

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

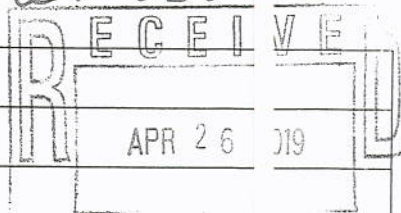
CHK #3547

Date of Notification (1) 4/3/19		Name of Building Owner / Operator (2) East Amwell Board of Education		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 25 2019 </div>			
Agencies Notified	Type Notification	Street Address 43 Wertsville Road					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <i>5203</i> <input checked="" type="checkbox"/> DOH <i>5173</i> <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 Ringoes, NJ 08551		Telephone Number 908-782-298			
		Name of Contact Ms. Judy Holladay					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Maintenance Barn			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)				
Street Address 43 Wertsville Road			Square Feet	# of Floors	Bldg. Age		
City (5) Ringoes	County (6) Hunterdon	County Code (7)	Current Use (Prior if being demolished) School Maintenance barn				
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.				
Street Address 56 East Bridge Street			Street Address 1123 Beaver Street				
City, State & Zip Code Morrisville, PA 19067			City, State & Zip Code Bristol, PA 19007				
Project Manager for Monitoring Firm Richard Beach		Telephone Number 267-991-9212	Telephone Number (215) 788-6040	License Number 00509			
Scheduled Start Date (10) 4/15/19		Scheduled Completion Date (11) 4/22/19		Name of OSHA Monitor Bristol Environmental 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 Hours - Describe: 7:00am to 3:00pm <input type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 Beaver Street				
			City, State & Zip Code Bristol, PA 19007				
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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 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
Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Restrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board Mastic	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flue Packing	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 15 Cu YD	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 4/22/19	City, State Waynesburg, Ohio				
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / gm</i>		Date 4/4/19		

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

PAID

Q # 3562



Date of Notification (1) 4/4/19		Name of Building Owner / Operator (2) Macys Inc.	
Agencies Notified	Type Notification	Street Address 7 West Seventh Street	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Cincinnati, OH 45202	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1-4/23/19	Name of Contact Tia Wenrich	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number (513) 579-7241	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Macys Store			Type of Facility (4) <input type="checkbox"/> School (K-12)		
Street Address 275 Parsonage Road			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Edison			<input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes etc.)		
County (6) Middlesex	County Code (7)		Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.			Current Use (Prior if being demolished) Retail		
Street Address 24 Commerce St, Suite 300			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Haddon Heights, NJ 08035			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Ralph Coppola			City, State & Zip Code Bristol, PA 19007		
Telephone Number 856-547-0505			Telephone Number (215) 788-6040		License Number 00509
Scheduled Start Date (10) 4/29/19	Scheduled Completion Date (11) 7/15/19		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 1123 Beaver Street		
<input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 10:00 PM to 7:00 AM			City, State & Zip Code Bristol, PA 19007		
<input type="checkbox"/> Facility Occupied During Abatement					

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 ≥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 F

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		Encapsulate	Enclosure
	Yes	No	N/A			Removal			
Lower Level, Main Level & Upper Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	55,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	39,472 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 215 Cu Yd	Name of Registered Landfill Minerva Landfill
City, State New Castle, Delaware	Disposal Date 7/15/19	City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni	Title Project Manager	Signature <i>Gino Pizzigoni</i>	Date 4/23/19

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

chk# 3549

Date of Notification (1) 4/4/19		Name of Building Owner / Operator (2) Macys Inc.		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 26 2019 </div>	
Agencies Notified	Type Notification	Street Address 7 West Seventh Street			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 5203 <input checked="" type="checkbox"/> DOH 5173 <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 Cincinnati, OH 45202			
		Name of Contact Tia Wenrich			
				Telephone Number (513) 577-7241	

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Macys Store			Type of Facility (4)		
Street Address 275 Parsonage Road			<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) Edison	County (6) Middlesex	County Code (7)	Square Feet	# of Floors	Bldg. Age
			Current Use (Prior if being demolished) Retail		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Bristol Environmental, Inc.		
Street Address 24 Commerce St, Suite 300			Street Address 1123 Beaver Street		
City, State & Zip Code Haddon Heights, NJ 08035			City, State & Zip Code Bristol, PA 19007		
Project Manager for Monitoring Firm Ralph Coppola		Telephone Number 856-547-0505	Telephone Number (215) 788-6040	License Number 00509	
Scheduled Start Date (10) 4/23/19	Scheduled Completion Date (11) 7/15/19		Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one)			Street Address 1123 Beaver Street		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 10:00 PM to 7:00 AM <input type="checkbox"/> Facility Occupied During Abatement			City, State & Zip Code Bristol, PA 19007		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥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"/> 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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Lower Level, Main Level & Upper Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic	55,300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	39,472 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 215 Cu Yd	Name of Registered Landfill Minerva Landfill	
City, State New Castle, Delaware		Disposal Date 7/15/19		City, State Waynesburg, OH	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / gr</i>		Date 4/4/19

