</b>			Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>		
Street Address <b>515 Grove Street, Suite B</b>			Street Address <b>1123 Beaver Street</b>		
City, State & Zip Code <b>Haddon Heights, NJ 08035</b>			City, State & Zip Code <b>Bristol, PA 19007</b>		
Project Manager for Monitoring Firm <b>Brian Clark</b>			Telephone Number <b>856-656-2944</b>		
Telephone Number <b>856-656-2944</b>			License Number <b>00509</b>		
Scheduled Start Date (10) <b>4/8/19</b>		Scheduled Completion Date (11) <b>4/11/19</b>		Name of OSHA Monitor <b>Bristol Environmental Inc.</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 Hours - 7am to 3pm Describe:					
<input checked="" type="checkbox"/> Facility Occupied During Abatement <b>7:00 AM to 3:30 PM</b>					

## Scope of Work (Check all that apply)

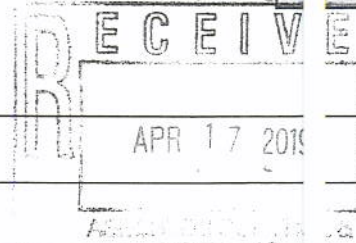
- |  |  |   |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf ≥260 lf           | <input type="checkbox"/> Demolition  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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flue Packing	30 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"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>5 cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date	City, State <b>Fairless Hill, PA</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>4-3-19</b>



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



Date of Notification (1) 04/10/2019		Name of Building Owner/Operator (2) Our Lady of Mount Virgin Parish		Street Address 600 Harris Avenue	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Middlesex, NJ 08846	
		Name of Contact Edward Kura		Telephone Number 732-356-2149 ext.20	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Our Lady of Mount Virgin Parish Center				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)	
Street Address 450 Drake Ave				Square Feet 18,000+	
City (5) Middlesex				# of Floors 1	
County (6) Middlesex				Bldg. Area 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Church Center			
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc		ASCM No. 0057		Name of Abatement Contractor (9) Nari Construction, LLC	
Street Address P.O Box 385		Street Address 63 Leather Stocking Path			
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm John Smoyer		Telephone No. 609-652-1833		License No. 01306	
Start Date (10) 04/22/2019		Scheduled Completion Date (11) 05/01/2019		Name of OSHA Monitor Nari Construction, 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 63 Leather Stocking Path	
				City, State, Zip Code Lincoln Park, NJ 07035	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Hallway to Boiler Room		X		VAT/Mastic	
Boiler Room ( Crawlspce )		X		TSI	
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 20 CY	
City, State Lincoln Park, NJ		Disposal Date TBD		Name of Registered Landfill G.R.O.W.S	
Completed by Igor Jezdimirovic		Title P. Manager		Signature 	
				Date 04/10/2019	



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

Date of Notification (1)

4/12/2019

Name of Building Owner/Operator (2)

Craig Dziura

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

Street Address

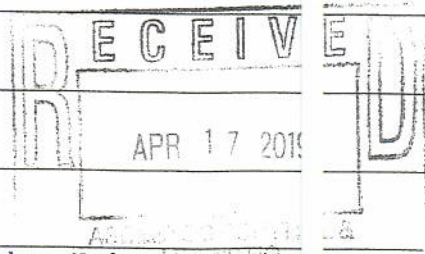
City, State, Zip Code

Nutley, NJ, 07110

Name of Contact

Craig Dziura

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Craig Dziura

Type of Facility (4)

☐ School (K-12)☐ Subchapter 8 (Other than K-1☒ Other (i.e., private & commercial buildings, homes, etc.)

