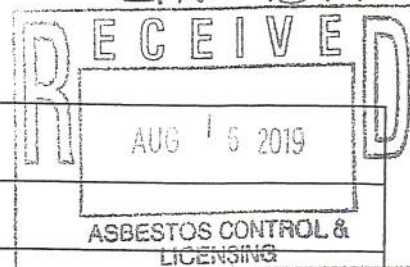


CK175 PAID

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

Inv# 13793



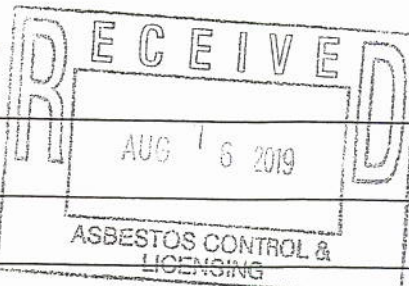
Date of Notification (1) 08 / 14 / 19		Name of Building Owner/Operator (2) Sunrise Senior Living							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7902 West Park Drive							
		City, State, Zip Code McLean, VA 22102							
		Name of Contact Hilary Suskey	Telephone Number 703-854-0884						
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 (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Franklin Lakes		Square Feet	# of Floors						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932	Telephone No. 973-928-4888						
Start Date (10) 08 / 23 / 19		Scheduled Completion Date (11) 09 / 30 / 19	License No. 1188						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
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 checked="" 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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aircell Pipe Insulation	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Fitting Insulation	15 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Wall Panels	135 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler Exhaust Breeching Insulation & Debris	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 0283		Cubic Yards of Waste As Needed	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 8/14/19			

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Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 8/14/19
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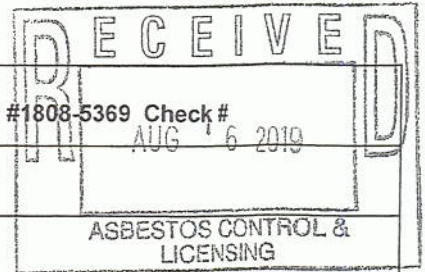
INV # 13795
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 08 / 14 / 19		Name of Building Owner/Operator (2) Sunrise Senior Living							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7902 West Park Drive City, State, Zip Code McLean, VA 22102							
		Name of Contact Hilary Suskey	Telephone Number 703-854-0884						
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 (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Franklin Lakes		Square Feet	# of Floors Bldg. Age						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932	Telephone No. 973-928-4888 License No. 1188						
Start Date (10) 08 / 23 / 19	Scheduled Completion Date (11) 09 / 30 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
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 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
Attic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation Blanket over Floor Joists	800 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Front & Rear Overhangs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulking on Roof Overhangs	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 8/14/19			

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



Date of Notification (1) <u>8</u> / <u>14</u> / <u>19</u>		Name of Building Owner/Operator (2) Garden Spires Urban Renewal, LP Job #1808-5369 Check #	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 885 2nd Avenue 31st Floor	
		City, State, Zip Code New York, NY 10017	
		Name of Contact Fred Teicher	Telephone Number 917-952-1929

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Garden Spires Apartments-Building 175		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 175 1st Street		Square Feet	# of Floors
City (5) Newark, NJ		Bldg. Age	
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-704-8850	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>3</u> / <u>28</u> / <u>19</u>	Scheduled Completion Date (11) <u>9</u> / <u>30</u> / <u>19</u>	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

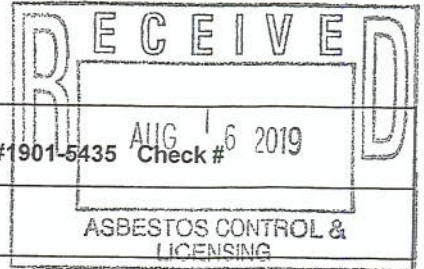
Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <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
(14) E Bathrooms 20 LF each location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	280 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 9/30/19	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 8-14-19		

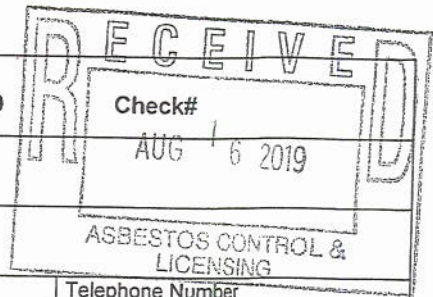
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>8</u> / <u>14</u> / <u>19</u>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1901-5435							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Keith Slansky	Telephone Number 973-955-7602						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address Route 71 & Asbury Ave MM564.13 to Rt. 71 & Deal Lake Rd. MM595.39									
City (5) Neptune, NJ		Square Feet	# of Floors Bldg. Age						
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) ATC Associates		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 3 Terri Lane		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-571-7522	Telephone No. 609-265-2107						
Start Date (10) <u>3</u> / <u>25</u> / <u>19</u>	Scheduled Completion Date (11) <u>9</u> / <u>30</u> / <u>19</u>	License No. 00529							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Name of OSHA Monitor EMSL Analytical							
		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Street Lights	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Conduit	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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 9/30/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 			Date 8-14-19		

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

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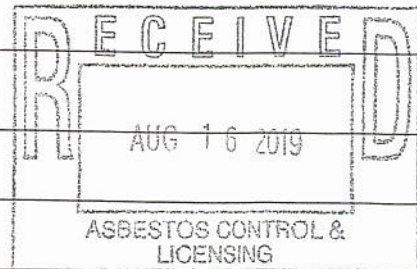


Date of Notification (1) 8 / 14 / 19		Name of Building Owner/Operator (2) PSE&G / Job #1905-5480							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Alex Layson Telephone Number 484-370-3196							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Runnemede Substation		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 892 E. Evesham Road		Square Feet							
City (5) Glendora		# of Floors							
County (6) Gloucester		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.							
Street Address PO Box 365		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Berlin, NJ 08009		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm James Proctor		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 609-704-8850		Telephone No. 609-265-2107							
Start Date (10) 5 / 20 / 19		License No. 00529							
Scheduled Completion Date (11) 9 / 30 / 19		Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
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 Cinnaminson, NJ 08077							
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste 40		Name of Registered Landfill Grows- Fairless Landfill			
City, State Flanders, NJ		Disposal Date 9/30/19		City, State Morrisville, PA 19067					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature <i>Gwendolyn Trumbetti</i>		Date 8-14-19			

Inv # 13754
CK153

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

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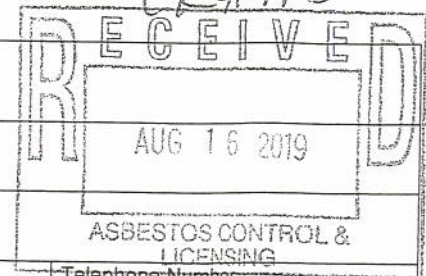


Date of Notification (1) 08 / 15 / 19		Name of Building Owner/Operator (2) Bank of America							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 44 South Broadway							
		City, State, Zip Code White Plains, NY 10601							
		Name of Contact Dino Nappi	Telephone Number 516-972-8809						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 303 Central Avenue									
City (5) Jersey City, NJ		Square Feet 5,000	# of Floors 1						
		Bldg. Age 45							
County (6) Hudson	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.		Name of Abatement Contractor (9) JVN Restoration Inc							
Street Address 44 South Broadway		Street Address 47 Foster Road							
City, State, Zip Code White Plains, NY 10601		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Dino Nappi		Telephone No. 516-972-8809	License No. 00774						
Start Date (10) 09 / 14 / 19	Scheduled Completion Date (11) 09 / 29 / 19		Name of OSHA Monitor Testor Tech						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-2:00PM/11:30 PM-Saturday, Sunday 9:00 am to 3:00 pm. AM		Street Address 10- 59 Jackson Avenue							
		City, State, Zip Code LIC 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
1 st Floor Vault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ		Disposal Date 09/29/2019		City, State Pen Argyl, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 08-15-19			