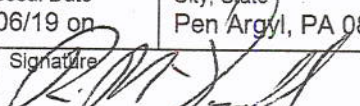
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CHRCR # 12-1

Date of Notification (1) 04/24/19		Name of Building Owner/Operator (2) Kathrine Lovell		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED APR 26 2019 </div>	
Agencies Notified	Type Notification	Street Address			
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Leonora, NJ 07605 Name of Contact Kathrine Lovell			
		Telephone Number			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Lovell			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, etc.)		
City (5) Leonora			Square Feet 1900	# of Floors 2	Bldg. A 58
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Res		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) A. Mac Contracting Inc.		
Street Address		Street Address 185 Vreeland Ave			
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-262-5841	License No. 00156	
Start Date (10) 05/06/19		Scheduled Completion Date (11) 05/20/19		Name of OSHA Monitor Omega Environmental Services, Inc	
Occupancy Status During Abatement (Check Only One)			Street Address		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			280 Huyler Street		
			City, State, Zip Code Hackensack, NJ 07606		
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

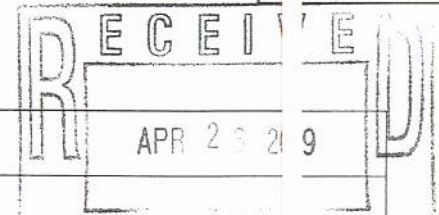
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Enclosure
	Yes	No	N/A			Removal	Repair	
Basement			X	Pipe	120 LF	X		

Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ 07105		Disposal Date 05/06/19 on		City, State Pen Argyl, PA 08072	
Completed by R. McDonald		Title President	Signature 	Date 04/24/19	

CK 2083

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



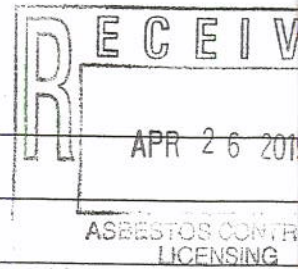
Date of Notification (1) 4/24/19		Name of Building Owner/Operator (2) Ina Martin						
Agencies Notified	Type Notification	Street Address [REDACTED]						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montvale, NJ 07645						
		Name of Contact Ina Martin	Telephone Number					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Residential Home		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 2000	# of Floors 2					
City (5) Montvale		Bldg. Area 65 +/-						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home						
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement					
Street Address		Street Address 280 N. Midland Ave.						
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663						
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305					
Start Date (10) 4/25/19	Scheduled Completion Date (11) 4/29/19	Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)		Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M.		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) <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	
Main Basement Area		x		VAT	390 SF	x		
Bathroom		x		VAT	27 SF	x		
Utility Room		x		Mastic	85 SF			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 5 yd	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA				
Completed by Richard Cristofol		Title President	Signature 	Date 4/24/19				

RECEIVED
APR 26 2019

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

OK 798 PAID

Date of Notification (4) 04/22/2018		Name of Building Owner/Operator (2) Weatherization Assistance Program/Morris county					
Agencies Notified	Type Notification	Street Address 95-97 Bassett HWY					
<input checked="" type="checkbox"/> EPA <input checked="" 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 Dover, NJ, 07801					
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Rosa Soto	Telephone Number 973-366-4770 x21				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A				
City (5) Dover		Bldg. Age N/A					
County (6) Morris	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) 5/01/2019		Scheduled Completion Date (11) 5/02/2019	License No. 01274				
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: 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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
BASEMENT		X		PIPE INSULATION	15 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, NJ			
Completed by Victor Espiritu		Title Project Manager	Signature 		Date 04/22/2019		



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

Date of Notification (1) 04/19/2019		Name of Building Owner/Operator (2) LA CASA DON PEDRO							
Agencies Notified	Type Notification	Street Address 317 ROSEVILLE AVENUE							
<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 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 NEWARK, NJ, 07107							
		Name of Contact Chris	Telephone Number 973-485-0701						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private House		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, houses, etc.)							
City (5) East Orange		Square Feet N/A	# of Floors N/A						
County (6) Essex	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) 04/22/2019		Scheduled Completion Date (11) 04/23/2019	License No. 01274						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EHW ABATEMENT LLC							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: <u>occupy</u>		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	Encapsulate	
basement		X		pipe insulation	220 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 04/18/2019		

OK 799

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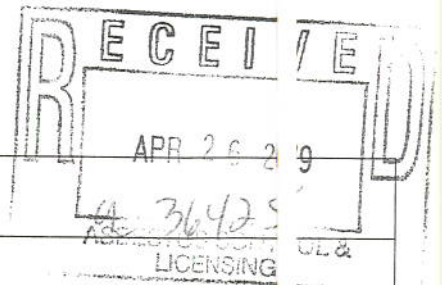
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
APR 26 2019

