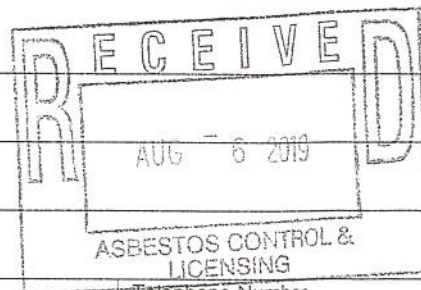


Inv# 13337
OK 1679 PAID

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



Date of Notification (1) 08/01/2019		Name of Building Owner/Operator (2) College of Saint Elizabeth							
Agencies Notified	Type Notification	Street Address 2 Convent Rd							
<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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Steve Iacovo	Telephone Number 973-650-7720						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) O'Connor Hall		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 2 Convent Rd		Square Feet 71,130	# of Floors 5						
City (5) Morristown		Bldg. Age 92							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address		Street Address 22 Troy Lane							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 973-276-0099	License No. 01317						
Start Date (10) 08/03/2019	Scheduled Completion Date (11) 08/04/2019	Name of OSHA Monitor United Safety LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: 24 Hour Access as Needed to Complete Project		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Hallway Outside of		X		Pipe Insulation	8 LF	X			
Gender Neutral Bathroom									
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Vanco Petkov		Title Project Manager	Signature 			Date 08/01/2019			

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

CK 5187

INV# 13413 PAID

Date of Notification (1) 8/2/19		Name of Building Owner/Operator (2) KATHLEEN FORSYTHE					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code NUTLEY, NJ, 07110				
		Name of Contact MS. K. FORSYTHE	Telephone Number [REDACTED]				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MS. KATHLEEN FORSYTHE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) NUTLEY	Square Feet 2000	# of Floors 2	Bldg. Age 1945				
County (6) ESSEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 8/20/19	Scheduled Completion Date (11) 8/21/19	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St					
		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 115 LF	Abatement Type		
					Removal	Repair	Encapsulation
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2 yd	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601			Disposal Date 8/21/19	City, State NEW BURG, PA. 17240			
Completed by J. Maiorano	Title Estimator	Signature [Signature]		Date 8/21/19			

ASB-41

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

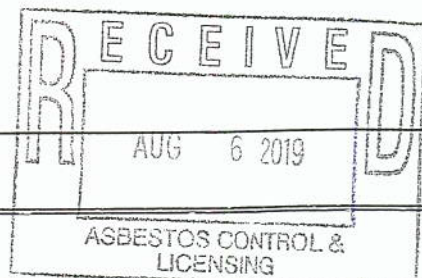
Inv# 13414

Proj. #: 19-161

PAID

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

Inv# 13414



Date of Notification (1) 10/18/10 11/1/19		Name of Building Owner/Operator (2) ANPE Corp.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 93 Commerce Ave.	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Garfield, NJ 07026	
		Name of Contact Novak Vasilic	Telephone Number 973-340-4420

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,300 SF		
City (5) Elizabeth, NJ 07208			# of Floors 02		
County (6) Union			Bldg. Age 80		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		

Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) KLOMAX, LLC	
Street Address				Street Address 309 W. End Ave	
City, State, Zip Code				City, State, Zip Code Hopatcong, NJ 07843	
Project Manager for Monitoring Firm		Phone Number		Telephone Number 833-455-6629	
Start Date (10) 08/15/19		Sched. Completion Date (11) 08/20/19		License Number 02007	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS				Name of OSHA Monitor KLOMAX, LLC	
				Street Address 309 W. End Ave	
				City, State, Zip Code Hopatcong, NJ 07843	

Scope of Work (check all that apply)

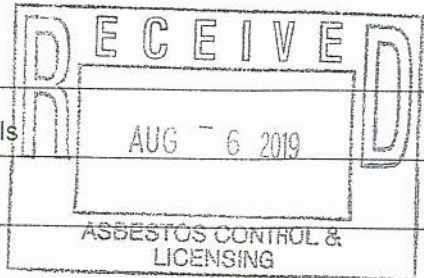
- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ Demolition

- ☐ Full Containment w/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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	90 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 2 yds	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	

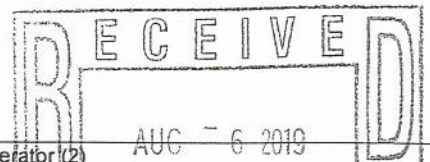
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08/02/2019		Name of Building Owner/Operator (2) Lawrence Township Public Schools							
Agencies Notified	Type Notification	Street Address 2565 Princeton Pike							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville, NJ 08648							
		Name of Contact Thomas Eldridge	Telephone Number 609-671-5420						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Lawrence Middle School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2455 Princeton Pike		Square Feet 104,000	# of Floors 3						
City (5) Lawrenceville		Bldg. Age 67							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Middle School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 00003	Name of Abatement Contractor (9) United Safety LLC						
Street Address 1253 North Church St		Street Address 22 Troy Lane							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm Michael R. Keehn		Telephone No. 856-840-8800	Telephone No. 973-276-0099						
		License No. 01317							
Start Date (10) 07/15/2019	Scheduled Completion Date (11) 08/09/2019	Name of OSHA Monitor United Safety LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 22 Troy Lane							
<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 Lincoln Park, NJ 07035							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Work #1A Corridor Rms. 108-115		X		Transite Ceiling Panels	2,815 SF	X			
Work #1A Corridor Rms. 108-115		X		Pipe Insulation	50 LF	X			
Work #1A Corridor Rms. 301-305		X		Transite Ceiling Panels	3,850 SF	X			
Work #1A Corridor Rms. 200-212		X		Transite Ceiling Panels	3,915 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Yardley, PA				Disposal Date TBD	City, State Morrisville, PA				
Completed by Vanco Petkov		Title Project Manager		Signature 		Date 08/02/2019			