Street Address

City

Nutley

County

Essex

County Code (7)  
(STATE USE ONLY)

Square Feet # of Floors Bldg. ge

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building

Owner (8)

N/A

Street Address

City, State, Zip Code

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

86 Christopher St.

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

04 23 19

Month Day Year

Sched. Completion Date (11)

04 25 19

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely By Maintenance/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			REMOVAL	REPAIR	
Basement			X	Pipe Insulation	20 LF	X		

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No. 17040

Cubic Yards of Waste .5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

4/12/2019

96 Prospect St.



CK 105108

PAID

State of New Jersey

Check # 16 18

Date of Notification (1)

4/12/2019

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☐ Initial

Notification

☐ Amended

Notification

☒ EMERGENCY☐ Cancellation

Name of Building Owner/Operator (2)

David Berry

Street Address

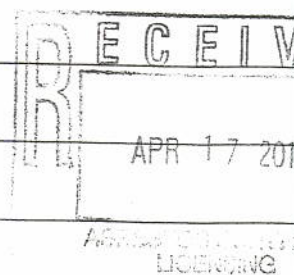
City, State, Zip Code

Millburn, NJ, 07041

Name of Contact

David Berry

Telephone Number



## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

David Berry

Type of Facility (4)

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

Street Address

Square Feet

# of Floors

Bldg. #

e

City

County

County Code (7)  
(STATE USE ONLY)

Millburn

Essex

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

04 13 19

Sched. Completion Date (11)

04 15 19

Month Day Year

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf☐ >160 sf or >260 lf☒ Renovation☐ Demolition☐ Full Containment with Negative Pressure☒ Mini-Enclosure☒ Glovebag Procedure☐ Non-Friable ProcedureLocation of  
Asbestos-Containing  
Material (ACM)  
TO BE ABATED  
In Facility  
(13)Is  
Location  
Normally  
Used  
Solely  
By Main-  
tenance/  
Custodial  
Staff (12)

Yes No N/A

Description of  
Asbestos-Containing  
Material (ACM)  
(i.e., thermal systems  
insulation, surfacing, VAT,  
or other miscellaneous)Amount  
(Specify  
SF or  
LF)Abatement  
REMOVAL  
REPAIRType  
ENCLOSURE

Basement

X

Pipe Insulation

40 LF

X

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste

Hauler ID No.

17040

Cubic Yards  
of Waste 1.0

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

4/12/2019

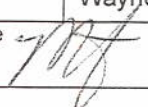
22 South Mountain Rd



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

RECEIVED

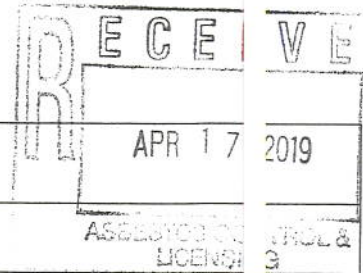
APR 17 2019

Date of Notification (1) 04/09/19		Check #3354		Name of Building Owner/Operator (2) Holy Trinity Church						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 34 Maple Ave City, State, Zip Code Hackensack, NJ, 07601 Name of Contact Tom Telephone Number 201-968-5039						
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Bergen Arts & Science Charter 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, etc.)						
Street Address 43 Maple Avenue				Square Feet 20,000+						
City (5) Hackensack				# of Floors 3						
County (6) Bergen				Bldg. Area 50+						
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) School						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services						
Street Address N/A		Street Address 436 69th st		City, State, Zip Code Guttenberg, NJ, 07022						
City, State, Zip Code N/A		Telephone No. N/A		License No. 01074						
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Name of OSHA Monitor N/A						
Start Date (10) 04/19/19		Scheduled Completion Date (11) 04/22/19		Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 9am						
Street Address N/A		City, State, Zip Code N/A								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type		Enclosure
								Removal	Repair	
Basement Area		X		ACM Elbows		3 LF		X		
Name of Registered Waste Hauler Tri-State Transfer Associates		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD		Name of Registered Landfill Minerva Entreprise				
City, State Bronx, NY				Disposal Date TBD		City, State Waynesburg, OH				
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 04/09/19				