Date of Notification (1) 04/23/2018		Name of Building Owner/Operator (2) Renate Zeiltl						
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						
Street Address [REDACTED]		City, State, Zip Code Englewood, NJ, 07631						
Name of Contact Renate Zeiltl		Telephone Number						
Name of Facility Where Abatement is Taking Place (3) Private House								
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) Englewood		Square Feet N/A	# of Floors N/A					
County (6) Bergen		Bldg. Age N/A						
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.						
Street Address		Name of Abatement Contractor (9) EHW ABATEMENT LLC						
City, State, Zip Code		Street Address 89 Franklin Street						
Project Manager for Monitoring Firm		City, State, Zip Code Paterson, NJ, 07524						
Telephone No.		Telephone No. 973-333-5144	License No. 01274					
Start Date (10) 5/04/2019		Scheduled Completion Date (11) 5/05/2019						
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: 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 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
BOILER ROOM		X		PIPE INSULATION	15 LF	X		
BOILER ROOM		X		BOILER INSULATION	36 SF	X		
BOILER ROOM		X		VAT	20 SF	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, NJ				
Completed by Victor Espiritu		Title Project Manager		Signature [Signature]		Date 04/23/2019		

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

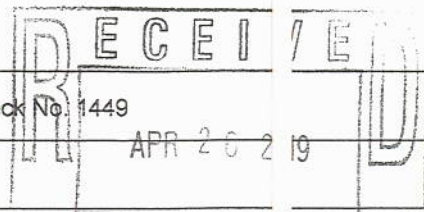


Date of Notification (1) 04 / 23 / 19			Name of Building Owner/Operator (2) Second Wayne, LLC						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 70 Demarest Drive					
				City, State, Zip Code Wayne, NJ 07470					
				Name of Contact Rich Yanitelli					
				Telephone Number 845-721-5056					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address [REDACTED]									
City (5) Wayne			Square Feet 3,000	# of Floors 2	Bldg. / je 60				
County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
Street Address		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm		Telephone No.		License No. 00624					
Start Date (10) 04 / 24 / 19		Scheduled Completion Date (11) 04 / 25 / 19		Name of OSHA Monitor E.M.S.L. Analytical					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
exterior-lower roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos roofing material	150 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 1	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 04/25/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 4/23/19			

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



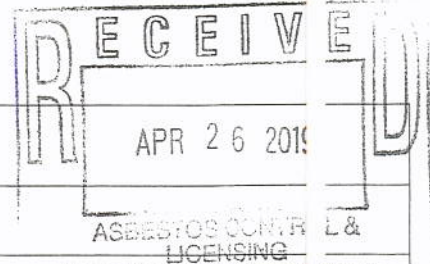
Date of Notification (1) 04/15/2019		Name of Building Owner/Operator (2) Ramsey Board of Education		Check No. 1449	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 266 Main Street City, State, Zip Code Ramsey, New Jersey 07446 Name of Contact G Bohacik	
				Telephone Number 201-785-2300	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Residence			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 29 N Franklin Turnpike			Square Feet 20,000		
City (5) Ramsey, New Jersey 07446			# of Floors 2		Building Age 51
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) High School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 5434 King Avenue		Street Address 246 Union Boulevard			
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Totowa, New Jersey 07512			
Project Manager for Monitoring Firm Tim Gromen		Telephone No. 856-616-9516	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 04/29/2019		Scheduled Completion Date (11) 005/06/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West		
			City, State, Zip Code Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Process	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)
	Yes	No	N/A		
1st Floor		X		Joint Compound	3200 SF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 05/06/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 04/15/2019

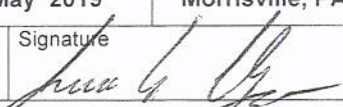
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 04/12/2019		Name of Building Owner/Operator (2) Ramsey Board of Education		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED APR 26 2019 Check No. 1449 </div>	
Agencies Notified	Type Notification	Street Address 266 Main Street		City, State, Zip Code Ramsey, New Jersey 07446	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact G Bohacik		Telephone Number 201-785-2300	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Former Residence			Type of Facility (4)		
Street Address 29 N Franklin Turnpike			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) Fair Lawn, New Jersey 07410			Square Feet 20,000	# of Floors 2	Bldg. Age 5+
County (6) Bergen	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) High School		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Design Inc.		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation		
Street Address 5434 King Avenue		Street Address 246 Union Boulevard			
City, State, Zip Code Pennsauken, New Jersey 08109		City, State, Zip Code Totowa, New Jersey 07512			
Project Manager for Monitoring Firm Tim Gromen		Telephone No. 856-616-9516	Telephone No. 973-225-8400	License No. 01104	
Start Date (10) 04/29/2019	Scheduled Completion Date (11) 005/06/2019		Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check Only One)			Street Address 2333 Route 22 West		
<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 Union, NJ 07083		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Product	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
1st Floor		X		Joint Compound	3200 SF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill	
City, State Totowa, New Jersey		Disposal Date 05/06/2019		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President	Signature 		Date 04/12/2019

