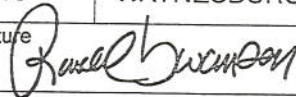


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CHECK# 1735

Date of Notification (1) 04/20/2018		Name of Building Owner/Operator (2) JACOBS CHAPEL AFRICAN METHODIST							
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 311 ELBO LANE							
		City, State, Zip Code MT. LAUREL NJ 08054							
		Name of Contact EAN FRANK							
		Telephone Number 856-304-3651							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) OLD MEETING HOUSE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 318 ELBO LANE		Square Feet 1500	# of Floors 1						
City (5) MT. LAUREL		Bldg. Age 100+							
County (6) BURLINGTON	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) ACER ASSOC.		ASCM No. _____	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.						
Street Address 1012 INDUSTRIAL DRIVE		Street Address 570 CLEMS RUN							
City, State, Zip Code WEST BERLIN NJ 08091		City, State, Zip Code MULLICA HILL NJ 08062							
Project Manager for Monitoring Firm MATT DEPALMA		Telephone No. 856-809-1202	Telephone No. 610-304-4676						
License No. 01145									
Start Date (10) 04/30/2018	Scheduled Completion Date (11) 05/04/2018	Name of OSHA Monitor EMSL							
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 200 RT. 130 NORTH							
		City, State, Zip Code CINNAMINSON NJ 08077							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
FIRST FLOOR			X	NF1 FLOOR TILE	640 SF	X			
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL SERVICES		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 10	Name of Registered Landfill MINERVA LANDFILL					
City, State MULLICA HILL NJ			Disposal Date 05/04/2018	City, State WAYNESBURG, OH					
Completed by RON SWANSON		Title GENERAL MANAGER	Signature 	Date 04/20/2018					

PAID

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

E C E 12

Date of Notification (1) 04/20/2018		Name of Building Owner/Operator (2) Garwood Developers Associated, LLC		Check # 5120 3/30/2018 4 work areas
Agencies Notified	Type Notification	Street Address 820 Morris TPKE		
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Short Hills, New Jersey		
		Name of Contact Dan Matarese	Telephone Number 732-580-9090	

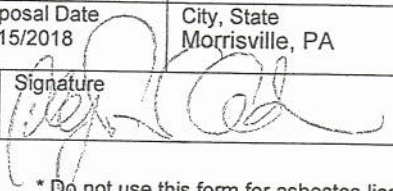
## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Millen Industries Inc/Malcote Inc.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 75 North Avenue		Square Feet 40,000	# of Floors 4	Bldg. Age 50+
City (5) Garwood, New Jersey		Current Use (Prior if being demolished) Industrial Building		
County (6) Union	County Code (7) (STATE USE ONLY)	Name of Monitoring Firm Hired by Building Owner (8) Sky Environmental Services		
ASCM No.		Name of Abatement Contractor (9) Lilich Corporation		
Street Address 140 Boulevard		Street Address 606 McBride Ave		
City, State, Zip Code Mountain Lakes, New Jersey 07046		City, State, Zip Code Woodland Park, New Jersey		
Project Manager for Monitoring Firm Leon Shereshevsky		Telephone No. 973-558-4821	Telephone No. 973-225-8400	License No. 01104
Start Date (10) 04/15/2018	Scheduled Completion Date (11) 06/15/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Will be working weekdays & weekends		Street Address 2333 Route 22 West		
		City, State, Zip Code Union, NJ 07083		

## Scope of Work (Check All That Apply)

- ☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf
- ☐ Renovation  
☒ Demolition
- ☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glove Bag Procedure / Limited Containment & Tent  
☒ 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			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BLDG 1									
3 <sup>rd</sup> floor, Bump-out (north-east cor)		X		TSI debris clean up	150 LF	x			
2 <sup>nd</sup> floor, Main Warehouse space				TSI Pipe Insulation Risers (Wrap & cut)	18 LF	x			
1 <sup>st</sup> floor, around paper mill machine				Transite panels (Non Friable)	2,750 SF	x			
Roof A- main				Roof flashing (Non Friable)	1,000 SF	x			
Roof B				Built-up roofing (tar) (Non Friable)	12,000 SF	x			
Throughout exterior facades				Window Calk (Non Friable)	470 SF	x			
Staircase 2 <sup>nd</sup> floor				Window Glazing (Non Friable)	800 SF	x			
1st/2nd Floor				VAT & Mastic (Full Containment)	4808 SF	x			
3rd Floor				VAT & Mastic (Full Containment)	360 SF	x			
Basement				VAT & Mastic (Full Containment)	600 SF	x			