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

Inv# 13752 PAID

CK#1152



Date of Notification (1) 08 / 15 / 19		Name of Building Owner/Operator (2) Bank of America							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 44 South Broadway							
		City, State, Zip Code White Plains, NY 10601							
		Name of Contact Dino Nappi	Telephone Number 516-972-8809						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 1 Deerfield Place									
City (5) Flanders, NJ 07836		Square Feet 5,000	# of Floors 1						
		Bldg. Age 45							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 44 South Broadway		Street Address 47 Foster Road							
City, State, Zip Code White Plains, NY 10601		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Dino Nappi	Telephone No. 516-972-8809	Telephone No. 718-605-6256	License No. 00774						
Start Date (10) 09 / 14 / 19	Scheduled Completion Date (11) 09 / 29 / 19	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-2:00PM/11:30 PM-Saturday,</u> <u>Sunday 9:00 am to 3:00 pm. AM</u>		Street Address 10- 59 Jackson Avenue							
		City, State, Zip Code LIC 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) <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
1 st Floor Vault	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 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"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date 09/29/2019		City, State Pen Argyl, PA					
Completed By (Print or Type) Ralph Barnhardt	Title Project Manager		Signature 			Date 08-15-19			

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

CK #1107

Date of Notification (1) 08 / 15 / 19		Name of Building Owner/Operator (2) Bank of America		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG 16 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 44 South Broadway			
		City, State, Zip Code White Plains, NY 10601				Name of Contact Dino Nappi			
						Telephone Number 516-972-8809			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 15 Yawpo Avenue									
City (5) Oakland, NJ 07436				Square Feet 5,000	# of Floors 1				
County (6) Bergen				County Code (7) (STATE USE ONLY)	Bldg. Age 45				
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc					
Street Address 44 South Broadway				Street Address 47 Foster Road					
City, State, Zip Code White Plains, NY 10601				City, State, Zip Code Staten Island NY 10309					
Project Manager for Monitoring Firm Dino Nappi		Telephone No. 516-972-8809		Telephone No. 718-605-6256	License No. 00774				
Start Date (10) 09 / 07 / 19		Scheduled Completion Date (11) 09 / 29 / 19		Name of OSHA Monitor Testor Tech					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-2:00PM/11:30 PM-Saturday, Sunday 9:00 am to 3:00 pm. AM				Street Address 10- 59 Jackson Avenue					
				City, State, Zip Code LIC 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
1 st Floor Front Vestibule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Rear Vestibule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Behind Teller Line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Covebase Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ		Disposal Date 09/29/2019		City, State Pen Argyl, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature		Date			

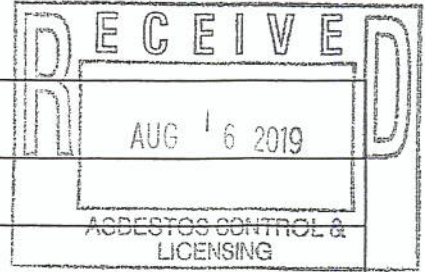
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) <div style="text-align: center;">07 / 29 / 19</div>		Name of Building Owner/Operator (2) Bank of America							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 44 South Broadway						
			City, State, Zip Code White Plains, NY 10601						
			Name of Contact Dino Nappi		Telephone Number 516-972-8809				
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bank of America				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 15 Yawpo Avenue									
City (5) Oakland, NJ 07436				Square Feet 5,000	# of Floors 1				
County (6) Bergen		County Code (7)(STATE USE ONLY)		Bldg. Age 45					
Name of Monitoring Firm Hired by Building Owner (8) ARCADIS U.S Inc.		ASCM No.		Name of Abatement Contractor (9) JVN Restoration Inc					
Street Address 44 South Broadway		Street Address 47 Foster Road							
City, State, Zip Code White Plains, NY 10601		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Dino Nappi		Telephone No. 516-972-8809		Telephone No. 718-605-6256	License No. 00774				
Start Date (10) PROJECT ON HOLD UNTIL FURTHER NOTICE		Scheduled Completion Date (11)		Name of OSHA Monitor Testor Tech					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-2:00PM/11:30 PM-Saturday</u> Sunday 9:00 am to 3:00 pm. AM				Street Address 10- 59 Jackson Avenue					
				City, State, Zip Code LIC 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
1 st Floor Front Vestibule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Rear Vestibule	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Behind Teller Line	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Covebase Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 15	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, NJ		Disposal Date 08/31/2018		City, State Pen Argyl, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature		Date			

Inv # 13791

OK 1758 PAID

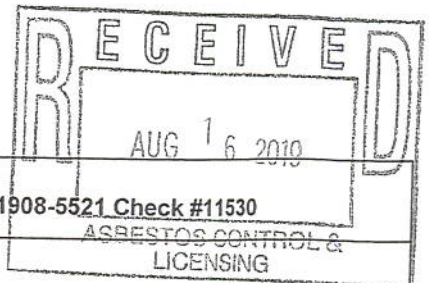
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 08 / 14 / 19		Name of Building Owner/Operator (2) 39 Edgeboro Road Urban Renewal, LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 16 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 1100 Peachtree St NE, Ste 1000 City, State, Zip Code Atlanta, GA 30309			
		Name of Contact Rob Fischer				Telephone Number 901-680-7103			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 39 Edgeboro Road									
City (5) East Brunswick				Square Feet	# of Floors				
County (6) Middlesex				County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address 87 Main Street, Suite A				Street Address 27 Outwater Lane					
City, State, Zip Code Lincoln Park, NJ 07035				City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932		Telephone No. 973-928-4888	License No. 1188				
Start Date (10) 08 / 26 / 19		Scheduled Completion Date (11) 09 / 30 / 19		Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Window Glazing	960 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Office Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Office Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roofing Tar	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Century Waste, LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 8/14/19			

Inv#13797
CK11530 PAID

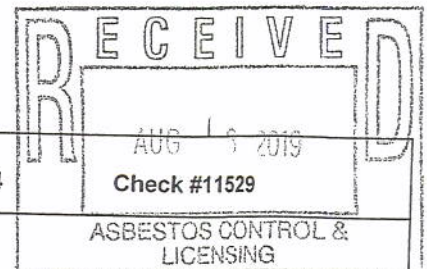
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 8 / 14 / 19		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1908-5521 Check #11530							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact George Betar Telephone Number 267-347-0130							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Valiant/JCP&L Pole		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 212 Maine Street		Square Feet							
City (5) Toms River		# of Floors							
County (6) Ocean		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.							
Street Address		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm		City, State, Zip Code Lumberton, NJ 08048							
Telephone No.		Telephone No. 609-265-2107							
Start Date (10) 8 / 26 / 19		License No. 00529							
Scheduled Completion Date (11) 8 / 26 / 19		Name of OSHA Monitor EMSL Analytical							
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: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior Pole #JC1867DVT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 2		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 8/26/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 		Date 8-14-19			

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

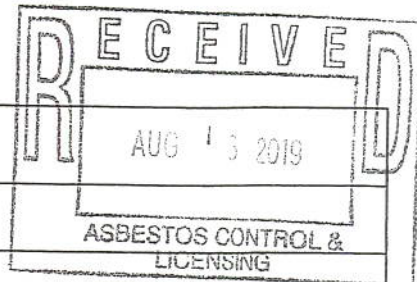


Date of Notification (1) 8 / 14 / 19		Name of Building Owner/Operator (2) NJ DOT / Job # 1905-5494		Check #11529	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1035 Parkway Avenue City, State, Zip Code Trenton, NJ 08625 Name of Contact Yana Kost Telephone Number 201-867-5070	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Route 47 Bridge over Route 295 Bridge				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2 Cuter Avenue				Square Feet	
City (5) Deptford, NJ				# of Floors	
County (6) Gloucester				Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Bridge			
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address		Street Address 30 Maple Ave. PO Box 25			
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm		Telephone No.		License No. 00529	
Start Date (10) 8 / 26 / 18		Scheduled Completion Date (11) 9 / 4 / 19		Name of OSHA Monitor EMSL Analytical	
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: ____AM-____PM/____PM-____AM				Street Address 200 Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
Beneath Bridge		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Transite Pipe Conduit	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		1,080 LF	
		<input type="checkbox"/> <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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	
City, State Lumberton, NJ		Disposal Date 9/4/19		Name of Registered Landfill FAIRLESS Landfill	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 	
				Date 8-14-19	