Check #
9324

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

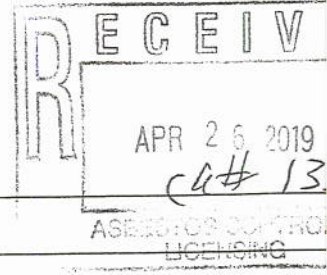


Date of Notification (1) 04 / 23 / 19			Name of Building Owner/Operator (2) Trustees of Princeton University		
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address E.A. MacMillian Building City, State, Zip Code Princeton, NJ 08544 Name of Contact Robert F. Ortego, PE Telephone Number (609) 258-1841	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Springdale Apartments				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 building homes, etc.)	
Street Address 71-73 College Road West				Square Feet 4,300	
City (5) Princeton				# of Floors 3	
County (6) Mercer				Bldg. Area 70 + sq. ft.	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartments			
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 00003		Name of Abatement Contractor (9) East Coast Haz Mat Removal, Inc.	
Street Address 1253 North Church Street		Street Address 494 East 41st Street			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Paterson, NJ 07504			
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. (856)-840-8800		License No. 00507	
Start Date (10) 05 / 02 / 19		Scheduled Completion Date (11) 05 / 20 / 19		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ PM-_____AM				Street Address City, State, Zip Code	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> WRAP & CUT procedures <input 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)	
		Yes	No		
Unit 73-2 nd Fl. bed rm. dormer area		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 2265		Cubic Yards of Waste 1	
City, State Freehold, NJ		Disposal Date May 2019		Name of Registered Landfill Waste Mgmt. - Fairless Hills	
Completed By (Print or Type) James Unger		Title Sr. Estimator/Project Mgr.		Signature 	
				Date 4-23 19	

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




Date of Notification (1) 4/22/19		Name of Building Owner/Operator (2) Township of Wayne		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" 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 type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 475 Valley Road City, State, Zip Code Wayne, NJ 07470 Name of Contact Glen Vanas c/o Vanas Construction Telephone Number 201-883-1944	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Wayne Police Department			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, c.)		
Street Address 475 Valley Road			Square Feet 30,000	# of Floors 1	Bldg. Age 55+
City (5) Wayne			Current Use (Prior if being demolished)		
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Name of Monitoring Firm Hired by Building Owner (8) NV5		ASCM No.		Street Address 32 Willow Way	
Street Address 7 Campus Drive, Suite 300		City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Woodland Park, NJ 07424	
Project Manager for Monitoring Firm Ryan Broadwater		Telephone No. 973-946-5600		Telephone No. 973-333-9176	License No. 01331
Start Date (10) 4/22/19		Scheduled Completion Date (11) 06/22/19		Name of OSHA Monitor Envirovision Consultants, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 3PM-11:30 PM			Street Address 20-21 Wagaraw Rd., Bldg. 35-E		
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)		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			
North Side Police Wing		X	Joint Compound	6,174 SF	X
North Side Police Wing		X	VAT & Mastic	2,350 SF	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 30	Name of Registered Landfill Grand Central Sanita
City, State Newark, New Jersey		Disposal Date TBD		City, State Penn Argyl, PA	
Completed by Dimo Golcev		Title General Manager		Signature 	Date 4/2/19

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

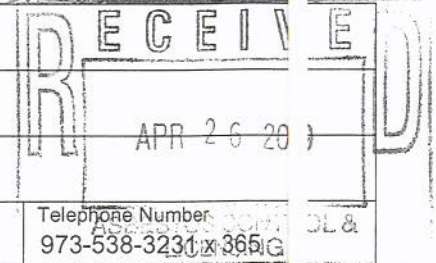
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APR 26 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 04 / 22 / 19			Name of Building Owner/Operator (2) Sherwin-Williams		
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 226 Talmage Road City, State, Zip Code Edison, NJ 08818 Name of Contact Paul Grimes Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Sherwin-Williams Store No. 800351				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 226 Talmage Road				Square Feet 18,000	# of Floors 2
City (5) Edison				Bldg Age 54	
County (6) Middlesex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCN No. 00003		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address 1253 North Church Street		Street Address 623 Cutler Avenue			
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Maple Shade, NJ 08052			
Project Manager for Monitoring Firm Mike Stocku		Telephone No. 856-840-8800		Telephone No. 856-755-0099	License No. 00842
Start Date (10) 05 / 06 / 19		Scheduled Completion Date (11) 05 / 17 / 19		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <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)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
DAE/AEE/P&M Offices 7-12,&Lobby	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Ceiling Tile	900 SF
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Landfill Fairless Landfill
City, State Freehold, NJ		Disposal Date 05/17/2019		City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 	Date 4-22-19