Inv# 13318
CK 29376 PAID

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



Date of Notification (1) 8/02/19		Name of Building Owner/Operator (2) BOARD OF EDUCATION UPPER SADDLE RIVER, NEW JERSEY	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 395 West Saddle River Road		City, State, Zip Code Upper Saddle River, NJ 07458	
Name of Contact Mrs. Jennifer Johnston		Telephone Number 201-961-6500	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Robert D Reynolds Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Current Use (prior if being demolished): School	
Street Address 391 West Saddle River Road			
City (5) Upper Saddle River	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) RJB Environmental, Inc.		ASCM No.	
Street Address 615 Prospect Ave		Name of Contractor (9) Panoramic Window & Door Systems Inc.	
City, State, Zip Code Morrisville, PA 19067		Street Address 712 Sergeantsville Road	
Project Manager for Monitoring Firm		Telephone Number 267-991-9212	License Number 01237
Scheduled Start Date (10) 08/12/19		Scheduled Completion Date (11) 08/20/19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours		Name of OSHA Monitor IAQ GURU LLC	
		Street Address 87 Main Street	
		City, State, Zip Code Lincoln Park, NJ 07035	
Source 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"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Exterior Window	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Transite Panels	1300 SF
Exterior Window Systems	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Window Caulk and Sill Caulk	4510 LF
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrin Brothers Sanitary Landfill
		Disposal Date	City, State Easton, PA
Completed by (Print or Type) Mark M Jovic	Title Project Manager	Signature 	Date 08/02/19

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

<u>Date of Notification (1)</u> 8/02/19 <i>cf. # 29376</i>		<u>Name of Building Owner/Operator (2)</u> BOARD OF EDUCATION UPPER SADDLE RIVER, NEW JERSEY	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> 395 West Saddle River Road <u>City, State, Zip Code</u> Upper Saddle River, NJ 07458	<u>Name of Contact</u> Mrs. Jennifer Johnston <u>Telephone Number</u> 201-961-6500

RECEIVED
AUG - 6 2019
ASBESTOS CONTROL & REMEDIATION

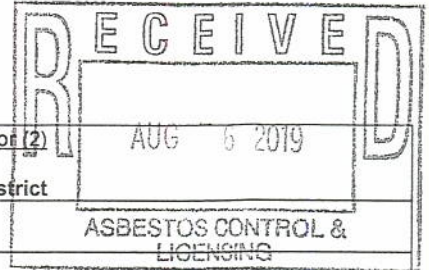
FACILITY INFORMATION			
<u>Name of Facility Where Abatement is Taking Place (3)</u> Robert D Reynolds Elementary School <u>Street Address</u> 391 West Saddle River Road <u>City (5)</u> Upper Saddle River <u>County (6)</u> Bergen <u>County Code (7) (State Use Only)</u>		<u>Type of Facility (4)</u> <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Current Use (prior if being demolished): School	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> RJB Environmental, Inc. <u>Street Address</u> 615 Prospect Ave <u>City, State, Zip Code</u> Morrisville, PA 19067		<u>Name of Contractor (9)</u> Panoramic Window & Door Systems Inc. <u>Street Address</u> 712 Sergeantsville Road <u>City, State, Zip Code</u> Stockton, NJ 08559 <u>Telephone Number</u> P (732)926-0900 <u>License Number</u> 01237	
<u>Scheduled Start Date (10)</u> 08/12/19 <u>Scheduled Completion Date (11)</u> 08/20/19		<u>Name of OSHA Monitor</u> IAQ GURU LLC	
<u>Occupancy Status During Abatement (Check only one)</u> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours		<u>Street Address</u> 87 Main Street <u>City, State, Zip Code</u> Lincoln Park, NJ 07035	

<u>Source of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>			
---	--	--	--

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Exterior Window	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Transite Panels	1300 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exterior Window Systems	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Window Caulk and Sill Caulk	4510 LF	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

<u>Name of Reg. Waste Hauler</u> Panoramic Window & Dr Sys Inc	<u>NJDEP Waste Hauler ID #</u> 0036057	<u>Cubic Yards of Waste</u>	<u>Name of Registered Landfill</u> Chrin Brothers Sanitary Landfill
<u>Disposal Date</u>			<u>City, State</u> Easton, PA
<u>Completed by (Print or Type)</u> Mark M Jovic	<u>Title</u> Project Manager	<u>Signature</u> 	<u>Date</u> 08/02/19

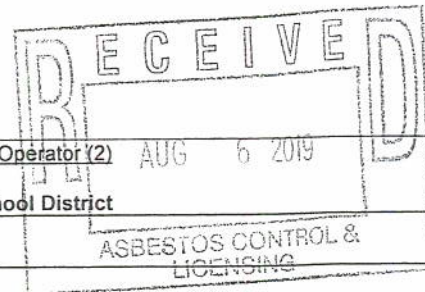
State of New Jersey
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Inv# 13316
CK 201375 PAID
ck# 29375

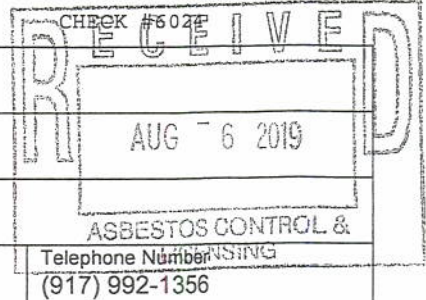
Date of Notification (1) 08/02/19		Name of Building Owner/Operator (2) Hamilton Township School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 2069 Greenwood Avenue		City, State, Zip Code Hamilton, NJ 08690	
City (5) Hamilton		County (6) Mercer	
County Code (7) (State Use Only)		Name of Contact Susan Lombardo Board President	
Telephone Number (609) 631 - 4100 ext 5073		ASBESTOS CONTROL & LICENSING	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Greenwood Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Current Use (prior if being demolished): School	
Street Address 2069 Greenwood Avenue		City, State, Zip Code Stockton, NJ 08559	
City (5) Hamilton		County (6) Mercer	
County Code (7) (State Use Only)		Name of Contractor (9) Panoramic Window & Door Systems Inc.	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	
Street Address		Street Address 712 Sergeantsville Road	
City		City, State, Zip Code Stockton, NJ 08559	
Project Manager for Monitoring Firm		Telephone Number P (732)926-0900	
License Number 01237		Scheduled Start Date (10) 08/12/19	
Scheduled Completion Date (11) 09/06/19		Name of OSHA Monitor IAQ GURU LLC	
Occupancy Status During Abatement (Check only one) * Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours		Street Address 87 Main Street	
		City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <p>≥ 3 sf or ≥ 3 lf</p> <p><input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf</p> </div> <div> <p><input checked="" type="checkbox"/> Renovation</p> <p><input type="checkbox"/> Demolition</p> </div> <div> <p><input type="checkbox"/> Mini-Enclosure</p> <p><input type="checkbox"/> Glovebag Procedure</p> <p><input checked="" type="checkbox"/> Non-Friable Procedure</p> </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Exterior Window Systems	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Window Caulk a	1287 lf
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc	NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste	Name of Registered Landfill Chrln Brothers Sanitary Landfill
Disposal Date		City, State Easton, PA	
Completed by (Print or Type) Mark M Jovic	Title Project Manager	Signature 	Date 08/02/19