OK 64915  
1370-03 PAID

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



Date of Notification (1) 1 / 22 / 19		Name of Building Owner/Operator (2) Millennial Partners LLC					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Riverside Drive Suite 500 City, State, Zip Code Camden NJ 08103 Name of Contact Telephone Number 1 800 971-6773					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) The Victor Bldg		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 201 N. Front Street		Square Feet 90,000					
City (5) Camden		# of Floors 7					
County (6) Camden		Bldg. No. 100					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.					
Street Address 515 Grove Street, Suite 1B		Name of Abatement Contractor (9) DELTA/BJDS, INC					
City, State, Zip Code Haddon Heights, NJ 08035		Street Address 1345 INDUSTRIAL BLVD.					
Project Manager for Monitoring Firm Alan Lloyd		City, State, Zip Code SOUTHAMPTON PA 18966					
Telephone No. 856-656-2875		Telephone No. 215 322-2900					
License No. 00783							
Start Date (10) 2 / 1 / 19		Scheduled Completion Date (11) 6 / 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 Time of Abatement: 7AM-4PM/ PM- AM		Name of OSHA Monitor Criterion Labs					
Street Address 400 Street Road							
City, State, Zip Code Bensalem Pa 19020							
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) 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	Encapsulate	Enclosure
	Yes	No					
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"/>
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"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Ins. above Plaster Ceiling	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated Plaster Ceiling	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL		
City, State 58 PYLES LANE NEW CASTLE DE		Disposal Date		City, State WAYNESBURG, OHIO			
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR		Signature <i>Christine DelViscio</i>		Date 4-16-2019	



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



[illegible]



1370-03

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

E C E I

APR 17 2001

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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <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>							
City (5) <b>Camden</b>		# of Floors <b>7</b>							
County (6) <b>Camden</b>		Bldg. Age <b>100 +</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.							
Street Address <b>515 Grove Street, Suite 1B</b>		Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>							
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>							
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>							
Telephone No. <b>856-656-2875</b>		Telephone No. <b>215 322-2900</b>							
Start Date (10) <u>2</u> / <u>1</u> / <u>19</u>		License No. <b>00783</b>							
Scheduled Completion Date (11) <u>5</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/ <u>      </u> PM- <u>      </u> 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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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			Enclosure	
	Yes	No			N/A	Removal	Repair		Encapsulate
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	<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	<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 <i>Christine DelViscio</i>		Date <b>4/8/2001</b>			



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APR 17 2019


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								
		X	Residual 9x9 Mastic	600 sf	X			
2nd Fl Large Rm entry-stairway		X	Residual 9x9 Mastic	60 sf	X			
Above Ceilings and Old Roof		X	Duct Tar	840 sf	X			
Above Large Storage 4" dia		X	Block Pipe Insulation	50 lf	X			
Above Large Storage 1' dia		X	Block Pipe Insulation	50 lf	X			
2nd floor Tool Shop		X	Block Pipe Insulation	35 lf	X			
2nd floor Tool Shop Closet		X	Block Pipe Insulation	3 lf	X			
2nd floor office after bathrm		X	9x9 Gray Floor Tile and Mastic	360 sf	X			
1st Fl, in pile debris in cafeteria			cove base mastic	50 lf	X			
1st Floor Cafeteria/Kitchen Side		X	Mastic on bottom of drywall	600 sf	X			
1st fl Cafeteria /kitchen side floor tile continues under walls and mastic		X	9x9 Floor Tile	600 sf	X			
1st fl,entryway to stairs and into walk-in freezers		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

RECEIVED  
APR 1 2019

Date of Notification (1) <div style="text-align: center;">1 / 22 / 19</div>		Name of Building Owner/Operator (2) <b>Millennial Partners LLC</b>		APR 1 2019		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</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>			Square Feet <b>90,000</b>			
City (5) <b>Camden</b>			# of Floors <b>7</b>		Bldg. # <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>		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>		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> 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"/> ≥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
<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"/>
<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"/>
<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"/>
<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"/>
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>		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>3-8-2019</b>		