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

Check 18298

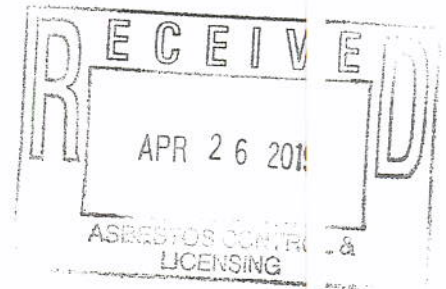


Date of Notification (1) 4/23/19		Name of Building Owner/Operator (2) Delbarton School						
Agencies Notified	Type Notification	Street Address 230 Mendham Road						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Morristown NJ 07960						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Michel Rimpel	Telephone Number 973-538-3231 x 365					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Vincent 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 230 Mendham Road		Square Feet 15,000	# of Floors 3					
City (5) Morristown		Bldg. Age 75						
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) priest residence						
Name of Monitoring Firm Hired by Building Owner (8) EnviroVision Consultants, Inc.		ASCM No. 00079	Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address 20-21 Wagaraw Road – Bldg. 35E		Street Address PO Box 483, 4 E Gate Drive						
City, State, Zip Code Fair Lawn, New Jersey 07410		City, State, Zip Code Glenwood, NJ 07418						
Project Manager for Monitoring Firm Fred Larson		Telephone No. (973) 636-9145	Telephone No. 973-764-2276					
License No. 703								
Start Date (10) 5/2/19	Scheduled Completion Date (11) 8/2/19	Name of OSHA Monitor						
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: weekends, nights		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) <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	
See Attached			x	See Attached		x		
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl PA				
Completed by A. Scott Higgins		Title President	Signature 			Date 4/23/19		

ABS ENVIRONMENTAL SERVICES L.L.C.

ASBESTOS * LEAD * MOLD/BACTERIA * INDOOR AIR QUALITY * DUCT CLEANING * DEMOLITION

Vincent House For Renovation
St. Mary's Abbey
230 Mendham Road
Morristown, NJ



ASBESTOS ABATEMENT

Basement

Filing Room	9"x9" floor tile & mastic	1,125 SF
Kitchen/Laundry Room	9"x9" floor tile & mastic	150 SF
Hall outside of kitchen	9"x9" floor tile & mastic	150 SF
Lounge area	Pipe insulation (aircell)	330 LF
Filing Room	Pipe insulation (aircell)	100 LF
Boiler Room & Adjacent Storage Room	Non fiberglass insulation	65+LF
Laundry Room	Pipe insulation (aircell)	14 LF
Filing Room around perimeter pipe chase & immediate adjacent	Textured sheetboard material & behind wallboard	560+SF
Hall next to filing room	Textured ceiling sheetboard material behind wallboard	70 SF
Boiler Room	Boiler flue pack insulation	<3 SF

Exterior

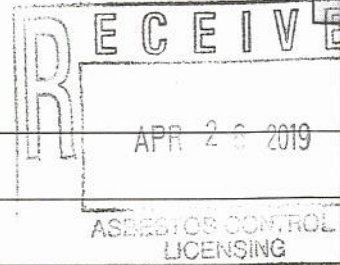
Northeast Windows	White window glaze	4-6 windows
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ABS Environmental
P.O. Box 483
Glenwood, NJ 07418
U.S.A.

PHONE (877) 434-6041
FAX (973) 764-9676
E-MAIL absenv@warwick.net
Web www.absenvironmental.com

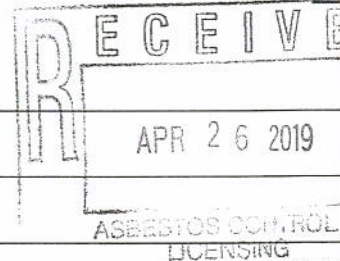
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 04/22/2019		Name of Building Owner/Operator (2) Van Dyk Health Care							
Agencies Notified	Type Notification	Street Address 304 South Van Dian Avenue							
<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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood, NJ 07450							
		Name of Contact Reuben Twersky	Telephone Number 201-697-8298						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Health Care		Type of Facility (4)							
Street Address 304 South Van Dian Avenue		<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) Ridgewood		Square Feet N/A	# of Floors N/A						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Health Care						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
Start Date (10) 04/22/2019		Scheduled Completion Date (11) 04/26/2019	License No. 01311						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Room 111		X		Pipe Insulation	40 LF	X			
Rooms 115 -117		X		Pipe Insulation	90 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Lendfield					
City, State Totowa, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 04/22/2019			