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



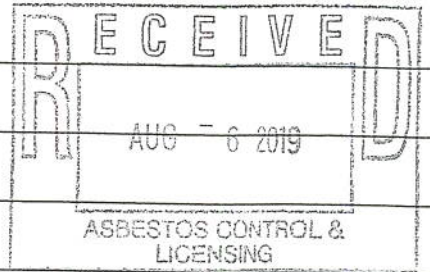
Date of Notification (1) 08/02/19		Name of Building Owner/Operator (2) Hamilton Township School District	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended # <input type="checkbox"/> Emergency notification (including justification) <input type="checkbox"/> Cancelled	
Street Address 90 Park Avenue		City, State, Zip Code Hamilton, NJ 08690	
Name of Contact Susan Lombardo Board President		Telephone Number (609) 631 - 4100 ext 5073	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Greenwood Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) Other (i.e. private & commercial buildings., homes, etc.) Current Use (prior if being demolished): School	
Street Address 2069 Greenwood Avenue		City, State, Zip Code Stockton, NJ 08559	
City (5) Hamilton	County (6) Mercer	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	
Street Address		Name of Contractor (9) Panoramic Window & Door Systems Inc.	
City		Street Address 712 Sergeantsville Road	
Project Manager for Monitoring Firm		City, State, Zip Code Stockton, NJ 08559	
Telephone Number		Telephone Number P (732) 926-0900	License Number 01237
Scheduled Start Date (10) 08/12/19		Scheduled Completion Date (11) 09/06/19	
Name of OSHA Monitor IAQ GURU LLC		Street Address 87 Main Street	
Occupancy Status During Abatement (Check only one) * Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours		City, State, Zip Code Lincoln Park, NJ 07035	
Source of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure </div> </div>			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)
Exterior Window Systems	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	Window Caulk a	1287 lf
Abatement Type Remove Repair Encap Enclose			
Name of Reg. Waste Hauler Panoramic Window & Dr Sys Inc		NJDEP Waste Hauler ID # 0036057	Cubic Yards of Waste
Name of Registered Landfill Chrln Brothers Sanitary Landfill		Disposal Date	City, State Easton, PA
Completed by (Print or Type) Mark M Jovic		Title Project Manager	Signature
		Date 08/02/19	

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



Date of Notification (1) 08-01-19		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irving, TX 75038							
		Name of Contact Charles Messing	Telephone Number (917) 992-1356						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Plainfield Facility		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 95 William Street		Square Feet	# of Floors						
City (5) Newark		Bldg. Age							
County (6) Essex	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.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1253 North Church Street		Street Address 200 Broad Street							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Kris Smith		Telephone No. (609) 313-8218	License No. 00756						
Start Date (10) 08-12-19	Scheduled Completion Date (11) 09-30-19	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
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	Enclosure
11th Floor: Corridor			x	Pipe Fittings	20LF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Newark, NJ 07105			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Joseph Patrick		Title Project Manager	Signature 	Date 08-01-19					

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

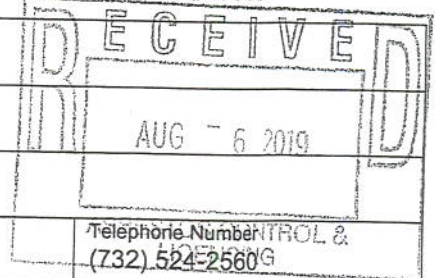


Date of Notification (1) 07/30/2019		Name of Building Owner/Operator (2) Denville Township Schools							
Agencies Notified	Type Notification	Street Address 1 St. Mary's Place 2nd floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Denville, NJ 07834							
		Name of Contact Mrs. Damaris Gurowsky	Telephone Number 973-9836530						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Valleyview Middle School		Type of Facility (4)							
Street Address 320 Diamond Spring Avenue		<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.)							
City (5) Denville		Square Feet 50,000	# of Floors 2						
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) New Wave Environmental		ASCM No. _____	Name of Abatement Contractor (9) Bako Construction & Restoration, Inc.						
Street Address P.O. Box 54		Street Address 265 A Route 46 Suite 3D							
City, State, Zip Code Wayne, NJ 07474		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Nadine Bello		Telephone No. 973-981-4850	Telephone No. 973-256-7010						
Start Date (10) 08/03/2019		Scheduled Completion Date (11) 08/04/2019	License No. 0666						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Bako Construction & Restoration, Inc.							
<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 265 A Route 46 Suite 3D							
		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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boys Locker Room		X		Elbows and valve insulation	6LF	X			
Girls Locker Room		X		Elbows and valve insulation	3LF	X			
Name of Registered Waste Hauler Bako Constr. & Rest. Inc.		NJDEP Waste Hauler ID No. 20889	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill/Waste Management					
City, State Totowa, NJ		Disposal Date 08/05/2019		City, State Morrisville, PA					
Completed by Damir Valjevac		Title Project Manager		Signature 		Date 07/30/2019			