Name of Registered Waste Hauler Lilich Corporation	NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Woodland Park, New Jersey		Disposal Date 06/15/2018	City, State Morrisville, PA
Completed by Adriana Olejarova	Title President	Signature 	Date 04/20/2018

ASB-41 (R-06-08)

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



h o c k

u o p e n

Print Form

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

NOTIFICATION

APR 25 2018

Date of Notification (1) <b>4/19/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>								
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>								
<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 checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>								
		Name of Contact <b>DAN GIBSON</b>	Telephone Number <b>732-749-2123</b>							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address <b>444 SAINT PAUL AVE.</b>		Square Feet <b>52,000</b>	# of Floors <b>2</b>							
City (5) <b>JERSEY CITY</b>		Bldg. Age <b>Appx 108</b>								
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>GAS HEADQUARTERS</b>								
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No: <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC</b>							
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>								
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>								
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>							
Start Date (10) <b>4/18/18</b>		Scheduled Completion Date (11) <b>4/19/18</b>	License No. <b>01111</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 <input checked="" type="checkbox"/> Other - Describe: <b>OUTDOORS</b>		Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>								
		Street Address <b>396 WHITEHEAD AVE.</b>								
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>								
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) <b>TO BE ABATED</b> In Facility (13) <b>ROOF</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>120 SF</b>	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
		<b>X</b>		<b>ACM ROOFING MATERIALS</b>	<b>120 SF</b>	<b>X</b>				
Name of Registered Waste Hauler <b>ETGI</b>		NJDEP Waste Hauler ID No. <b>000692061</b>	Cubic Yards of Waste <b>Appx 20</b>	Name of Registered Landfill <b>FAIRLESS</b>						
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>						
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <b>Carol Raimo</b>		Date <b>4/19/18</b>					

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

11 OPEN

NOTIFICATION

RECEIVED  
APR 25 2018

Date of Notification (1) <b>4/19/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>							
		Name of Contact <b>DAN GIBSON</b>	Telephone Number <b>732-749-2123</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>444 SAINT PAUL AVE.</b>		Square Feet <b>52,000</b>	# of Floors <b>2</b>						
City (5) <b>JERSEY CITY</b>		Bldg. Age <b>APPX 108</b>							
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>GAS HEADQUARTERS</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	Telephone No. <b>732-432-8350</b>						
		License No. <b>01111</b>							
Start Date (10) <b>4/18/18</b>	Scheduled Completion Date (11) <b>4/28/18</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA 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 Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUTDOORS</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>ROOF</b>		<b>X</b>		<b>ACM ROOFING MATERIALS</b>	<b>120 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>ETGI</b>		NJDEP Waste Hauler ID No. <b>000692061</b>	Cubic Yards of Waste <b>APPX 20</b>	Name of Registered Landfill <b>FAIRLESS</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <i>Carol Raimo</i>			Date <b>4/19/18</b>			

CK # 8857

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

11 OPEN

NOTIFICATION

Print Form

Date of Notification (1) <b>4/5/18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G</b>							
Agencies Notified	Type Notification	Street Address <b>4000 HADLEY ROAD</b>							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 <b>SOUTH PLAINFIELD, NJ 07080</b>							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <b>DAN GIBSON</b>	Telephone Number <b>732-749-2123</b>						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address <b>444 SAINT PAUL AVE.</b>		Square Feet <b>52,000</b>							
City (5) <b>JERSEY CITY</b>		# of Floors <b>2</b>	Bldg. Age <b>APPX 108</b>						
County (6) <b>HUDSON</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>GAS HEADQUARTERS</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>	Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC</b>						
Street Address <b>64 BROAD STREET</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		Telephone No. <b>732-290-2217</b>	License No. <b>01111</b>						
Start Date (10) <b>4/18/18</b>	Scheduled Completion Date (11) <b>4/28/18</b>	Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA 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 Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>OUTDOORS</b>		Street Address <b>396 WHITEHEAD AVE.</b>							
		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>ROOF</b>		<b>X</b>		<b>ACM ROOFING MATERIALS</b>	<b>120 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>APPX 20</b>	Name of Registered Landfill <b>FAIRLESS</b>					
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>					
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>		Signature <i>Carol Raimo</i>		Date <b>4/5/18</b>			