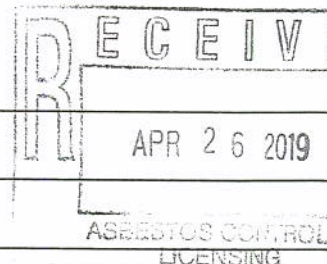
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 04/22/2019		Name of Building Owner/Operator (2) Nancy Galt		Street Address [REDACTED]		City, State, Zip Code South Orange, NJ 07079		Name of Contact Nancy Galt		Telephone Number [REDACTED]	
Agencies Notified		Type Notification		FACILITY INFORMATION							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Facility Where Abatement is Taking Place (3) House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)			
Street Address [REDACTED]		City (5) South Orange		Square Feet N/A		# of Floors N/A		Bldg. A N/A		County (6) Essex	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House		Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) D&S Abatement, Inc.			
Street Address [REDACTED]		City, State, Zip Code Totowa, NJ 07512		Telephone No. 973-345-8685		License No. 01311		Start Date (10) 05/03/2019			
Scheduled Completion Date (11) 05/04/2019		Name of OSHA Monitor D&S Abatement, Inc.		Street Address 11 Rosengren Avenue		City, State, Zip Code Totowa, NJ 07512		Occupancy Status During Abatement (Check Only One)			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		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		Abatement Type	
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)		Removal		Repair	
Basement		X		Pipe Insulation		210 LF		X			
Name of Registered Waste Hauler D&S Abatement, Inc		NJDEP Waste Hauler ID No. 20996		Cubic Yards of Waste TBD		Name of Registered Landfill Fairless Lendfield		City, State Totowa, NJ		Disposal Date TBD	
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 04/22/2019					

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



Date of Notification (1) 04-18-2019		Name of Building Owner/Operator (2) Susan Hodos-Levy		APR 26 2019	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code Montclair NJ 07041	
		Name of Contact Susan Hodos-Levy		Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private Dwelling			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) Montclair NJ 07041			Square Feet N/A	# of Floors N/A	Bldg Age N/A
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Private Dwelling	
Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental		ASCM No. _____		Name of Abatement Contractor (9) Amax Contracting LLC	
Street Address 2108 Fulton St Suite 2A		Street Address PO BOX 734			
City, State, Zip Code Brooklyn NY 11233		City, State, Zip Code Woodland Park NJ 07424			
Project Manager for Monitoring Firm Kayode Adefisoye		Telephone No. 347-241-7673		Telephone No. 973-692-6298	License No. 01266
Start Date (10) 04-27-2019		Scheduled Completion Date (11) 05-25-2019		Name of OSHA Monitor Amax Contracting LLC	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				PO BOX 734	
				City, State, Zip Code Woodland Park NJ 07424	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
Basement			x	pipe insulation	40 LF
Name of Registered Waste Hauler Amax Contracting LLC		NJDEP Waste Hauler ID No. 0036184		Cubic Yards of Waste 2 CY	Name of Registered Landfill Fairless Hills
City, State Woodland Park NJ 07424		Disposal Date 05-31-2019		City, State Morrisville PA	
Completed by Tome Maslarkov		Title Project Manager		Signature	Date 04-18-2019

APPROVED BY: 10M
Voorhees, NJ 0800

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

PAID

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RECEIVED
APR 26 2011
ASBESTOS CONTROL

Date of Notification (1) 4 / 22 / 19		Name of Building Owner/Operator (2) St Francis Medical Center	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 601 Hamilton Ave City, State, Zip Code Trenton, NJ 08629 Name of Contact Rita Gelli Telephone Number 609-599-5000	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) St Francis Medical Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 601 Hamilton Ave		Square Feet 70,000	# of Floors 3
City (5) Trenton	County (6) Mercer	County Code (7) (STATE USE ONLY)	Bldg. # 60+
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc		ASCM No.	Current Use (Prior if being demolished) Hospital
Street Address 617 Stokes Road		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
City, State, Zip Code Medford, NJ 08055		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Mark Rubinitz		Telephone No. 888-715-2211	City, State, Zip Code BRISTOL, PA 19007
Start Date (10) 4 / 23 / 19		Telephone No. 215-788-6040	License No. 00509
Scheduled Completion Date (11) 4 / 23 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:30PM/ _____PM-_____AM		Street Address 1123 BEAVER STREET	
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		City, State, Zip Code BRISTOL, PA 19007	

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		
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 1 Cu Yd	Name of Registered Landfill FAIRLESS LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date 4/22/19		City, State FAIRLESS HILLS, PA	
Completed By (Print or Type) Gino Pizzigoni	Title Estimator	Signature <i>Gino Pizzigoni</i>		Date 4-22-19	

ASB-41
MAY 11 GI19092

* 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)