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
Victor Building Warehouse	YES	NO	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			

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

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APR 17 2019

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>

**FACILITY INFORMATION**

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. # <b>10</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>		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) <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: <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"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
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>



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



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

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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 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.	<b>101</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>	License No. <b>00783</b>				
Start Date (10) <b>2 / 1 / 19</b>	Scheduled Completion Date (11) <b>3 / 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> 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"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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	Repair
<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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<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 <i>Christine DelViscio</i>	Date <b>1-22-19</b>				

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

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APR 17 2019

Date of Notification (1) 4 / 16 / 19		Name of Building Owner/Operator (2) Virtua	
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 20 Stow Rd	
		City, State, Zip Code Marlton NJ 08053	
		Name of Contact David Cranston	Telephone Number 215 253-7216

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Tatem Brown Family Practice		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 build homes, etc.)	
Street Address 2225 Evesham Road		Square Feet >25,000	# of Floors 1
City (5) Voorhees		Bldg. 30	
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Vertex Environmental		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc
Street Address 700 Turner Way, Suite 105		Street Address 1345 Industrial Blvd	
City, State, Zip Code Aston, Pa 19014		City, State, Zip Code Southampton Pa 18966	
Project Manager for Monitoring Firm David Brown		Telephone No. 610 558-8902	License No. 00783
Start Date (10) 4 / 30 / 19	Scheduled Completion Date (11) 6 / 30 / 19	Name of OSHA Monitor Criterion	
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: 7AM-4PM/____PM-____AM		Street Address 400 Street Road	
		City, State, Zip Code Bensalem Pa 19020	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Doctor and Patience rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pedestal Mastic	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Boiler Rope	110 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Service Transport Group	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill
City, State 58 Pyles Lane New Castle DE		Disposal Date	City, State Waynesburg, Ohio
Completed By (Print or Type) Christine Del Viscio	Title Asst. Administrator	Signature Christine Del Viscio	Date 4-16-19



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

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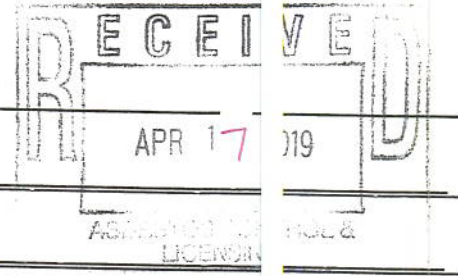
Date of Notification (1) 04-10-19		Name of Building Owner/Operator (2) PSEG					
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> 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 South Plainfield NJ					
		Name of Contact Jeffrey Gazick	Telephone Number 856-628-2477				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Manhole #2		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 building etc.)					
Street Address 1 Maltese Dr.		Square Feet N/A	# of Floors N/A				
City (5) Totowa		Bldg. N/A					
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Manhole					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.				
Street Address N/A		Street Address 17 Old Dock Rd					
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980					
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136				
Start Date (10) 04-22-19	Scheduled Completion Date (11) 05-22-19	Name of OSHA Monitor WRS Environmental Services, Inc.					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Exterior street</u>		Street Address 17 Old Dock Rd					
		City, State, Zip Code Yaphank, NY 11980					
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement	
	Yes	No	N/A			Removal	Repair
Street			x	Coal tar wrap	50 LF	x	
Name of Registered Waste Hauler Veolia ES Technical Solutions		NJDEP Waste Hauler ID No. 101699	Cubic Yards of Waste TBD	Name of Registered Landfill EQ			
City, State Flanders, NJ		Disposal Date TBD	City, State Michigan				
Completed by Raymond Tutiven		Title Project Manager	Signature <i>Raymond Tutiven</i>			Date 04-10-19	



D&amp;S Proj. #: 19-67

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



Date of Notification (1)  
04/11/19

Name of Building Owner/Operator (2)

MICHELLE HARBECK

Agencies Notified

- ☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Street Address

City, State, Zip Code

glen ridge, nj 07028

Name of Contact

MICHELLE HARBECK

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

MICHELLE HARBECK

Street Address

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)