CK 1025579

Print Form

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

RECEIVED  
APR 25 2018

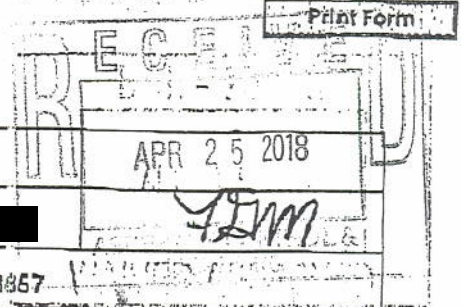
Date of Notification (1) 4/19/2018		Name of Building Owner/Operator (2) Caro							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Old Bridge, NJ 08857							
		Name of Contact Joann Caro	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Old Bridge, NJ 08857		Square Feet 1200	# of Floors 1						
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Bldg. Age 60 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 4/23/2018	Scheduled Completion Date (11) 4/25/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Boiler Insulation	25 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 4/26/2018		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature			Date 4/19/18		

04/20/2018 5:32AM FAX

00002/0005

Print Form

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



Date of Notification (1) <b>4/19/2018</b>		Name of Building Owner/Operator (2) <b>Caro</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	City, State, Zip Code <b>Old Bridge, NJ 08857</b>	
		Name of Contact <b>Joann Caro</b>	
		Telephone Number	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Residential</b>		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>Old Bridge, NJ 08857</b>		Square Feet <b>120</b>	# of Floors <b>1</b>
County (6) <b>Middlesex</b>		Bldg. Age <b>60 +/-</b>	
County Code (7) <b>(STATE USE ONLY)</b>		Current Use (P for if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>		Name of Abatement Contractor (9) <b>Stevens Environmental Services, Inc.</b>	
Street Address <b>PO Box 341</b>		Street Address <b>PO Box 322</b>	
City, State, Zip Code <b>Chesterfield, NJ 08515</b>		City, State, Zip Code <b>Allentown, NJ 08601</b>	
Project Manager for Monitoring Firm <b>Bill Weisgarber</b>		Telephone No. <b>609 298-4070</b>	Telephone No. <b>609 259-9686</b>
Start Date (10) <b>4/23/2018</b>		License No. <b>00493</b>	
Scheduled Completion Date (11) <b>4/25/2018</b>		Name of OSHA Monitor <b>MECS</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>PO Box 341</b>	
<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: <b>8 am &amp; 4 pm</b>		City, State, Zip Code <b>Chesterfield, NJ 08515</b>	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥250 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"/> Glove Bag Procedure <input type="checkbox"/> Non-Encapsulated (*) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) In Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<b>Basement</b>		<b>X</b>	<b>Boiler Insulation</b>
Name of Registered Waste Hauler <b>Stevens Environmental Services</b>		NJDEP Waste Hauler ID No. <b>18292</b>	Cubic Yards of Waste <b>1</b>
City, State <b>Allentown, NJ</b>		Name of Registered Landfill <b>Fairless Landfill</b>	
Disposal Date <b>4/26/2018</b>		City, State <b>Allentown, PA</b>	
Completed by <b>Mahlon E. Stevens</b>		Title <b>Project Manager</b>	Signature 
		Date <b>4/19/18</b>	

ASB-4\* (R-06-06)

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

PAID

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

Check 2282

<b>RECEIVED</b>	
APR 25 2018	
ASBESTOS CONTROL & REMEDIATION	

Date of Notification (1) <b>4/18/2018</b>		Name of Building Owner / Operator (2) <b>Carolyn Haines</b>	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Lawrence</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Greg</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number [REDACTED]	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) [REDACTED]			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet <b>2000</b>	# of Floors <b>2</b>	Bldg. Age <b>50+</b>
City (5) <b>Lawrence</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>		
Street Address			Street Address <b>PO Box 8297</b>		
City, State & Zip Code			City, State & Zip Code <b>Trenton, NJ</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-847-2956</b>	License Number <b>01222</b>	
Scheduled Start Date (10) <b>4/27/2018</b>	Scheduled Completion Date (11) <b>4/30/2018</b>		Name of OSHA Monitor <b>EMSL Analytical</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			Street Address <b>107 Haddon Ave.</b>		
			City, State & Zip Code <b>Westmont, NJ 08108</b>		