PROJECT COMPLETE

Date of Notification (1) 3 / 21 / 19		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED APR 26 2019 ASBESTOS CONTROL & INSURANCE </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-4/23/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery St							
		City, State, Zip Code Pittsburgh PA 15212							
		Name of Contact Anthony Porta	Telephone Number 412-633-4021						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Ridgewood Central Office				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 building homes, etc.)					
Street Address 178 East Ridgewood Avenue									
City (5) Ridgewood				Square Feet 39,780	# of Floors 3				
County (6) Bergen				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon				
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509					
Start Date (10) 4 / 8 / 19	Scheduled Completion Date (11) 4 / 23 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM			Street Address 1123 BEAVER STREET						
			City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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 Air Dryer Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Basement Passage Way	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	132 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Basement Ash Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro/jl</i>		Date 4/23/19			

0019017

Pg. 2

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

PROJECT COMPLETE

Date of Notification (1) 3 / 21 / 19		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED APR 26 2019 ASBESTOS LICENSING </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-4/23/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery St					
		City, State, Zip Code Pittsburgh PA 15212					
		Name of Contact Anthony Porta		Telephone Number 412-633-4021			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Verizon Ridgewood Central Office				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 building, homes, etc.)			
Street Address 178 East Ridgewood Avenue				Square Feet 39,780	# of Floors 3		
City (5) Ridgewood				Bldg. Area +50			
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon			
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.			
Street Address 8436 Enterprise Ave				Street Address 1123 BEAVER STREET			
City, State, Zip Code Philadelphia, PA 19153				City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Telephone No. 215-788-6040	License No. 00509		
Start Date (10) 4 / 8 / 19		Scheduled Completion Date (11) 4 / 23 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM				Street Address 1123 BEAVER STREET			
				City, State, Zip Code BRISTOL, PA 19007			
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair
Basement Air Dryer Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	80 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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL		
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro/jl</i>		Date 4/23/19	

DD 19017

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

RECEIVED
APR 26 2019

Date of Notification (1) <u>3</u> / <u>21</u> / <u>19</u>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2-4/11/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery St City, State, Zip Code Pittsburgh PA 15212	
		Name of Contact Anthony Porta	Telephone Number 412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Ridgewood Central Office		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 178 East Ridgewood Avenue		Square Feet 39,780	# of Floors 3
City (5) Ridgewood		Bldg. Age +50	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET		
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) <u>4</u> / <u>8</u> / <u>19</u>	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC
----------------------------------------------------	--------------------------------------------------	-----------------------------------------------------------

Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u>5:00</u> PM - <u>1:30</u> AM	Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------

Scope of Work (Check all that apply)

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

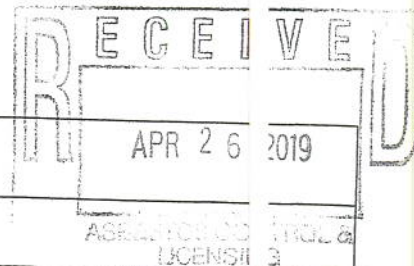
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type			Enclosure
	Yes	No	N/A			Removal	Repair	In-place	
Basement Air Dryer Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Passage Way	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	132 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Ash Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH		

Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 4-11-19
------------------------------------------------------	---------------------------	-----------------------------------	------------------------

Pg. 2

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



Date of Notification (1) 3 / 21 / 19		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-4/11/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery St City, State, Zip Code Pittsburgh PA 15212	
		Name of Contact Anthony Porta	Telephone Number 412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Ridgewood Central Office		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 building homes, etc.)	
Street Address 178 East Ridgewood Avenue		Square Feet 39,780	# of Floors 3
City (5) Ridgewood		Bldg. Age +50	
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 4 / 8 / 19	Scheduled Completion Date (11) ON / HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-1:30AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			Enclosure
	Yes	No	N/A			Removal	Repair	Other	
Basement Air Dryer Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State YARDLEY, PA	Disposal Date TBD	City, State WAYNESBURG, OH	
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro / gm	Date 4-11-19

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

RECEIVED
APR 26 2019

Date of Notification (1) 3 / 21 / 19		Name of Building Owner/Operator (2) Verizon Communications						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-4/9/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address 15 East Montgomery St		City, State, Zip Code Pittsburgh PA 15212						
Name of Contact Anthony Porta		Telephone Number 412-633-4021						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Ridgewood Central Office		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 building homes, etc.)						
Street Address 178 East Ridgewood Avenue		Square Feet 39,780	# of Floors 3					
City (5) Ridgewood		Bldg. A +50						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET						
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	License No. 00509					
Start Date (10) 4 / 8 / 19	Scheduled Completion Date (11) 4 / 17 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM		Street Address 1123 BEAVER STREET						
		City, State, Zip Code BRISTOL, PA 19007						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Basement Air Dryer Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Passage Way	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	132 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Ash Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillian DeCaro		Title Estimator	Signature <i>Dillian DeCaro</i>		Date 4-9-19			