Inv # 13284
OK 0024 PAID

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

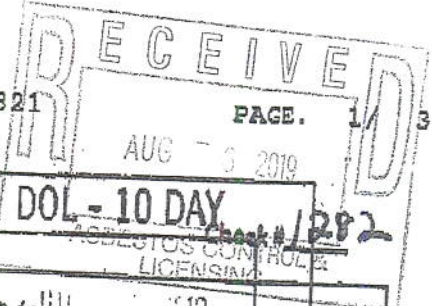
CHECK # 6025



Date of Notification (1) 08-01-19		Name of Building Owner/Operator (2) Johnson & Johnson							
Agencies Notified	Type Notification	Street Address 1 Johnson & Johnson Plaza							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 New Brunswick, NJ 08901							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Nandita Kamdar	Telephone Number (732) 524-2560						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 1 Johnson & Johnson Plaza		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) New Brunswick		Square Feet	# of Floors Bldg. Age						
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) Environmental Health Investigators, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 655 West Shore Trail		Street Address 200 Broad Street							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Laura Wieczszak		Telephone No. (973) 651-1040	Telephone No. 201-939-6565 License No. 00756						
Start Date (10) 08-03-19	Scheduled Completion Date (11) 12-31-19	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 10-59 Jackson Avenue							
		City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor			x	Floor Tile & Mastic	2,100SF	x			
Name of Registered Waste Hauler Newark Carting, Inc. / Freehold Cartage, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS North Landfill					
City, State Newark, NJ 07105 / Freehold, NJ 07728			Disposal Date TBD	City, State Falls Township, PA 18615					
Completed by Richard Doran		Title Project Manager	Signature	Date 08-01-19					

31.07.2019 03:34 PM A. Mac Contracting

2012620321



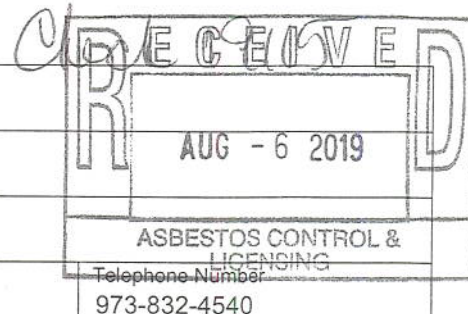
Inv # 13325
CK 1282 PAID

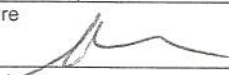
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

Date of Notification (1) 7/31/19		Name of Building Owner/Operator (2) SAINT MARY SCHOOL	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Direct Address 538 CHURCH STREET		City, State, Zip Code MIDDLERTOWN NJ 07748	
Name of Contact CRAIG PALMER		Telephone Number 732-671-0129	
Name of Facility Where Abatement is Taking Place (3) SAINT MARY SCHOOL			
Direct Address 538 CHURCH STREET		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) MIDDLERTOWN		Squares Feet 8000	
County (6) MONMOUTH		# of Floors 2	
County Code (7) (STATE USE ONLY)		Bldg. Age 60	
Name of Monitoring Firm Hired by Building Owner (8) DETAIL ASSOCIATES INC		ASCM No. 00012	
Street Address 560 SYLVAN AVE, SUITE 3065		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
City, State, Zip Code ENGLWOOD CLIFFS N.J. 07632		Street Address 185 Vreeland Ave.	
Project Manager for Monitoring Firm TONY VALENTINE		City, State, Zip Code Midland Park, NJ 07432	
Start Date (10) 8/2/19		Telephone No. 201-262-5841	
Scheduled Completion Date (11) 8/5/19		License No. 00168	
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 Other - Describe:		Name of OSHA Monitor Omega Environmental Services Inc.	
Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07608	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sf or less (1) <input checked="" type="checkbox"/> 250 sf or less (2) <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Enclosed (C) and Non-Frangible Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
FRONT ROOM		VAT	
		600 SF	
Name of Registered Waste Hauler Newark Carting Inc.		NJ DEP Waste Hauler ID No. 04508	
City, State Newark, NJ 07105		Cubic Yards of Waste 3	
Completed by R. McDonald		Name of Registered Landfill Grand Central Sanitary Landfill	
Title President		City, State Pen Argyl, PA 08072	
Signature R. McDonald		Date 7/31/19	

PAID

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



Date of Notification (1) 8/1/19		Name of Building Owner/Operator (2) Paul Davis Restoration							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1 Frassetto Way, Suite K							
		City, State, Zip Code Lincoln Park NJ 07035							
		Name of Contact Rob							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Upper Montclair		Square Feet 2000	# of Floors 2						
		Bldg. Age 73							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 8/12/19	Scheduled Completion Date (11) 8/26/19	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: kitchen and basement staircase		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
kitchen			x	ceiling plaster	144 SF	x			
kitchen			x	wall plaster	349 SF	x			
basement			x	ceiling plaster	60 SF	x			
basement			x	wall plaster	120 SF	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 8/1/19			

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

Check # 1273

No Check

Date of Notification (1) 7/30/19		Name of Building Owner/Operator (2) 34 BNK STREET URBAN RENEWAL, LLC							
Agencies Notified	Type Notification	Street Address ONE GATEHALL DRIVE, SUITE 201 E							
<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 checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code PARSIPPANY, NJ 07054							
		Name of Contact DON RASMUSSEN	Telephone Number 973-552-4114						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING		Type of Facility (4)	ASBESTOS CONTROL & LICENSING						
Street Address 34 BANK STREET		<input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
City (5) NETCONG	Square Feet 50,000	# of Floors 1	Bldg. Age 60						
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) WAREHOUSE / OFFICE / DEMO							
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.	License No.						
		201-262-5841	00156						
Start Date (10) 7/30/19	Scheduled/Completion Date (11) 9/22/19	Name of OSHA Monitor Omega Environmental Servicer Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street							
<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 Hackensack, NJ 07606							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE			X	ROOFING	4,800 SF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 60	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ 07105		Disposal Date 7/30/19 ON		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President	Signature <i>R. McDonald</i>			Date 7/10/19			