INV# 13798
CK17560

PAID

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

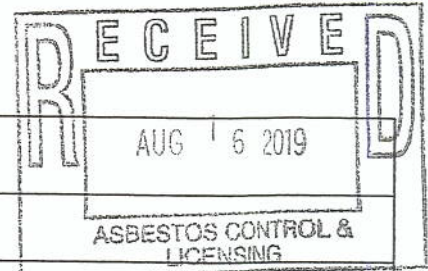


Date of Notification (1) 08 / 14 / 19		Name of Building Owner/Operator (2) Sunrise Senior Living							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 7902 West Park Drive City, State, Zip Code McLean, VA 22102							
		Name of Contact Hilary Suskey	Telephone Number 703-854-0884						
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 (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Franklin Lakes		Square Feet	# of Floors Bldg. Age						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic		Telephone No. 973-650-0932	Telephone No. 973-928-4888 License No. 1188						
Start Date (10) 08 / 23 / 19	Scheduled Completion Date (11) 09 / 30 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
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 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
Cellar, Furnace Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Aircell Pipe Insulation	65 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor- Hallway & Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic under 12"x12" VAT	270 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor- Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12"x12" VAT	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor- Hallway	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12"x12" VAT	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 8/14/19			

Inv#13654
CK 1760

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



Date of Notification (1) 08 / 14 / 19		Name of Building Owner/Operator (2) One Wall Management							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 24 Commerce Street, Suite 1200							
		City, State, Zip Code Newark, NJ							
		Name of Contact Ed Koch	Telephone Number 973-854-1999 ext 322						
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 (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) East Orange		Square Feet	# of Floors Bldg. Age						
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Mark Jovic Consulting LLC		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address 87 Main Street, Suite A		Street Address 27 Outwater Lane							
City, State, Zip Code Lincoln Park, NJ 07035		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Mark Jovic	Telephone No. 973-650-0932	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 08 / 15 / 19	Scheduled Completion Date (11) 08 / 30 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
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 or ≥260 lf <input type="checkbox"/> Demolition <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
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Boiler and Tank Insulation	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 8/14/19			

B & G proj. #: 2019-186

PAID

(Pursuant to NJAC 8:60-7 and 12:120-7)

NON Sub 8

Inv# 13799

Check # 9494

Date of Notification (1) 10/8/13/19		Name of Building Owner/Operator (2) Lacey Township Public Schools		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 16 2019 ASBESTOS CONTROL & REMEDIATION </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		
Street Address 200 Western Boulevard		City, State, Zip Code Lanoka Harbor, NJ 08734		
Name of Contact Sean McArthur		Telephone Number 609-971-2000 x 1050		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Lanoka Harbor Elementary School (NON Sub-chapter 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 281 Manchester Avenue			Square Feet 50,000 sf		
City (5) Lanoka Harbor			# of Floors 2		
County (6) Ocean			Bldg. Age 50+		
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) AHERA Consultants		ASCM No. 0057		Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address P.O. Box 385				Street Address 105 Ryerson Road	
City, State, Zip Code Oceanville, NJ 08231				City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm John Smoyer		Phone Number 609-652-1833		Telephone Number (973)696-6869	
Sched. Start Date (10) 08/23/2019		Sched. Completion Date (11) 08/24/2019		License Number 00378	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				Name of OSHA Monitor B & G Restoration, Inc.	
				Street Address 105 Ryerson Road	
				City, State, Zip Code Lincoln Park, NJ 07035	

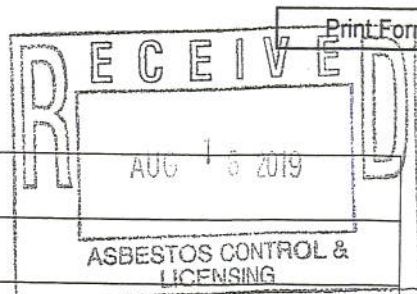
Scope of Work (check all that apply)									
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment w/negative pressure		<input type="checkbox"/> Glovebag procedure			
<input checked="" type="checkbox"/> >3 sf or >3 lf		<input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Mini-enclosure		<input checked="" type="checkbox"/> Non-friable procedure			
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Custodial Closet			<input checked="" type="checkbox"/>	VAT & mastic	140 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 2		Name of Registered Landfill Grand Central Landfill			
City, State Lincoln Park, NJ		Disposal Date 08/24/2019		City, State Pen Argyl, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna		Date 08/13/2019			

INV #13800

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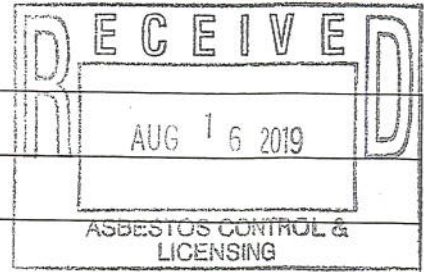
Print Form

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



Date of Notification (1) 8/14/19		Name of Building Owner/Operator (2) Closter Fire Department							
Agencies Notified	Type Notification	Street Address 100 Ruckman Rd.							
<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 Closter, NJ 07624							
		Name of Contact Mark Lupardi	Telephone Number 201-376-7221						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Fire Department		Type of Facility (4)							
Street Address 100 Ruckman Rd.		<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) Closter		Square Feet 8000	# of Floors 1						
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) 8/21/19	Scheduled Completion Date (11) 8/25/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One)		Street Address							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Admin Room		X		VAT	114 SF	X			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 8/14/19		

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

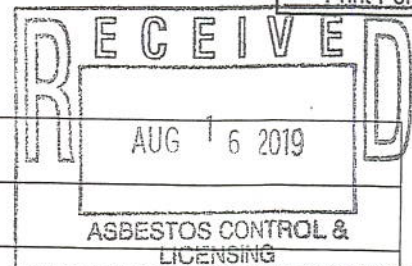


Date of Notification (1) 8/14/19		Name of Building Owner/Operator (2) Grace Episcopal Church							
Agencies Notified	Type Notification	Street Address 9 Harrington Ave.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westwood, NJ 07675							
		Name of Contact Father Anthony	Telephone Number 201-664-0407						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Grace Episcopal Church		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 9 Harrington Ave.		Square Feet 10,000	# of Floors 1						
City (5) Westwood		Bldg. Age 65+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church							
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) 8/26/19	Scheduled Completion Date (11) 9/2/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Common Area		x		VAT	1,863 SF	x			
Hallway		x		VAT	28 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 10 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 8/14/19			

Inv# 13803

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



Date of Notification (1) 8/14/19		Name of Building Owner/Operator (2) Susan Carroccia							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield, NJ 07080							
		Name of Contact Susan Carroccia	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) South Plainfield		Bldg. Age 65+/-							
County (6) Middlesex	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) 8/19/19	Scheduled Completion Date (11) 8/24/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Family Room		x		VAT	202 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 8/14/19		

Inv 13137
GAC Project # 060-18

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

check # 3271

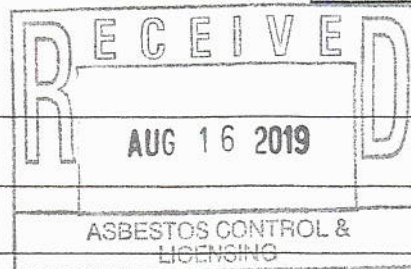
PAID

RECEIVED
AUG 16 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) August 12, 2019		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MEDICAL SCIENCE BLDG, BLDG# 7257		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.) Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
Street Address RBHS NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		City, State, Zip Code BUTLER, NJ 07405	License Number 00840
Telephone Number 609-386-8800		Telephone Number 973-492-0477	
Scheduled Start Date (10) 08/23/2019	Scheduled Completion Date (11) 08/26/19	Name of OSHA Monitor ENVIROVISION, 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: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) H506B & H509/H509A	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 720 SF
Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 25 CY
Name of Registered Landfill G.R.O.W.S. North Landfill			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 08/26/2019	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date August 12, 2019

CH 3052

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 State of New Jersey
 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 17:26 and 17:27)