City (5)

County (6)

County Code (7)  
(State use only)

glen ridge

essex

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

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

Street Address

20 California Ave.

City, State, Zip Code

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Telephone Number

973-345-8020

License Number  
0116

Start Date (10)

Sched. Completion Date (11)

04/22/19

05/03/19

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure  
☐ Mini-enclosure  
☒ Glovebag procedure  
☐ Non-Exempted (\*) and Non-friable

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

Remove

Repair

Encap

Encl

BASEMENT

basement crawl space & CLOSET

PIPE INSULATION

PIPE INSULATION

20 lf

29 L FT

Registered Waste Hauler  
D & S RESTORATION, INC.

NJDEP Hauler ID#  
13506

Cubic Yards of Waste  
1 yd.

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
PATERSON, NJ 07503

Disposal Date  
04/23/19

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
BOGDAN JOLDZIC

Title  
PRESIDENT

Signature

Date  
04/11/19



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

D&S Proj. #: 19-65

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Date of Notification (1) 04/11/19		Name of Building Owner/Operator (2) mary anne marra	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code westfield, nj 07090 Name of Contact mary anne marra Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) mary anne marra			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) westfield	County (6) union	County Code (7) (State use only)	Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020		
Start Date (10) 04/17/19		Sched. Completion Date (11) 05/03/19	License Number 01169		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Name of OSHA Monitor D & S Restoration, Inc.		
			Street Address 20 California Avenue		
			City, State, Zip Code Paterson, NJ 07503		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable		
Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)		Amount (Specify SF or LF)	
Yes	No	N/A			
	<input checked="" type="checkbox"/>		PIPE INSULATION	30 L FT	<input checked="" type="checkbox"/>
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 04/18/19		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 04/11/19



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

D&amp;S Proj. #: 19-66

PAID



Date of Notification (1) 04/11/19		Name of Building Owner/Operator (2) george tzezairlidis	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code westfield, nj 07090	
Name of Contact george tzezairlidis		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) george tzezairlidis			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
City (5) westfield	County (6) union	County Code (7) (State use only)	Bldg. Age	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 04/20/19	Sched. Completion Date (11) 05/10/19		Name of OSHA Monitor D & S Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 20 California Avenue	
			City, State, Zip Code Paterson, NJ 07503	

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		
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Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
BASEMENT		X		PIPE INSULATION	195 lf	X			

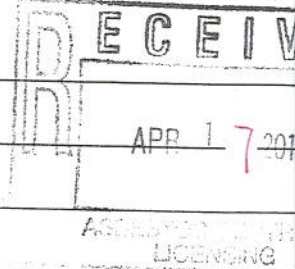
Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yd.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 15	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 04/11/19



OK 702

PAID

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



Date of Notification (1) 04/11/2019		Name of Building Owner/Operator (2) Passaic County Weatherization DEP						
Agencies Notified	Type Notification	Street Address 930 River Dr						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #	City, State, Zip Code Totowa, NJ, 07512						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Allen Stone	Telephone Number 973-569-4719					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)						
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A					
City (5) Passaic		Bldg. A N/A						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC					
Street Address		Street Address 89 FRANKLIN STREET						
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144					
Start Date (10) 04/20/2019		Scheduled Completion Date (11) 04/21/2019	License No. 01274					
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 Other - Describe: OCCUPIE		Name of OSHA Monitor EHW ABATEMENT LLC						
		Street Address 89 FRANKLIN STREET						
		City, State, Zip Code PATERSON, NJ, 07524						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement		X		Pipe Insulation	120 LF	X		
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste N/A	Name of Registered Landfill TRI STATE TRANSFER				
City, State Paterson, NJ		Disposal Date TBD		City, State BRONX, NY				
Completed by Victor Espiritu		Title Project Manager		Signature <i>[Signature]</i>		Date 04/11/2019		