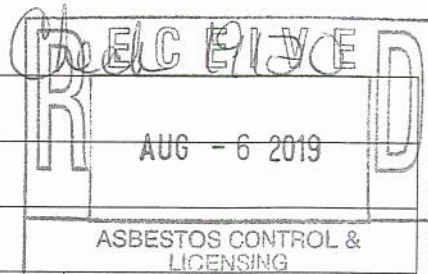
* POSTPONED *

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

Check # 1273

Date of Notification (1) 7/22/19		Name of Building Owner/Operator (2) 34 BNK STREET URBAN RENEWAL, LLC							
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 checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address ONE GATEHALL DRIVE, SUITE 201 City, State, Zip Code PARSIPPANY, NJ 07054 Name of Contact DON RASMUSSEN Telephone Number 973-552-4114					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) COMMERCIAL BUILDING			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 34 BANK STREET			Square Feet 50,000 # of Floors 1 Bldg. Age 60						
City (5) NETCONG		County (6) MORRIS		County Code (7) (STATE USE ONLY) _____					
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 Midland Park, NJ 07432					
City, State, Zip Code		Project Manager for Monitoring Firm		Telephone No. 201-262-5841					
Start Date (10) POSTPONED		Scheduled/Completion Date (11)		License No. 00156					
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: _____		Name of OSHA Monitor Omega Environmental Servicer Inc.		Street Address 280 Huyler Street					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07606							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
OUTSIDE			X	ROOFING	4,800 SF	X			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 60		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07105		Disposal Date 7/22/19 ON		City, State Pen Argyl, PA 08072					
Completed by R. McDonald		Title President		Signature R. McDonald		Date 7/10/19			

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



Date of Notification (1) 8/2/19 Inv 13317		Name of Building Owner/Operator (2) Mountain Lakes Board of Education	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	400 Boulevard	
		City, State, Zip Code	
		Mountain Lakes NJ 07046	
		Name of Contact	Telephone Number
		Ryan Dunn	973-294-0326

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Mountain Lakes High School		Type of Facility (4)	
Street Address 96 Powerville Road		<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.)	
City (5) Mountain Lakes	Square Feet 20,000	# of Floors 1	Bldg. Age 75
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		ABS Environmental Services, LLC	
City, State, Zip Code		Street Address PO Box 483, 4 E Gate Drive	
Project Manager for Monitoring Firm		City, State, Zip Code Glenwood, NJ 07418	
Telephone No.		Telephone No. 973-764-2276	License No. 703
Start Date (10) 8/12/19	Scheduled Completion Date (11) 8/26/19	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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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	N/A			Removal	Repair	Encapsulate	Enclosure
Classroom 164			x	glue dots from wall	8 SF	x			
Classroom 166					8 SF	x			
Classroom 168					8 SF	x			

Name of Registered Waste Hauler ABS Environmental Services		NJDEP Waste Hauler ID No. 104248	Cubic Yards of Waste TBD	Name of Registered Landfill Chrin Brothers Sanitary Landfill	
City, State Glenwood, NJ		Disposal Date TBD		City, State Easton, PA	
Completed by A. Scott Higgins		Title President	Signature 		Date 8/2/19

INW 13329

B & G proj. #: 2019-173

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

Check # 9473

Date of Notification (1) 08/01/19		Name of Building Owner/Operator (2) Fair Lawn Public Schools		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 6 2019 ASBESTOS CONTROL & REMEDIATION </div>
Agencies Notified	Type Notification	Street Address 37-01 Fair Lawn Avenue		
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Fair Lawn, NJ 07410		
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Brooke Bartley		
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number 201-794-5500		
<input checked="" type="checkbox"/> DOH				
<input type="checkbox"/> DCA				

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Memorial Middle School (NON Sub 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 12-00 1st Street			Square Feet # of Floors Bldg. Age		
City (5) Fair Lawn	County (6) Bergen	County Code (7) (State use only)	Current Use (Prior if being demolished) school NON Sub 8		
Name of Monitoring Firm Hired by Bldg. Owner (8) Garden State Environmental		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 555 Broad Street, Suite K			Street Address 105 Ryerson Road		
City, State, Zip Code Glen Rock, NJ 07452			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Richard Lester		Phone Number 201-652-1119	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/02/2019	Sched. Completion Date (11) 08/06/2019		Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: start 3:00 pm			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
1st flo classroom			<input checked="" type="checkbox"/>	pipe within pipe chase (wrap & cut)	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 08/06/19	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 08/01/2019

INV 13418
CH 1217

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

Print Form

RECEIVED

AUG - 6 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/02/2019		Name of Building Owner/Operator (2) CITY OF TRENTON, DEPT OF HOUSING	
Agencies Notified	Type Notification	Street Address 319 EAST STATE STREET	ASBESTOS CONTROL & LICENSING
<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 #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08608	
		Name of Contact DAN ROACH	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 101-103 NEW YORK AVE		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 101-103 NEW YORK AVE		Square Feet 2500	# of Floors 2
City (5) TRENTON		Bldg. Age 133	
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8) A SEINE LIGHTHOUSE SOLUTIONS, LLC		ASCM No.	Name of Abatement Contractor (9) BRINK'S TANK SERVICES
Street Address PO BOX 354		Street Address 1256 LIBERTY AVE	
City, State, Zip Code SOUTH ORANGE, NJ 07079		City, State, Zip Code HILLSIDE, NJ 07205	
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 201-349-2666	License No. 01316
Start Date (10) 08.16.19	Scheduled Completion Date (11) 08.26.19	Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS, 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 PO BOX 354	
		City, State, Zip Code SOUTH ORANGE, NJ 07079	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
UPPER ROOF			X	ROOFING MATERIAL	2400 SF	X			
LOWER ROOF			X	ROOFING MATERIAL	1200 SF	X			
ROOF			X	ROOF FLASHING	200 LF	X			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL	
City, State EAST ORANGE, NJ			Disposal Date	City, State PEN ARGYLE, PA	
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature <i>Alison Lamers</i>	Date 8/2/19	

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

RECEIVED
34340
AUG - 6 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) **Inv 13415**
8 / 1 /2019

Agencies Notified	Type Notification
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification
<input type="checkbox"/> DEP	<input checked="" type="checkbox"/> Amended Notification #1
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> On Hold
<input type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
City, State, Zip Code RAHWAY, NEW JERSEY 07065	
Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-2257

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY	County (6) UNION	Bldg. Age 82	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI	

Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL		Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871		City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101

Expected State Date (10) 7 / 25 /19 Month Day Year	Sched. Completion Date (11) 12 / 1 /19 Month Day Year	Name of OSHA Monitor AMERISCI LABORATORIES INC #11480
--	---	--