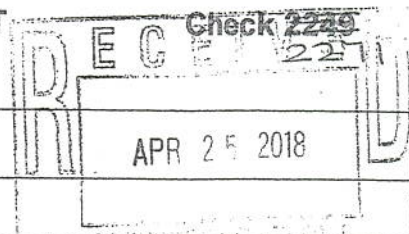
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure			
<input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure			
		<input type="checkbox"/> Glove Bag Procedures			
		<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 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	Repair	Encapsulate	Enclosure
<b>Kitchen</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>VAT</b>	<b>120sf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>various</b>		City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>		Date <b>4/18/2018</b>

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



Date of Notification (1) <b>4/22/2018</b>		Name of Building Owner / Operator (2) <b>Tom Sahol</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA	<input type="checkbox"/> Initial	[Redacted]	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended	City, State & Zip Code	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	<b>Florence NJ</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation	Name of Contact	Telephone Number
<input type="checkbox"/> DCA		<b>Tom Sahol</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)		
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
[Redacted]			Square Feet      # of Floors      Bldg. Age <b>3000</b> <b>2</b> <b>80+</b>		
City (5) <b>Florence</b>	County (6) <b>Burlington</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residence</b>		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>		
Street Address			Street Address <b>PO Box 8297</b>		
City, State & Zip Code			City, State & Zip Code <b>Trenton, NJ</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-847-2956</b>		License Number <b>01222</b>
Scheduled Start Date (10) <b>4/11/2018</b>		Scheduled Completion Date (11) <b>4/30/2018</b>		Name of OSHA Monitor <b>EMSL Analytical</b>	
Occupancy Status During Abatement (Check only one)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			<b>107 Haddon Ave.</b>		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm			City, State & Zip Code		
Describe:			<b>Westmont, NJ 08108</b>		
<input type="checkbox"/> Facility Occupied During Abatement					

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 ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures
		<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 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	Repair	Encapsulate	Enclosure
<b>Basement 1st Floor Throughout</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Plaster Mastic Under 12x12 Duct</b>	<b>2200sf 320sf 90lf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>	NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>15</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Trenton, NJ</b>		Disposal Date <b>various</b>	City, State <b>Morrisville, PA</b>

Completed By (Print or Type) <i>Rodolph R...</i>	Title <i>President</i>	Signature <i>[Signature]</i>	Date <b>4/22/2018</b>
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**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

**Check 2282**

Date of Notification (1) <b>4/18/2018</b>		Name of Building Owner / Operator (2) <b>Carolyn Haines</b>		<div style="border: 1px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>  APR 25 2018 </div>				
Agencies Notified	Type Notification	Street Address						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Lawrence</b>						
		Name of Contact <b>Greg</b>						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)					
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
			Square Feet      # of Floors      Bldg. Age <b>2000</b> <b>2</b> <b>50+</b>					
City (5) <b>Lawrence</b>	County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>Residence</b>					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Alpha Environmental Services</b>					
Street Address			Street Address <b>PO Box 8297</b>					
City, State & Zip Code			City, State & Zip Code <b>Trenton, NJ</b>					
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-847-2956</b>		License Number <b>01222</b>			
Scheduled Start Date (10) <b>4/27/2018</b>	Scheduled Completion Date (11) <b>4/30/2018</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one)			Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			<b>107 Haddon Ave.</b>					
			City, State & Zip Code <b>Westmont, NJ 08108</b>					
Scope of Work (Check all that apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥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"/> Glove Bag Procedures <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 or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF) <b>120sf</b>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<b>Kitchen</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>VAT</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>				
City, State <b>Trenton, NJ</b>		Disposal Date <b>various</b>		City, State <b>Morrisville, PA</b>				
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>		Date <b>4/18/2018</b>			