Date of Notification (1) 08/12/19 Inv 13585		Name of Building Owner/Operator (2) Millburn Township School District		AUG 16 2019					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 434 Millburn Ave. City, State, Zip Code Millburn, NJ 07041 Name of Contact Paul McDevitt Telephone Number 973-376-3600					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Millburn 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 25 Old Short Hills Rd.				Square Feet					
City (5) Millburn				# of Floors					
County (6) Essex				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental LLC.		ASCM No. 00127		Name of Abatement Contractor (9) Academy Construction Inc.					
Street Address 1248 Wrights Ln.		Street Address 205 Route 46 Suite 14							
City, State, Zip Code West Chester, PA 19380		City, State, Zip Code Totowa NJ 07512							
Project Manager for Monitoring Firm Paul McCaa		Telephone No. 610-431-7545		License No. 01379					
Start Date (10) 08/12/19		Scheduled Completion Date (11) 09/12/19		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 9 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Room 310			x	Two layers of floor tile, two layers of plywood, & mastic	800sf	x		x	
Library Hallway		x		Floor Tile & Mastic	741sf	x		x	
Library Offices (2)		x		Floor Tile Only	416sf	x		x	
Name of Registered Waste Hauler Academy Construction Inc.		NJDEP Waste Hauler ID No. 034422		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by John Geleski		Title PM		Signature <i>John Geleski</i>		Date 8/12/19			

JNV13730
CK4881

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

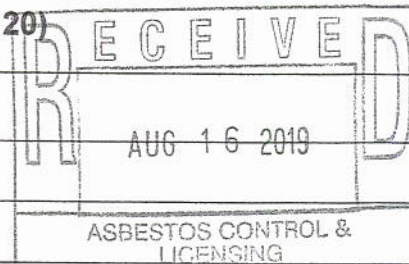
RECEIVED
AUG 16 2019

Date of Notification (1) 8-13-19		Name of Building Owner/Operator (2) STAR CONSTRUCTION INC.					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P.O. BOX 36					
		City, State, Zip Code MOORESTOWN N.J. 08057					
		Name of Contact MIKE	Telephone Number				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 1500	# of Floors 1				
City (5) OCEAN CITY		Bldg. Age 50+					
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.					
Street Address		Name of Abatement Contractor (9) KLEMMCO INC.					
City, State, Zip Code		Street Address 369 S. SPRUCE AVE					
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052					
Telephone No.		Telephone No. 856-779-0472	License No. 00444				
Start Date (10) 9-3-19	Scheduled Completion Date (11) 9-13-19	Name of OSHA Monitor N/A.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		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 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) 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) 1250 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING	X	TRANSITE		X			
Name of Registered Waste Hauler KLEMMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3	Name of Registered Landfill C.M.C M.V.A			
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOODBINE				
Completed By MICHAEL KLEMM	Title SUP.	Signature [Signature]	Date 8-13-19				

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

Check 2529

Inv 13729



Date of Notification (1) 8/8/2019		Name of Building Owner / Operator (2) Palmer Square Management	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 40 Nassau Street	
		City, State & Zip Code Princeton NJ	
		Name of Contact Steve Delavecchia	
		Telephone Number 201 259 5288	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Vacant Office Space			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 30-32 Nassau Street Suite 303			Square Feet 12000		
City (5) Princeton			County (6) Mercer		# of Floors 4
County Code (7) 08542			Bldg. Age +50		
Name of Monitoring Firm Hired by Building Owner (8)			Current Use (Prior if being demolished) Residential/Office /Retail		
Street Address			Name of Abatement Contractor (9) Alpha Environmental LLC		
City, State & Zip Code			Street Address P O Box 8297		
Project Manager for Monitoring Firm			Telephone Number 609-847-2956		License Number 01222
Scheduled Start Date (10) 8/17/2019		Scheduled Completion Date (11) 8/20/2019		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 200 Route 130 North		
			City, State & Zip Code Cinnaminson, NJ 08077		

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> 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) 2000sf	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Suite 303	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	VAT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ALPHA ENVIRONMENTAL LLC		NJDEP Waste Hauler ID No. 00033330	Cubic Yards of Waste 10	Name of Registered Landfill Grows Landfill	
City, State Trenton, NJ		Disposal Date Various		City, State Morrisville, PA	
Completed By (Print or Type) Rod Richardson		Title Project Manager	Signature <i>Rod Richardson</i>		Date 8/8/2019

July 13, 1928

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

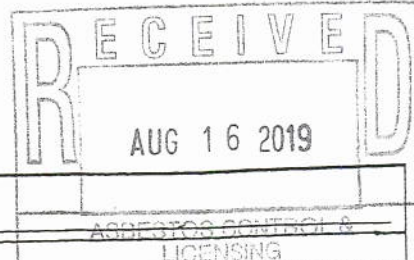
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ASB-41

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CL # 4880
INV 13727

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



Date of Notification (1) 8-13-19		Name of Building Owner/Operator (2) BOB MOOSE					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address P.O. BOX 322		City, State, Zip Code BRIGANTINE N.J 08203					
Name of Contact BOB		Telephone Number					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 1000					
City (5) BRIGANTINE		# of Floors 2					
County (6) ATLANTIC		Bldg Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.					
Street Address		Name of Abatement Contractor (9) KLEMCO INC					
City, State, Zip Code		Street Address 369 S. SPRUCE AVE					
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J 08052					
Telephone No.		Telephone No. 856-779-0472					
Start Date (10) 8-28-19		License No. 01371					
Scheduled Completion Date (11) 8-8-19		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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) 1250 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SIDING	X	TRANSITE	1250 SF	X			
Name of Registered Waste Hauler KLEMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5	Name of Registered Landfill ACUA			
City, State MAPLE SHADE N.J		Disposal Date		City, State PLEASANTVILLE		Date 8-13-19	
Completed By MICHAEL KLEMM		Title PRES		Signature <i>[Signature]</i>		Date 8-13-19	

CK# 4580
INV 13124

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

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Date of Notification (1) <u>8-13-19</u>		Name of Building Owner/Operator (2) <u>JOHNATHAN HAWK ASBESTOS CONTROL & EXCAVATING</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>P.O. Box 198</u>	
		City, State, Zip Code <u>CAPE MAY COURT HOUSE</u>	
		Name of Contact <u>JOHN</u>	Telephone Number <u>609-780-3810</u>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		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) <u>STONE HARBOR</u>	Square Feet <u>1500</u>	# of Floors <u>2</u>	Bldg. Age <u>50+</u>
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N.A.</u>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <u>KLEWCO INC</u>	
City, State, Zip Code		Street Address <u>369 S. SPRUCE AVE</u>	
Project Manager for Monitoring Firm		City, State, Zip Code <u>MAPLE SHADE, N.J 08052</u>	
Telephone No.		Telephone No. <u>856-779-0472</u>	License No. <u>H 01371</u>
Start Date (10) <u>9-4-19</u>	Scheduled Completion Date (11) <u>9-14-19</u>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>
			Amount (Specify SF or LF) <u>2500 SF</u>
			Abatement Type Removal Repair Encapsulate Enclosure <u>X</u>
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J</u>		Disposal Date	Name of Registered Landfill <u>C.M.C.M.V.A</u>
			City, State <u>WOODBINE</u>
Completed By <u>MICHAEL KLEWCO</u>	Title <u>SUP.</u>	Signature <u>MICHAEL KLEWCO</u>	Date <u>8-13-19</u>

CK 5201

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

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CK 5201
AUG 16 2019

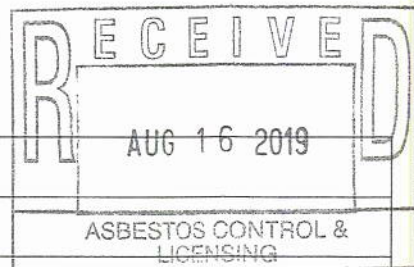
Date of Notification (1) 8/13/19 INV 13725		Name of Building Owner/Operator (2) MS KATHLEEN CORLESS	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <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 ORADEN . NJ . 07649 Name of Contact MS CORLESS	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MS KATHLEEN CORLESS		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1600.	# of Floors 2
City (5) ORADEN		Bldg. Age 1949	
County (6) BERGEN	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) 8/28/19	Scheduled Completion Date (11) 8/29/19	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: 8AM TO 5:00PM		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) 90 LF		
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2
City, State Hackensack, N.J. 07601		Name of Registered Landfill Minerva Enterprises, LLC	
Disposal Date 8/29/19		City, State Waynesburg, Oh, 44688	
Completed by J. Maiorano	Title Estimator	Signature J. Maiorano	Date 8/13/19