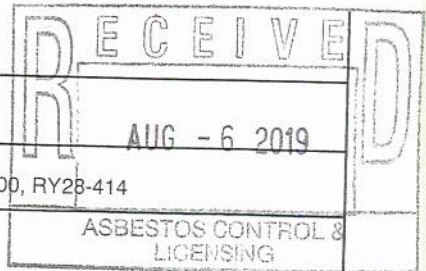
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM	Street Address 117 EAST 30TH STREET
	City, State, Zip Code NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure
---	--	---

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			
ADDITION TO SCOPE:									
2ND FLOOR NORTH WEST CORNER			X	PIPE INSULATION	210 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15
City, State FREEHOLD, NEW JERSEY	Disposal Date 07/25-12/01/2019	City, State MONTGOMERY, PA 17752	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature <i>BSS</i>	Date 8/1/19

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



Date of Notification (1) 7 / 16 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact PATRICIA JOHNSON	Telephone Number 732-594-2257

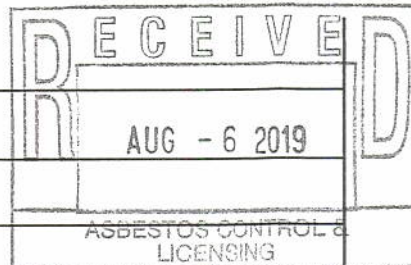
Facility Information			
Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 126 EAST LINCOLN AVENUE - BUILDING 60		Square Feet 89,717	# of Floors 5
City (5) RAHWAY		Bldg. Age 82	
County (6) UNION		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		ASCM No. 104	
Street Address 655 WEST SHORE TRAIL		Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
City, State, Zip Code SPARTA, NEW JERSEY 07871		Street Address 313 SPOOK ROCK ROAD	
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		City, State, Zip Code SUFFERN, NEW YORK 10901	
Telephone Number 973-729-5649		Telephone Number 845-369-7500	License Number 1101
Expected State Date (10) 7 / 25 /19		Sched. Completion Date (11) 12 / 1 /19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encl. <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
BASEMENT-SOUTHWEST CORNER			X	PIPE INSULATION & PIPE FITTINGS	1,180 LF	X			

Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
Disposal Date 07/25-12/01/2019		Signature 	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	
		Date 7/16/19	

NO CK

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



Date of Notification (1)

8 / 2 /19

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☒ DOH
☒ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #5
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

HACKENSACK MERIDIAN HEALTH

Street Address

30 PROSPECT AVENUE

City, State, Zip Code

HACKENSACK, NEW JERSEY 07601

Name of Contact

BRIAN O'NEIL

Telephone Number

732-751-3384

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

JERSEY SHORE UNIVERSITY MEDICAL CENTER

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

1945 STATE HWY. 33

Square Feet

1,000,000

of Floors

6

Bldg. Age

87

City (5)

NEPTUNE

County (6)

OCEAN

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS INC.

ASCM No.

99

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

64 BROAD STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MATAWAN, NJ

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

THOMAS GEIGER

Telephone Number

732-290-2217

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

6 / 6 /19
Month Day Year

Sched. Completion Date (11)

12 / 30 /19
Month Day Year

Name of OSHA Monitor

QUALITY ENVIRONMENTAL

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY - FRIDAY 7AM-12 AM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGER FALLS, NY 12590

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

☒ Full Containment with Negative Pressure
☐ Mini-Enclo,
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC COMPLETE	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			

Name of Registered Waste Hauler
NEWARK CARTING
369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.
913

Cubic Yards of Waste
40

Name of Registered Landfill
GRAND CENTRAL SANITARY LANDFILL

City, State

NEWARK, NEW JERSEY 07105

Disposal Date
05/13-12/30/19

City, State
PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

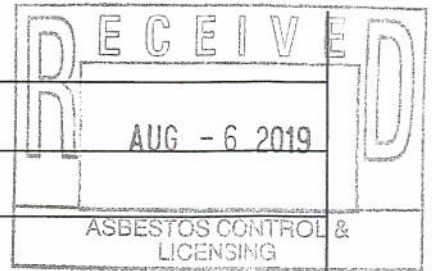
Signature

[Signature]

Date

8/1/19

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



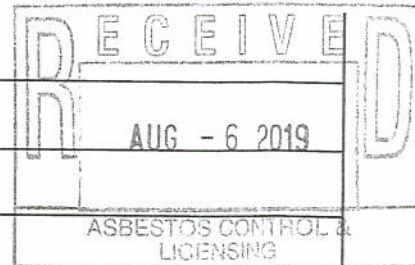
Date of Notification (1) 6 / 14 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input checked="" type="checkbox"/> On Hold #4 <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
		Name of Contact BRIAN O'NEIL	Telephone Number 732-751-3384

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 1945 STATE HWY. 33			Square Feet 1,000,000	# of Floors 6	Bldg. Age 87
City (5) NEPTUNE	County (6) OCEAN	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) COMMERCIAL		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.			ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 64 BROAD STREET			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code MATAWAN, NJ			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 6 / 6 /19 Month Day Year		Sched. Completion Date (11) 12 / 30 /19 Month Day Year		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am-3:30 pm			Street Address 1376 ROUTE 9		
			City, State, Zip Code WAPPINGER FALLS, NY 12590		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Encl. <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC COMPLETED	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			
Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL					
City, State NEWARK, NEW JERSEY 07105		Disposal Date 05/13-12/30/19		City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 8/14/19					

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



Date of Notification (1) 6 / 5 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #3 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
		Name of Contact BRIAN O'NEIL	Telephone Number 732-751-3384

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1945 STATE HWY. 33		Square Feet 1,000,000	# of Floors 6
City (5) NEPTUNE		County (6) OCEAN	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	License Number 1101
Expected State Date (10) 6 / 6 /19		Sched. Completion Date (11) 12 / 30 /19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: Monday -Friday 7am-3:30 pm		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A ✓			X	VAT & MASTIC ✓	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105		Disposal Date 05/13-12/30/19	City, State PLAINFIELD TOWNSHIP, PA
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 6/5/19