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

Check 2281

Date of Notification (1) <b>4/18/2018</b>		Name of Building Owner / Operator (2) <b>Ralph Terregrossa</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State & Zip Code <b>Rocky Hill NJ</b> Name of Contact <b>Ralph Terregrossa</b>							
RECEIVED APR 25 2018 Telephone Number									
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) <b>Rocky Hill</b>	County (6) <b>Mercer</b>	County Code (7)	Square Feet <b>2000</b> # of Floors <b>2</b> Bldg. Age <b>50+</b>						
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State & Zip Code		Current Use (Prior if being demolished) <b>Residence</b>							
Name of Abatement Contractor (9) <b>Alpha Environmental Services</b> Street Address <b>PO Box 8297</b> City, State & Zip Code <b>Trenton, NJ</b>		Telephone Number <b>609-847-2956</b> License Number <b>01222</b>							
Scheduled Start Date (10) <b>4/28/2018</b>		Scheduled Completion Date (11) <b>4/30/2018</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		Name of OSHA Monitor <b>EMSL Analytical</b> Street Address <b>107 Haddon Ave.</b> City, State & Zip Code <b>Westmont, NJ 08108</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input checked="" 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	Repair	Encapsulate	Enclosure
<b>Basement</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>120lf</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>		NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grows Landfill</b>					
City, State <b>Trenton, NJ</b>		Disposal Date <b>various</b>		City, State <b>Morrisville, PA</b>					
Completed By (Print or Type) <b>Rod Richardson</b>		Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>			Date <b>4/18/2018</b>			

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:122)

1569

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APR 25 2018

Date of Notification (1) 4/23/18		Name of Building Owner/Operator (2) PRESBYTERIAN CHURCH OF MADISON	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including Insulation) <input type="checkbox"/> Renovation Demolition	
Street Address 19 GREEN AVE		City, State, Zip Code MADISON, NJ 07940	
Name of Facility Where Abatement is Taking Place (3) CHURCH		Name of Contact JANET FORSTER	
Street Address 19 GREEN AVE		Telephone Number 201-419-0325	
City (4) MADISON		Type of Facility (5) <input type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)	
County (3) MORRIS		Squares Feet 3850	# of Floors 2
County Code (7) (STATE USE ONLY)		Bldg. Age + 50	
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES INC.		Current Use (Prior if being demolished) CHURCH	
Street Address 300 GLAND AVE #104		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
City, State, Zip Code ENGLEWOOD, NJ 07631		Street Address 185 Midland Ave	
Project Manager for Monitoring Firm STEPHEN J. JANCZEWSKI		City, State, Zip Code Midland Park, NJ 07432	
Start Date (10) 5/03/18		Telephone No. 201-569-6700	Telephone No. 201-282-5841
Scheduled Completion Date (11) 5/20/18		License No. 00156	
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 type="checkbox"/> Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.	
Scope of Work: (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or 25 ft <input checked="" type="checkbox"/> >100 sf or >250 ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 280 Huyler Street	
Full Containment with Negative Pressure Mini-Enclosure Circulating Procedure Hot-Exhausted (") and Non-Fabric Protection		City, State, Zip Code Hackensack, NJ 07606	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) KITCHEN	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 600 SF
		VAT	
Name of Registered Waste Hauler Newark Carting Inc.		Cube Yards of Waste 6	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ 07105		Disposal Date 5/03/18 ON	City, State Pen Argyl, PA 08702
Completed by Joseph Vaccaro		Title Vice President	Signature J. Vaccaro
		Date 4/23/18	

~~CONFIDENTIAL~~ 1069.

ADD-ON Pricing

"Federal and State Laws: Subjects Covered by the Act"

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

Form 1069

RECEIVED  
APR 25 2018

Date of Notification (1) <b>4/23/18</b>		Name of Building Owner/Operator (2) <b>NORTH VILLAGE APARTMENTS</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type of 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 <b>911 VILLAGE DR E.</b>		City, State, Zip Code <b>NORTH BRUNSWICK, N.J. 08902</b>	
Name of Facility Where Abatement is Taking Place (3) <b>APART. COMPLEX</b>		Name of Contact <b>GREG FELICIANO</b>	
Street Address <b>[REDACTED]</b>		Telephone Number <b>732-322-9092</b>	
City (5) <b>NORTH BRUNSWICK</b>		Type of Facility (4) <input checked="" type="checkbox"/> School K-12 <input type="checkbox"/> School K-12 <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) <b>MIDDLESEX</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Name of Abatement Contractor (9)	
City, State, Zip Code		Street Address	
Project Manager for Monitoring Firm		185 Midland Ave	
Telephone No.		City, State, Zip Code	
Start Date (10) <b>5/02/18</b>		Midland Park, NJ 07432	
Scheduled Completion Date (11) <b>5/15/18</b>		Telephone No. <b>201-262-5841</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		License No. <b>00156</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sq ft or less <input type="checkbox"/> 23 sq ft or more <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Name of OSHA Monitor <b>Omega Environmental Services Inc</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) <b>996 D</b> <b>978 D</b>		Street Address <b>280 Huyler Street</b>	
Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (12) Yes No NA		City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VMI, or other miscellaneous)		Amount (Approximate) (14) <b>66 LF</b> <b>64 LF</b>	
Abatement Type Removal Repair Encapsulate Enclose		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Encapsulated (?) and Non-Fixable Procedure	
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>	
City, State <b>Newark, NJ 07105</b>		City, State <b>Pen Argyl, PA 18702</b>	
Completed by <b>Joseph Vercare</b>		Signature <b>J. Vercare</b>	
Title <b>Vice President</b>		Date <b>4/23/18</b>	