ASB-41

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CK 3039

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



Date of Notification (1) 8/13/2019 <i>Jm372</i>		Name of Building Owner / Operator (2) PNC Realty Services		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 16 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				Street Address 909 Bloomfield Avenue City, State & Zip Code West Caldwell, NJ 07006 Name of Contact Mr. Benjamin Brenneis		Telephone Number 973-244-2121	
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PNC Bank				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 1260 McBride Avenue				Square Feet 2,100		# of Floors 2			
City (5) Woodland Park		County (6) Passaic		County Code (7) 07424		Bldg. Age 66			
Current Use (Prior if being demolished) Commercial									
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services/ PT Consultants				Name of Abatement Contractor (9) Resource Management Group, LLC.					
Street Address P.O. Box 365/ (PT Consultants) 560 Benigno Blvd. 2nd fl				Street Address 2115 Hamilton Avenue, Suite 202					
City, State & Zip Code Berlin, NJ 08009/ (PT Consultants) Bellmawr, NJ 08031				City, State & Zip Code Trenton, NJ 08619					
Project Manager for Monitoring Firm Jim Proctor/ Brian D. Havanki (PT Consultants)		Telephone Number 856-839-2432/ 856-251-9980		Telephone Number 609-914-4279		License Number 01185			
Scheduled Start Date (10) 8/27/2019		Scheduled Completion Date (11) 8/29/2019		Name of OSHA Monitor J&S Environmental Laboratories, 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 Describe: 5pm to 12am <input type="checkbox"/> Facility Occupied During Abatement				Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure					
<input type="checkbox"/> ≥160 sf ≥260 lf		<input type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure					
				<input type="checkbox"/> Glove Bag Procedures					
				<input type="checkbox"/> Non-Exempted and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Office area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 Resource Management Group, LLC.		NJDEP Waste Hauler ID No. 0035218		Cubic Yards of Waste TBD		Name of Registered Landfill Grows Landfill			
City, State Trenton, NJ 08619				Disposal Date TBD		City, State Morrisville, PA			
Completed By (Print or Type) Mr. Brian Haney			Title President		Signature <i>Brian Haney</i>		Date 8/13/2019		

CK 5202

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

RECEIVED
AUG 16 2019

Date of Notification (1) 8/13/19 Juv 13123		Name of Building Owner/Operator (2) BASF				
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 25 MIDDLESEX/ESSEX TRK City, State, Zip Code ISELIN, NJ. 08830	ASBESTOS CONTROL & LICENSING Telephone Number 732-205-7178			
Name of Contact MR. RICHARD SMALEY						
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) BASF		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 25 MIDDLESEX/ESSEX TRK		Square Feet 100,000	# of Floors 3			
City (5) ISELIN		Bldg. Age 64 YEARS				
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) R&D OFFICES/LABS				
Name of Monitoring Firm Hired by Building Owner (8) EHI	ASCM No.	Name of Abatement Contractor (9) Best Removal Inc				
Street Address 655 WEST SHORE TRAIL		Street Address 450 South River St				
City, State, Zip Code SPARTA, NJ. 07871		City, State, Zip Code Hackensack, N.J. 07601				
Project Manager for Monitoring Firm J.B. VON DOEHEREN	Telephone No. 973-729-5649	Telephone No. 201-329-7444	License No. 00388			
Start Date (10) 8/24/19	Scheduled Completion Date (11) 8/25/19	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: 7:30 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 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) LAB 208	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) 110 SF	Abatement Type		
				Removal	Repair	Encapsulate
		TABLE BENCH TOP		X		
Name of Registered Waste Hauler Best Removal Inc	NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2 CY	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601	Disposal Date 8/26/19	City, State NEWBURGH, PA. 17240				
Completed by J. MAIORANO	Title Estimator	Signature <i>J. Maiorano</i>	Date 8/13/19			

05.08.2019 07:53 AM A. Mac Contracting 2012620321

Inv 13461
CK 1283PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)

RECEIVED	PAGE. 2 / 3
	AUG 16 2019
	Check # 1283 ASBESTOS CONTROL & ABATEMENT

Date of Notification (1) 8/5/19		Name of Building Owner/Operator (2) JILL HALLIGAN	
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"/> DOA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code LINCROFT NJ, 07738	
Name of Contact MONIQUE ARNETT		Name of Abatement Contractor (9) A. Mac Contracting Inc.	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) HALLIGAN		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1650	
City (5) LINCROFT		# of Floors 2	
County (6) MONMOUTH		Bldg. Age 64	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RES	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	
Street Address		Street Address 188 Vreeland Ave.	
City, State, Zip Code		City, State, Zip Code Midland Park, NJ 07432	
Project Manager for Monitoring Firm		Telephone No. 201-282-5541	
Telephone No.		License No. 00158	
Start Date (10) 8/5/19		Scheduled Completion Date (11) 8/12/19	
Name of OSHA Monitor Omega Environmental Services Inc.		Street Address 280 Huyler Street	
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: _____		City, State, Zip Code Hackensack, NJ 07606	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ab of or as if <input checked="" type="checkbox"/> ab of or as if <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A X	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 643 SF X	
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04508	
City, State Newark, NJ 07105		Cubic Yards of Waste 2	
Name of Registered Landfill Grand Central Sanitary Landfill		City, State Pen Argyl, PA 08072	
Completed by R. McDonald		Signature R. McDonald	
Title President		Date 8/5/19	

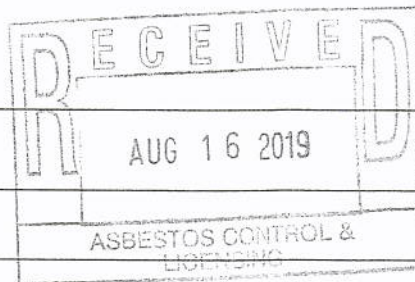
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AUG 16 2019
ASBESTOS CONTROL & LICENSING

ASB-41 0018110
JAN 13

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

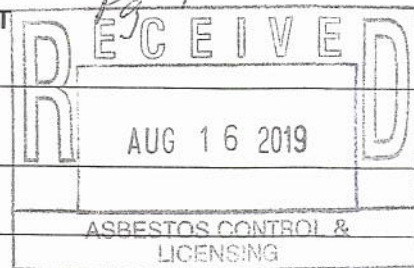
Pg. 2

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



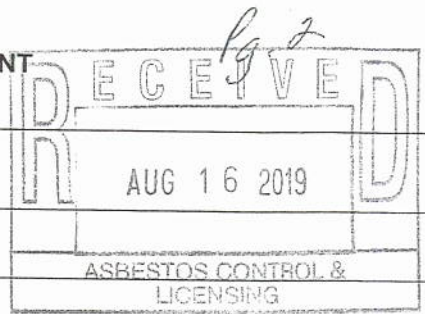
Date of Notification (1) <u>2</u> / <u>13</u> / <u>19</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-8/12/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Anthony Porta	Telephone Number 412-633-4021						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Bridgeton C.O.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 76-90 North Pearl Street		Square Feet 25,287	# of Floors 2						
City (5) Bridgeton		Bldg. Age +50							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 215 365 5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>3</u> / <u>4</u> / <u>19</u>	Scheduled Completion Date (11) <u>8</u> / <u>16</u> / <u>19</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM 5:00PM-1:00AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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 Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Header Insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA			Disposal Date TBD	City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature <i>Dillan DeCaro / gk</i>			Date 8-12-19			