ASB-41
JAN 13 **DD19017**

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

Pg. 2

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

RECEIVED
APR 26 2019

Date of Notification (1) <u>3</u> / <u>21</u> / <u>19</u>		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 1px solid black; padding: 5px;"> RECEIVED APR 26 2019 ASBESTOS LICENSURE </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-4/9/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery St					
		City, State, Zip Code Pittsburgh PA 15212					
		Name of Contact Anthony Porta		Telephone Number 412-633-4021			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Verizon Ridgewood Central Office				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 building homes, etc.)			
Street Address 178 East Ridgewood Avenue							
City (5) Ridgewood				Square Feet 39,780	# of Floors 3		
County (6) Bergen				County Code (7) (STATE USE ONLY)	Bldg. A +50		
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc				Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.			
Street Address 8436 Enterprise Ave				Street Address 1123 BEAVER STREET			
City, State, Zip Code Philadelphia, PA 19153				City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Telephone No. 215-788-6040	License No. 00509		
Start Date (10) <u>4</u> / <u>8</u> / <u>19</u>		Scheduled Completion Date (11) <u>4</u> / <u>17</u> / <u>19</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00</u> AM - <u>1:30</u> PM				Street Address 1123 BEAVER STREET			
				City, State, Zip Code BRISTOL, PA 19007			
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	Enclosure
	Yes	No	N/A				
Basement Air Dryer Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	80 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"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL		
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>		Date 4-9-19	

ASB-41
JAN 13 **DD19017**

* 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)

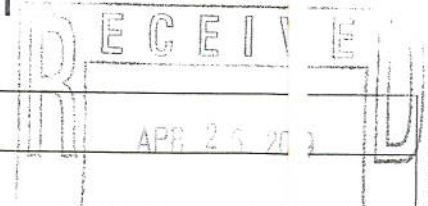
Ch#3531
RECEIVED
APR 26 2011
ASBESTOS LICENSING

Date of Notification (1) <u>3</u> / <u>21</u> / <u>19</u>			Name of Building Owner/Operator (2) Verizon Communications					
Agencies Notified <input checked="" type="checkbox"/> EPA <u>5135</u> <input checked="" type="checkbox"/> DOLWD <u>5111</u> <input checked="" type="checkbox"/> DOH <u>5104</u> <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 15 East Montgomery St City, State, Zip Code Pittsburgh PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4021				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Verizon Ridgewood Central Office				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 178 East Ridgewood Avenue				Square Feet 39,780				
City (5) Ridgewood				# of Floors 3				
County (6) Bergen				Bldg. Area +50				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8436 Enterprise Ave			Street Address 1123 BEAVER STREET					
City, State, Zip Code Philadelphia, PA 19153			City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		License No. 00509				
Start Date (10) <u>4</u> / <u>8</u> / <u>19</u>		Scheduled Completion Date (11) <u>4</u> / <u>17</u> / <u>19</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM 5:00PM-1:30AM				Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007				
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			Removal	Repair	
Basement Air Dryer Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	220 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Passage Way	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	132 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Ash Vault	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.			NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL	
City, State YARDLEY, PA			Disposal Date TBD		City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>		Date 3-21-11		

ASB-41
 JAN 13 *DP19017*

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

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



Date of Notification (1) 4/3/19		Name of Building Owner / Operator (2) East Amwell Board of Education	
Agencies Notified	Type Notification	Street Address 43 Wertsville Road	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Ringoes, NJ 08551	
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended R#1-4/22/19	Name of Contact Ms. Judy Holladay	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 908-782-198	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Maintenance Barn			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12)		
Street Address 43 Wertsville Road			<input type="checkbox"/> Subchapter 8 (Other than K-12)		
City (5) Ringoes			<input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
County (6) Hunterdon	County Code (7)		Square Feet	# of Floors	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) RJB Environmental Inc			Current Use (Prior if being demolished) School Maintenance barn		
Street Address 56 East Bridge Street			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Morrisville, PA 19067			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Richard Beach			City, State & Zip Code Bristol, PA 19007		
Telephone Number 267-991-9212			Telephone Number (215) 788-6040		
Scheduled Start Date (10) 4/15/19			License Number 00509		
Scheduled Completion Date (11) 4/23/19			Name of OSHA Monitor Bristol Environmental Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement			Street Address 1123 Beaver Street		
<input type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 7:00am to 3:00pm			City, State & Zip Code Bristol, PA 19007		
<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 checked="" 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		Encapsulate	Enclosure
	Yes	No	N/A			Removal	Repair		
Exterior	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Board Mastic	480 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler	30 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flue Packing	2 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"/>

Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 15 Cu YD	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE		Disposal Date 4/22/19	City, State Waynesburg, Ohio		
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / jl</i>		Date 4/4/19