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:125)

check # 1069

Date of Notification (1) <b>4/23/18</b>		Name of Building Owner/Operator (2) <b>NORTH VILLAGE APARTMENTS</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>911 VILLAGE DR E.</b>		City, State, Zip Code <b>NORTH BRUNSWICK, NJ 08902</b>	
Name of Contact <b>GREG FELICIANO</b>		Telephone Number <b>732-822-9092</b>	
Name of Facility Where Abatement is Taking Place (3) <b>APART. COMPLEX</b>			
Street Address <b>[REDACTED]</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>NORTH BRUNSWICK</b>		Square Foot <b>18000</b>	
County (6) <b>MIDDLESEX</b>		# of Floors <b>4</b>	
County Code (7) (STATE USE ONLY)		Side, Age <b>450</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Current Use (Prior to being demolished) <b>RESIDENTIAL</b>	
ASCM No.		Name of Abatement Contractor (9) <b>A.M.I.C. Contracting Inc.</b>	
Street Address		Street Address <b>185 Midland Ave</b>	
City, State, Zip Code		City, State, Zip Code <b>Midland Park, NJ 07432</b>	
Project Manager for Monitoring Firm		Telephone No. <b>201-262-5841</b>	
Start Date (10) <b>5/02/18</b>		License No. <b>00156</b>	
Scheduled Completion Date (11) <b>5/15/18</b>		Name of OSHA Monitor <b>Omega Environmental Services Inc</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address <b>280 Huyler Street</b>	
Other - Describe:		City, State, Zip Code <b>Hackensack, NJ 07606</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or 25 ft <input type="checkbox"/> 100 sq ft or 250 ft <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"/> Gloving Procedure <input type="checkbox"/> Hot-Exhausted (*) 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)	
936 D		Yes No N/A	
976 D		Yes No N/A	
Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAI, or other miscellaneous)		Amount (Specify SF or LF)	
PIPE INSULATION		62LF	
PIPE INSULATION		84LF	
Abatement Type		Enclosure	
Removal		Enclosure	
Removal		Enclosure	
Name of Registered Waste Handler <b>Newark Carting Inc.</b>		NJDEP Waste Handler ID No. <b>04502</b>	
City, State <b>Newark, NJ 07105</b>		Cubic Yards of Waste <b>2</b>	
Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>		City, State <b>Pen Argyl, PA 08702</b>	
Completed by <b>Joseph Vaccaro</b>		Title <b>Vice President</b>	
Signature <b>[Signature]</b>		Date <b>4/23/18</b>	

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

B & G proj. #: 2018-102

Check # 8953

Date of Notification (1) 04/23/18		Name of Building Owner/Operator (2) Nancy Sullivan		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">APR 25 2018</div> <div style="font-size: 0.8em;">ASBESTOS CONTROL &amp; REMEDIATION</div>	
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	[REDACTED]			
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	City, State, Zip Code Paramus, NJ 07653			
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Name of Contact Nancy Sullivan			
<input checked="" type="checkbox"/> DOH		Telephone Number			
<input type="checkbox"/> DCA					

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Nancy Sullivan			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) Paramus, NJ 07653			Bldg. Age	
County (6) Bergen	County Code (7) (State use only)		Current Use (Prior if being demolished) Residential	

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]		Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 05/03/2018	Sched. Completion Date (11) 05/04/2018		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____		Street Address 105 Ryerson Road		
		City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

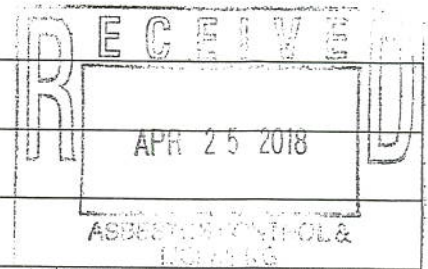
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Living room / office area			<input checked="" type="checkbox"/>	VAT/mastic	152 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 2	Name of Registered Landfill Tullytown Resource & Recovery Center	
City, State Lincoln Park, NJ		Disposal Date 05/07/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 04/23/2018	