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

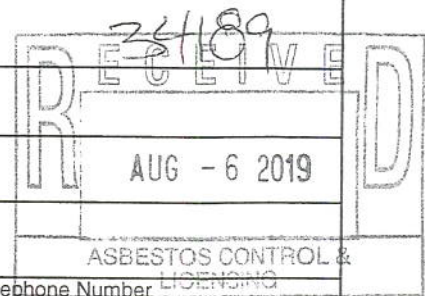
Date of Notification (1) 5 / 10 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH		<div style="border: 2px solid black; padding: 5px; font-size: 24px; font-weight: bold;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 18px; font-weight: bold;">AUG - 6 2019</div> <div style="border: 1px solid black; padding: 5px; font-size: 12px; font-weight: bold;">ASBESTOS CONTROL & ABATEMENT</div>
Agencies Notified	Type Notification	Street Address 30 PROSPECT AVENUE	City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification			
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification			
<input type="checkbox"/> DOL	<input type="checkbox"/> Cancellation			
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold	Name of Contact BRIAN O'NEIL		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION	Telephone Number 732-751-3384		

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)	
Street Address 1945 STATE HWY. 33		Square Feet 1,000,000	# of Floors 6
City (5) NEPTUNE		County (6) OCEAN	County Code (7) (STATE USE ONLY)
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	Telephone Number 845-369-7500
Expected State Date (10) 5 / 13 /19		Sched. Completion Date (11) 12 / 30 /19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12) Yes No N/A			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD.	NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
City, State NEWARK, NEW JERSEY 07105	Disposal Date 05/13-12/30/19	City, State PLAINFIELD TOWNSHIP, PA	
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS	Signature 	Date 5/10/19

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



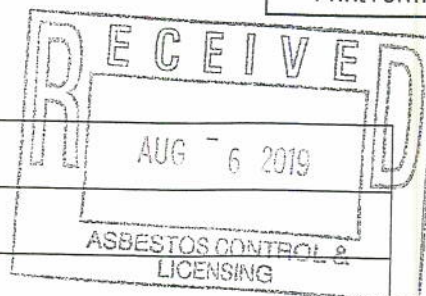
Date of Notification (1) 5 / 2 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Name of Contact BRIAN O'NEIL Telephone Number 732-751-3384	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JERSEY SHORE UNIVERSITY MEDICAL CENTER			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)
Street Address 1945 STATE HWY. 33			Square Feet 1,000,000
City (5) NEPTUNE			# of Floors 6
County (6) OCEAN			Bldg. Age 87
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) COMMERCIAL
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL TACTICS INC.		ASCM No. 99	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION
Street Address 64 BROAD STREET		Street Address 313 SPOOK ROCK ROAD	
City, State, Zip Code MATAWAN, NJ		City, State, Zip Code SUFFERN, NEW YORK 10901	
Project Manager for Monitoring Firm THOMAS GEIGER		Telephone Number 732-290-2217	License Number 845-369-7500
Expected State Date (10) 5 / 13 /19		Sched. Completion Date (11) 12 / 30 /19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6:30 PM-2:30 AM		Name of OSHA Monitor QUALITY ENVIRONMENTAL	
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by - Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR 1 B			X	VAT & MASTIC	2,820 SF	X			
6TH FLOOR 2A			X	VAT & MASTIC	3,050 SF	X			
6TH FLOOR 2B			X	VAT & MASTIC	1,620 SF	X			
6TH FLOOR 3A			X	VAT & MASTIC	888 SF	X			
6TH FLOOR 3B			X	VAT & MASTIC	458 SF	X			
6TH FLOOR 3			X	VAT & MASTIC	340 SF	X			

Name of Registered Waste Hauler NEWARK CARTING 369 RAYMOND BLVD. City, State NEWARK, NEW JERSEY 07105		NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 40	Name of Registered Landfill GRAND CENTRAL SANITARY LANDFILL
Disposal Date 05/13-12/30/19		City, State PLAINFIELD TOWNSHIP, PA		
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 5/3/19

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



Inv # 13428
CKU0687
PAID

Date of Notification (1) August 5, 2019		Name of Building Owner/Operator (2) Atlantic City Electric Company							
Agencies Notified	Type Notification	Street Address 5100 Harding Highway							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mays Landing, NJ 08330							
		Name of Contact Jesse O'Donnell	Telephone Number 201-960-0211						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Atlantic City Electric Company		Type of Facility (4)							
Street Address 470 South Broadway		<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) Pennsville		Square Feet 120	# of Floors 1						
County (6) Salem		Bldg. Age >50							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Temporary work shed							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. _____	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Industrial Way		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	Telephone No. 484-872-8884						
License No. 01161									
Start Date (10) 8/19/19	Scheduled Completion Date (11) 8/23/19	Name of OSHA Monitor EMSL							
Occupancy Status During Abatement (Check Only One)		Street Address 200 Route 130 North							
<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 Cinnaminson, NJ							
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Shack Control Room			X	Transite Siding	560 SF	X			
Interior of Shack control Room			X	Ebony Board	160 SF	X			
Name of Registered Waste Hauler Waste Management of South Jersey		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste 20	Name of Registered Landfill Salem County Landfill					
City, State Bridgeton, NJ		Disposal Date TBD		City, State Alloway, NJ					
Completed by Jack Bally		Title Sr. Project Manager		Signature <i>Jack Bally</i>		Date 8/5/19			

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**

(Pursuant to N.J.A.C. 8:60 and 12:120)

Inv# 13430 PAID

CHK #3619

Date of Notification (1) 8/2/19		Name of Building Owner / Operator (2) Trenton Board of Education		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 7 2019 ASBESTOS LICENSING </div>
Agencies Notified	Type Notification	Street Address 1490 Prospect Street		
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Trenton, NJ 08638		
		Name of Contact Mr. Dwayne Mosley		
				Telephone Number 609-656-4900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Grace Dunn			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) NON FRIABLE <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 401 Dayton Street			Square Feet 60000		
City (5) Trenton			County (6) Mercer	County Code (7)	# of Floors 3
			Bldg. Age 60+		
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection			ASCM No.		
Street Address 120 North Warren Street			Name of Abatement Contractor (9) Bristol Environmental, Inc.		
City, State & Zip Code Trenton, NJ 08010			Street Address 1123 Beaver Street		
Project Manager for Monitoring Firm Steve Mania			City, State & Zip Code Bristol, PA 19007		
Telephone Number 609-392-4200			Telephone Number (215) 788-6040		
Scheduled Start Date (10) 8/12/19			License Number 00509		
Scheduled Completion Date (11) 8/16/19			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 Hours – 7am to 3pm Describe: 7:00 AM to 3:30 PM <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"/> Renovation	<input 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 Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Multiple Classrooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nail Crete	916 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