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



Date of Notification (1) <u>2</u> / <u>13</u> / <u>19</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-3/18/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta							
		Telephone Number 412-633-4021							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Bridgeton C.O.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 76-90 North Pearl Street									
City (5) Bridgeton	Square Feet 25,287	# of Floors 2	Bldg. Age +50						
County (6) Cumberland	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215 365 5810	License No. 00509						
Start Date (10) <u>3</u> / <u>4</u> / <u>19</u>	Scheduled Completion Date (11) <u>ON HOLD</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u>5:00</u> PM- <u>2:00</u> AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Diesel Oil Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSMT Diesel Engine Room & Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Engine Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro	Title Estimator		Signature <i>Dillan DeCaro/jc</i>			Date <u>3/18/19</u>			

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



Date of Notification (1) <u>2</u> / <u>13</u> / <u>19</u>		Name of Building Owner/Operator (2) Verizon Communications		RECEIVED AUG 16 2019 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-3/18/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Anthony Porta		Telephone Number 412-633-4021					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Bridgeton C.O.				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 76-90 North Pearl Street									
City (5) Bridgeton				Square Feet 25,287	# of Floors 2				
				Bldg. Age +50					
County (6) Cumberland		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215 365 5810		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <u>3</u> / <u>4</u> / <u>19</u>		Scheduled Completion Date (11) <u>ON HOLD</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ 5:00PM-2:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Header Insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA				Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature		Date			

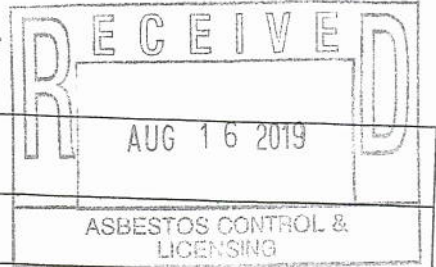
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

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Date of Notification (1) 2 / 13 / 19		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA 4831 <input checked="" type="checkbox"/> DOLWD 5081 <input checked="" type="checkbox"/> DOH 5036 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Anthony Porta	Telephone Number 412-633-4021						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Bridgeton C.O.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 76-90 North Pearl Street		Square Feet 25,287	# of Floors 2						
City (5) Bridgeton		Bldg. Age +50							
County (6) Cumberland	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215 365 5810	Telephone No. 215-788-6040						
		License No. 00509							
Start Date (10) 3 / 4 / 19	Scheduled Completion Date (11) 3 / 20 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 2:00 AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement Diesel Oil Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BSMT Diesel Engine Room & Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Engine Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	35 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / Jm		Date 2-13-19			

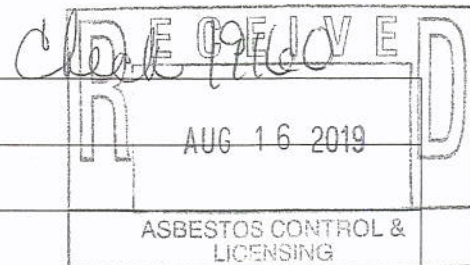
Pg. 2

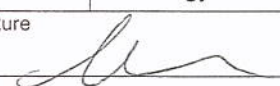
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



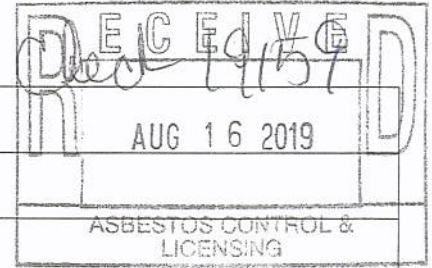
Date of Notification (1) 2 / 13 / 19		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Street City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4021							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Bridgeton C.O.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 76-90 North Pearl Street		Square Feet 25,287	# of Floors 2						
City (5) Bridgeton		Bldg. Age +50							
County (6) Cumberland	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215 365 5810	Telephone No. 215-788-6040						
License No. 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Start Date (10) 3 / 4 / 19	Scheduled Completion Date (11) 3 / 20 / 19	Street Address 1123 BEAVER STREET							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	75 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Header Insulation	12 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State YARDLEY, PA		Disposal Date TBD	City, State WAYNESBURG, OH						
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature Dillan DeCaro / JR				Date 2-13-19		

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



Date of Notification (1) 8/13/19 INV 13722		Name of Building Owner/Operator (2) NJ Abaters							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address PO Box 643		City, State, Zip Code Middlesex, NJ 08846							
Name of Contact Raphael Rodrigues		Telephone Number 908-361-0889							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1800							
City (5) Basking Ridge		# of Floors 2							
County (6) Somerset		Bldg. Age 73							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) 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							
Start Date (10) 8/23/19		License No. 703							
Scheduled Completion Date (11) 8/31/19		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		Street Address							
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		City, State, Zip Code							
<input checked="" type="checkbox"/> WRAP & CUT <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	duct insulation	40 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 8/13/19			

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



Date of Notification (1) 8/13/19 <i>Inv 13721</i>		Name of Building Owner/Operator (2) Regan Romei	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Regan Romei	
		Telephone Number _____	

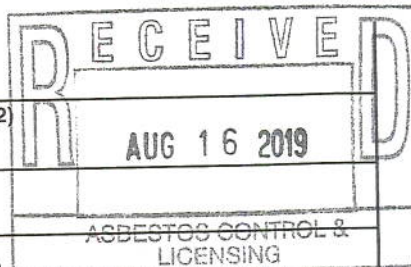
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) house		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Morristown	Square Feet 1600	# of Floors 2	Bldg. Age 80
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		Telephone No.	
Start Date (10) 8/22/19		Scheduled Completion Date (11) 8/31/19	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>		Street Address	
		City, State, Zip Code	

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	110 LF	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 8/13/19

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



Date of Notification (1)

8 / 12 /19

Agencies Notified

☐ EPA
☐ DEP
☐ DOL
☒ DOH
☒ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #6
☐ 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
City, State, Zip Code

Street Address
313 SPOOK ROCK ROAD

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

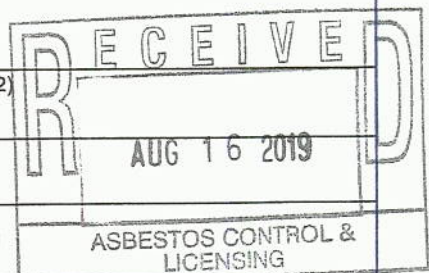
Title
DIRECTOR OF OPERATIONS

Signature

Date

[Handwritten signature and date 8/12/19]

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

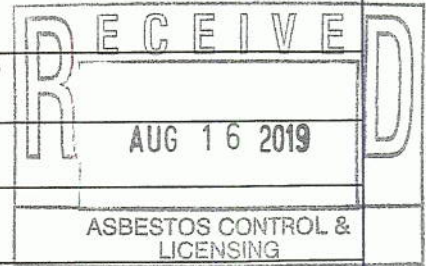


Date of Notification (1) 8 / 2 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE	
Type Notification <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #5 <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

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-12 AM				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-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 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 	Date 8/1/19					

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

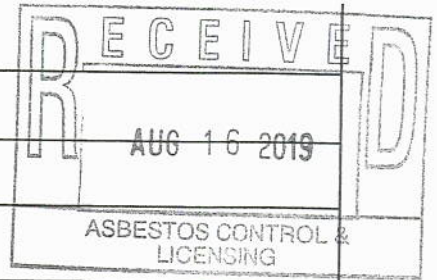


Date of Notification (1) 6 / 14 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 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

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		
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)



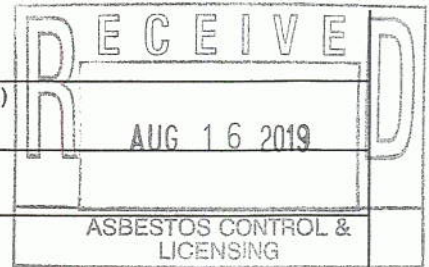
Date of Notification (1) 6 / 5 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 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

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)		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		Sched. Completion Date (11) 12 / 30 /19		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-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)