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



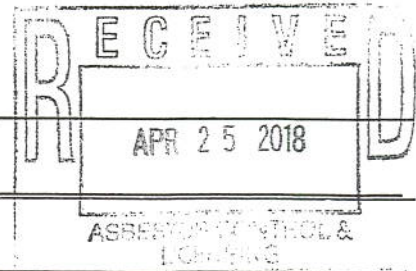
Date of Notification (1) 4/20/2018		Name of Building Owner/Operator (2) Karen Banias							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Washington NJ 07882							
		Name of Contact Marko Stankovic, Project Manager							
		Telephone Number _____							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) N/A		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) Washington		Square Feet 2000	# of Floors 2						
		Bldg. Age 60							
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Checkmark Industrial						
Street Address		Street Address 54 Morgan Dr							
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871							
Project Manager for Monitoring Firm		Telephone No. _____	License No. _____						
Start Date (10) 4/23/2018		Scheduled Completion Date (11) 4/30/2018	Name of OSHA Monitor Checkmark Industrial						
Occupancy Status During Abatement (Check Only One)		Street Address 54 Morgan Dr							
<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 Sparta NJ 07871							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement		X		Pipe Wrap Insulation	175 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 7	Name of Registered Landfill Waste Management					
City, State Wayne NJ			Disposal Date	City, State Tulleytown PA					
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>			Date 4/20/2018			

CK 1267

D&S Proj. #: 18-92

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



Date of Notification (1) 04/19/18		Name of Building Owner/Operator (2) henrietta wieting	
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 hawthorne, nj 07506	
Name of Contact hawthorne, nj 07506		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) henrietta wieting			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		
City (5) hawthorne			County (6) PASSAIC		County Code (7) (State use only)
Name of Monitoring Firm Hired by Bldg. Owner (8)			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			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 05/11/18			Sched. Completion Date (11) 06/30/18		
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		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.		Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address				Street Address 20 California Ave.	
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 973-345-8020	
Start Date (10) 05/11/18		Sched. Completion Date (11) 06/30/18		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)

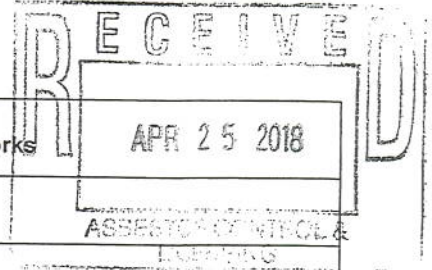
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/>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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		<input checked="" type="checkbox"/>		PIPE INSULATION	120 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"/>

Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506		Cubic Yards of Waste 2 yds.		Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 05/12/18		City, State TULLYTOWN, PA			
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT		Signature		Date 04/19/2018	

PAID

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



Date of Notification (1) <b>04 / 23 / 18</b>		Name of Building Owner/Operator (2) <b>Cape May County; Department of Public Works</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>4 Moore Rd., DN 402</b> City, State, Zip Code <b>Cape May Court House, NJ 08210</b>							
		Name of Contact <b>Ms. Nancy Mauro</b>	Telephone Number <b>609-465-1418</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commercial</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>384 Ranger Road- #99A Utility Bldg.- Cape May County Airport</b>									
City (5) <b>Lower Township</b>		Square Feet	# of Floors						
County (6) <b>Cape May</b>		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		ASCM No.	Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>						
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>							
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>							
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>						
Start Date (10) <b>05 / 02 / 18</b>	Scheduled Completion Date (11) <b>06 / 15 / 18</b>	Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address <b>27 Outwater Lane</b> City, State, Zip Code <b>Garfield, NJ 07026</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior- Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TSI	1,100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tank Insulation	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Insulation	1,100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Newark Carting</b>		NJDEP Waste Hauler ID No. <b>02383</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>IESI Bethlehem Landfill</b>					
City, State <b>Newark, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Bethlehem, PA</b>					
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>		Signature <i>Allen Monchik</i>		Date <b>4/23/18</b>			

RECEIVED  
APR 25 2018  
AGREEMENT BY CONTROL &  
Abatement Type

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 4/23/18
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