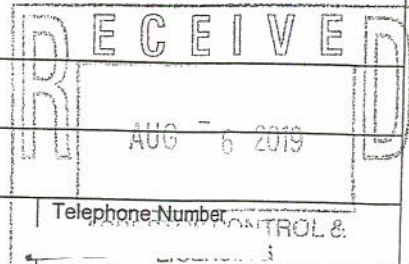
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 5 Cu yd	Name of Registered Landfill Fairless Landfill	
City, State Yardley, PA		Disposal Date 8/16/19		City, State Fairless Hills, PA	
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 8/2/19

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

Inv# 13431 PAID

CK# 1234

Date of Notification (1) 08/02/2019		Name of Building Owner/Operator (2) Erin Leslie							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chatham, NJ 07928							
		Name of Contact Erin	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Chatham		Square Feet	# of Floors						
County (6)		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Removal Safety LLC						
Street Address		Street Address 8 Crosby Ave							
City, State, Zip Code		City, State, Zip Code Paterson, NJ 07502							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-400-8711						
Start Date (10) 08/11/2019		Scheduled Completion Date (11) 08/15/2019	License No. 01332						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same as (9)							
<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: 8:00am - 4:30pm		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor tiles	350 SF	X		X	
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 2	Name of Registered Landfill Fairless					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Lasko Veskov		Title President	Signature <i>Lasko Veskov</i>			Date 08/02/2019			




Inv# 13315

CK 2253 PAID

Print Form

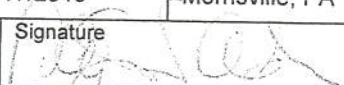
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 8/2/19		Name of Building Owner/Operator (2) Elizabeth Scaglione							
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 <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Oradell, NJ 07649							
		Name of Contact Elizabeth Scaglione							
<div style="float: right; border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG - 6 2019 ASBESTOS CONTROL & TESTING </div>									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Oradell		Square Feet 2100	# of Floors 2						
County (6) Bergen		Bldg. Age 65+/-							
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) 8/5/19	Scheduled Completion Date (11) 8/7/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Wrap	71 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1	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 8/2/19			

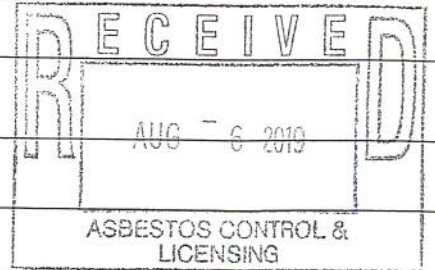
CK 11/18 PAID

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

Inv# 13409

Date of Notification (1) 08/02/2019		Name of Building Owner/Operator (2) Cedar Grove Board of Education		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED Check No. 1318 AUG - 6 2019 CONTROL & INSURING 973-239-1550 </div>					
Agencies Notified	Type Notification	Street Address 520 Pompton Avenue							
<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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cedar Grove, New Jersey 07009 Name of Contact Mario Gaita							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Administrative LRP Building			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 520 Pompton Ave			Square Feet 20,000						
City (5) Cedar Grove, New Jersey 07009			# of Floors 2						
County (6) Essex			Bldg. Age 50+						
County Code (7) (STATE USE ONLY) _____			Current Use (Prior if being demolished) BOE Administration Building						
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.			ASCM No. 00057						
Street Address P.O. Box 385			Name of Abatement Contractor (9) Lilich Corporation						
City, State, Zip Code Oceanville, New Jersey 08231			Street Address 246 Union Boulevard						
Project Manager for Monitoring Firm John Smoyer			City, State, Zip Code Totowa, New Jersey 07512						
Telephone No 609-577-8801			Telephone No. 973-225-8400						
Start Date (10) 08/14/2019			License No. 01104						
Scheduled Completion Date (11) 08/17/2019			Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 2333 Route 22 West						
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			City, State, Zip Code Union, NJ 07083						
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF of LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	X			Breeching, Boiler (Wrap & Cure)	50 SF	X			
Boiler Room	X			Pipe Insulation (Wrap & Cure)	25 LF	X			
Name of Registered Waste Hauler Lilich Corporation			NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1/4		Name of Registered Landfill Fairless Landfill		
City, State Totowa, New Jersey			Disposal Date 08/17/2019		City, State Morrisville, PA				
Completed by Adriana Olejarova			Title President		Signature 			Date 08/02/2019	

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



Date of Notification (1) 08 / 02 / 19		Name of Building Owner/Operator (2) Saint Veronica School							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 02 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4219 North Route 9							
		City, State, Zip Code Howell, New Jersey 07731							
		Name of Contact Deacon Gino Esposito	Telephone Number 732 370-3891						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Saint Veronica School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 4219 North Route 9									
City (5) Howell		Square Feet 60,000	# of Floors 2						
County (6) Monmouth		Bldg. Age ~ 50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Elementary School							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. 00102	Name of Abatement Contractor (9) Neuber Environmental Services, Inc.						
Street Address 515 Grove Street, Suite 1B		Street Address 1100 Grosser Road							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Gilbertsville, PA 19525							
Project Manager for Monitoring Firm Jeremy Humble		Telephone No. 856 547-0505	License No. 00836						
Start Date (10) 06 / 26 / 19	Scheduled Completion Date (11) 08 / 12 / 19	Name of OSHA Monitor Neuber Environmental Services							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-5PM / PM - AM		Street Address 1100 Grosser Road							
		City, State, Zip Code Gilbertsville, PA 19525							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached Spreadsheet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached Spreadsheet	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Neuber Environmental Services, Inc.		NJDEP Waste Hauler ID No. 0035969	Cubic Yards of Waste 40	Name of Registered Landfill Monmouth County Recalcination Center					
City, State Gilbertsville, PA		Disposal Date July-Aug 19		City, State Tinton Falls, NJ					
Completed By (Print or Type) Pat Larney		Title Project Manager		Signature 			Date 8-2-19		