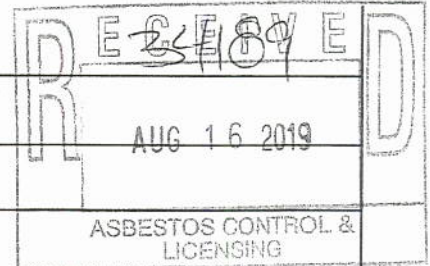


Date of Notification (1) 5 / 10 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified		Street Address 30 PROSPECT AVENUE	
Type Notification		City, State, Zip Code HACKENSACK, NEW JERSEY 07601	
<input type="checkbox"/> EPA	<input type="checkbox"/> Initial Notification	Name of Contact BRIAN O'NEIL	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended Notification	Telephone Number 732-751-3384	
<input type="checkbox"/> DOL	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DOH	<input checked="" type="checkbox"/> On Hold		
<input checked="" type="checkbox"/> DCA	<input type="checkbox"/> EMERGENCY NOTIFICATION		

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 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.		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)



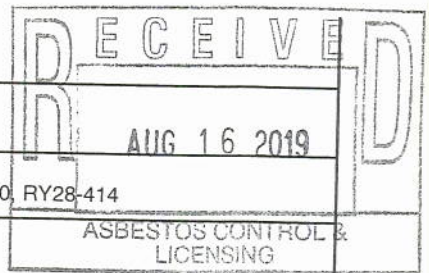
Date of Notification (1) 5 / 2 /19		Name of Building Owner/Operator (2) HACKENSACK MERIDIAN HEALTH	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 30 PROSPECT AVENUE	
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 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	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)			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 5/3/19

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



Date of Notification (1)

8 / 12 /2019

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #2
☐ Cancellation
☒ On Hold
☐ 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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 60

City (5)

RAHWAY

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

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

7 / 25 /19
Month Day Year

Sched. Completion Date (11)

12 / 1 /19
Month Day Year

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Type of Facility (4)

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

Square Feet

89,717

of Floors

5

Bldg. Age

82

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

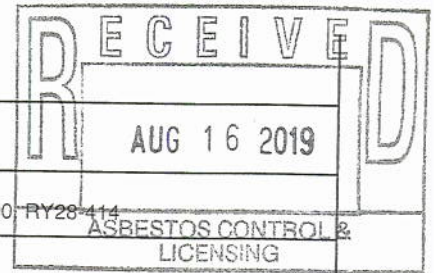
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini Encl
☒ 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
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.			NJDEP Waste Hauler ID No.			Name of Registered Landfill			
825 HIGHWAY 33			15939			LYCOMING COUNTY RESOURCE MANAGEMENT SE			
City, State			Cubic Yards of Waste			447 ALEXANDER DRIVE/ROUTE 15			
FREEHOLD, NEW JERSEY			40			MONTGOMERY, PA 17752			
Completed by (Print or Type)			Disposal Date			Signature			
BENJAMIN SANCHEZ			07/25-12/01/2019			Date			
Title			DIRECTOR OF OPERATIONS			8/12/19			

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



Date of Notification (1)

8 / 1 /2019

Agencies Notified

☐ EPA
☒ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #1
☐ Cancellation
☐ On Hold
☐ 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)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 60

Square Feet

89,717

of Floors

5

Bldg. Age

82

City (5)

RAHWAY

County (6)

UNION

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)

ENVIRONMETAL 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)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

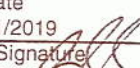
Scope of Work (Check all that apply)

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

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

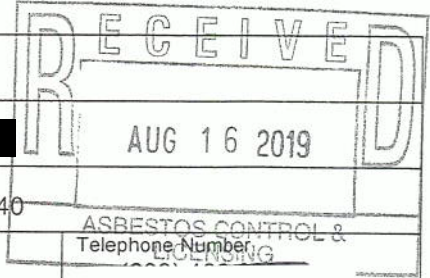
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
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	NJDEP Waste Hauler ID No.			Cubic Yards of Waste	Name of Registered Landfill				
FREEHOLD CARTAGE, INC.	15939			40	LYCOMING COUNTY RESOURCE MANAGEMENT SE				
825 HIGHWAY 33					447 ALEXANDER DRIVE/ROUTE 15				
City, State				Disposal Date	City, State				
FREEHOLD, NEW JERSEY				07/25-12/01/2019	MONTGOMERY, PA 17752				
Completed by (Print or Type)	Title			Signature		Date			
BENJAMIN SANCHEZ	DIRECTOR OF OPERATIONS					8/1/19			

RECEIVED
AUG 16 2019
00, RY28-414
ASBESTOS CONTROL &
LICENSING

Date of Notification (1) 7 / 16 /2019		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		AUG 16 2019	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
		City, State, Zip Code RAHWAY, NEW JERSEY 07065		ASBESTOS CONTROL & LICENSING	
		Name of Contact PATRICIA JOHNSON			
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		
City (5) RAHWAY			# of Floors 5		
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.			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 845-369-7500		
Expected State Date (10) 7 / 25 /19			License Number 1101		
Sched. Completion Date (11) 12 / 1 /19			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		
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			City, State, Zip Code NEW YORK, NEW YORK 10016		
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Encllo , <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) Yes No N/A		Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	
BASEMENT-SOUTHWEST CORNER		X		PIPE INSULATION & PIPE FITTINGS	
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 40	
City, State FREEHOLD, NEW JERSEY		Disposal Date 07/25-12/01/2019		Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15	
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature 	
				Date 7/16/19	

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

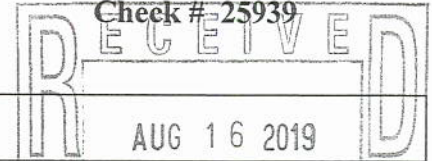
Check # 25939



Date of Notification (1) 8/12/2019		Name of Building Owner/Operator (2) Kennedy							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Lou Alloway - Schulte Restor.							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Princeton, NJ 08540		Square Feet 4000	# of Floors 2						
County (6) Mercer		Bldg. Age 90 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Chesterfield, NJ 08515		Street Address PO Box 322							
City, State, Zip Code Allentown, NJ 08501		Telephone No. 609 259-9688							
Project Manager for Monitoring Firm Bill Weisgarber		License No. 00493							
Start Date (10) 8/13/2019		Scheduled Completion Date (11) 8/14/2019							
Name of OSHA Monitor MECS									
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<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 Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Garage		X		Thermal Pipe Insulation	60 lf	X			
Storage Area 1 st Floor		X		Thermal Pipe Insulation	40 lf	X			
Storage Area 1st Floor		X		Radiator Duct Insulation	15 sf	X			
				(Wrap & Cut)					
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ		Disposal Date 8/15/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature		Date 8/12/2019			

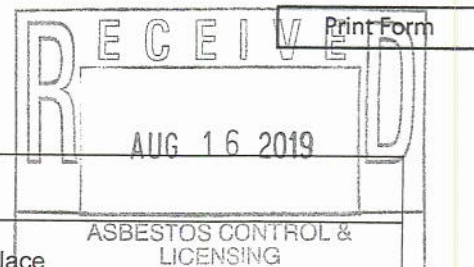
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Check # 25939



Date of Notification (1) 8/12/2019		Name of Building Owner/Operator (2) Kennedy							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Lou Alloway - Schulte Restor.	Telephone Number						
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 (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 4000	# of Floors 2						
City (5) Princeton, NJ 08540		Bldg. Age 90 +/-							
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
License No. 00493									
Start Date (10) 8/13/2019	Scheduled Completion Date (11) 8/14/2019	Name of OSHA Monitor MECS							
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 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Garage		X		Thermal Pipe Insulation	60 lf	X			
Storage Area 1 st Floor		X		Thermal Pipe Insulation	40 lf	X			
Storage Area 1st Floor		X		Radiator Duct Insulation	15 sf	X			
(Wrap & Cut)									
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 8/15/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature [Signature]	Date 8/12/2019					

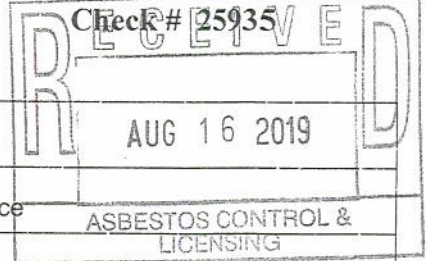
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 7/31/2019		Name of Building Owner/Operator (2) Princeton YMCA							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	59 Paul Robeson Place							
City, State, Zip Code Princeton, NJ 08540									
Name of Contact Paul Zeler		Telephone Number (609) 497-622x236							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) YMCA		Type of Facility (4)							
Street Address 59 Paul Robeson Place		<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) Princeton, NJ 08540		Square Feet 15000	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY)	Bldg. Age 60 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
Start Date (10) 8/9/2019		Scheduled Completion Date (11) 8/14/2019	License No. 00493						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS							
<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: 6pm 2 am		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Pool Mech. Room	X			Thermal Pipe Insulation	60 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 8/15/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature		Date 8/12/2019			

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

Check # 25935



Date of Notification (1) 7/31/2019		Name of Building Owner/Operator (2) Princeton YMCA							
Agencies Notified	Type Notification	Street Address 59 Paul Robeson Place							
<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	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Paul Zeler	Telephone Number (609) 497-9622 x 236						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) YMCA		Type of Facility (4)							
Street Address 59 Paul Robeson Place		<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) Princeton, NJ 08540		Square Feet 15000	# of Floors 2						
County (6) Mercer		County Code (7) (STATE USE ONLY) _____	Bldg. Age 60 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No. _____	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
Start Date (10) 8/9/2019		Scheduled Completion Date (11) 8/12/2019	License No. 00493						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor MECS							
<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: 6 pm - 2 am		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Pool Mech Room	X			Thermal Pipe Insulation	60 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 8/13/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 			Date 7/31/2019		

CIC# 4882

INV 13135

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

RECEIVED
AUG 16 2019

Date of Notification (1) <u>8-13-19</u>		Name of Building Owner/Operator (2) <u>TOM WELSH</u> <u>BU. OPER</u>						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> BOL <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 <u>661 POMONA AVE</u> City, State, Zip Code <u>HADDONFIELD N.J. 08033</u>						
		Name of Contact <u>TOM</u>	Telephone Number _____					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address [REDACTED]		Square Feet <u>1000</u>						
City (5) <u>AVALON</u>		# of Floors <u>1</u>	Bldg. Age <u>50+</u>					
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC</u>						
Street Address		Street Address <u>369 S SPRUCE AVE</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>						
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>					
Start Date (10) <u>9-1-19</u>	Scheduled Completion Date (11) <u>9-10-19</u>	Name of OSHA Monitor <u>N/A</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____ City, State, Zip Code _____						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>1250 SF</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>	Name of Registered Landfill <u>C.M.C.M.U.A</u>				
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date		City, State <u>WOODBINE</u>				
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUP.</u>	Signature <u>[Signature]</u>		Date <u>8-13-19</u>			

CK 4882

INV 13734

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

RECEIVED

AUG 16 2019

Date of Notification (1) 8-13-19		Name of Building Owner/Operator (2) STAR CONSTRUCTION INC.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address P.O. Box 36		City, State, Zip Code MOORESTOWN N.J. 08057	
Name of Contact MIKE		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	
City (5) OCEAN CITY		# of Floors 1	
County (6) CAPE MAY		Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMCO INC.	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052	
Telephone No.		Telephone No. 856-779-0472	
Start Date (10) 9-5-19		License No. 00444	
Scheduled Completion Date (11) 9-15-19		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		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 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
SIDING			X	TRANSITE	2250 SF	X			

Name of Registered Waste Hauler KLEMCO INC.		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 3	Name of Registered Landfill C.M.C.M.V.A	
City, State MAPLE SHADE N.J.		Disposal Date	City, State WOODBINE		
Completed By MICHAEL KLOMM	Title SUP.	Signature <i>[Signature]</i>	Date 8-13-19		

CK # 4882

Inv 13133

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)RECEIVED
AUG 16 2019

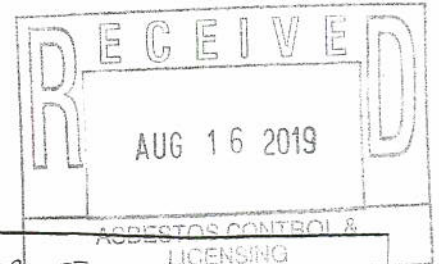
Date of Notification (1) 8-13-19		Name of Building Owner/Operator (2) ADAMS CONTRACTING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 712 HAVEN AVE		City, State, Zip Code OCEAN CITY N.J. 08226	
Name of Contact DEAN		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1000	# of Floors 1
City (5) OCEAN CITY		Bldg. Age 50+	
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	
Street Address		Name of Abatement Contractor (9) KLEMCO INC.	
City, State, Zip Code		Street Address 369 S. SPRUCE AVE	
Project Manager for Monitoring Firm		City, State, Zip Code MAPLE SHADE N.J. 08052	
Telephone No.		Telephone No. 856-779-0472	License No. 01371
Start Date (10) 9-4-19		Scheduled Completion Date (11) 9-14-19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor N/A	
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"/> 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	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Abatement Type	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) SIDING		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	Amount (Specify SF or LF) 1250 SF
			Removal <input checked="" type="checkbox"/> Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>

Name of Registered Waste Hauler KLEMCO INC.	NJDEP Waste Hauler ID No. 17900	Cubic Yards of Waste 3	Name of Registered Landfill C.M.C.M.U.A
City, State MAPLE SHADE N.J.	Disposal Date	City, State WOODBINE	
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 8-13-19

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CKL881

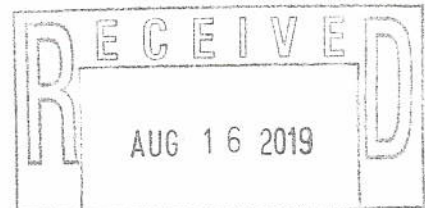
PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8-13-19		Name of Building Owner/Operator (2) REUTER CONSTRUCTION		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 959 N. BEECHAM RD City, State, Zip Code WILLIAMSTOWN N.J 08094 Name of Contact JOE Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RESIDENCE Street Address [REDACTED]			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
City (5) SOMERS POINT County (6) ATLANTIC			Square Feet 1500 # of Floors 2 Bldg Age 50+		
County Code (7) (STATE USE ONLY) ATLANTIC			Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____		Name of Abatement Contractor (9) KLEWCO INC Street Address 369 S. SPRUCE AVE City, State, Zip Code MAPLE SHADE N.J 08052 Telephone No. 856-779-0472 License No. # 01371	
Project Manager for Monitoring Firm _____		Telephone No. _____		Name of OSHA Monitor N/A	
Start Date (10) 8-23-19		Scheduled Completion Date (11) 9-3-19		Street Address _____ City, State, Zip Code _____	
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: _____					
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> >160 sf or >260 ft <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mink 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) SIDING		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A _____ X _____		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) TRANSITE	
Amount (Specify SF or LF) 3000 SF		Abatement Type Removal Repair Encapsulate Enclosure X _____			
Name of Registered Waste Hauler KLEWCO INC		NJDEP Waste Hauler ID No. 17904		Name of Registered Landfill AGUA	
City, State MAPLE SHADE N.J		Disposal Date _____		City, State PLEASANTVILLE N.J	
Completed By MICHAEL KLEWCO		Title PRES		Signature [Signature] Date 8-13-19	

INV 13731
CH 4881

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



Date of Notification (1) 8-13-19		Name of Building Owner/Operator (2) HARBRAUGH DEVELOPERS							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 318 GLASSBORO RD City, State, Zip Code WOODBURY HEIGHTS N.J 08097 Name of Contact SAME Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1500							
City (5) AVALON		# of Floors 2							
County (6) CAPE MAY		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC							
Street Address		Street Address 369 S. SPRUCE AVE							
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J 08052							
Project Manager for Monitoring Firm		Telephone No. 856 779-0472							
Telephone No.		License No. 01371							
Start Date (10) 9-3-19		Scheduled Completion Date (11) 9-13-19							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor N/A							
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 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
SIDING			X	TRANSITE	1250 SF	X			
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 5 YDS	Name of Registered Landfill C. M. C. M. V. A					
City, State MAPLE SHADE N.J		Disposal Date	City, State WOODBINE N.J.						
Completed By MICHAEL KLEMM		Title SUPER	Signature [Signature]		Date 8-13-19				