

08/14/2018 01:28PM 2013297440

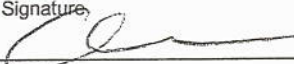
BEST REMOVAL INC

CX 4725 PAGE 02/04

State of New Jersey NOTIFICATION OF ASBESTOS ABATEMENT (Pursuant to NJAC 8:26 and 12:120)									
Date of Notification (1) 8/14/18		Name of Building Owner/Operator (2) Ms Joy Vodarsik		Street Address [REDACTED]		City, State, Zip Code COLONIA, NJ. 07067		Name of Contact MR OMULLO	
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		Telephone Number [REDACTED]		[REDACTED]			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ms. Joy Vodarsik				Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> School (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)					
Street Address [REDACTED]				Squares 2,000		# of Floors 2		Bldg. Age 1910	
City (5) COLONIA		County (6) HUDSON		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 [REDACTED]				City, State, Zip Code Hackensack, NJ 07601		Telephone No. 201-329-7444			
Project Manager for Monitoring Firm				Telephone No.		License No. 00388		Name of OSHA Monitor Omega Environmental	
Start Date (10) 8/17/18		Scheduled Completion Date (11) 8/18/18		Street Address 280 Huyler Street					
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: Asbestos abatement				City, State, Zip Code South Hackensack, NJ 07606					
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"/> Glove bag procedure <input type="checkbox"/> Non-enclosed ("") and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED In Facility		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, millings, VAT, or other miscellaneous)		Amount (Specify SF or LF) 456 SF		Abatement Type Removal Repair Encapsulation Enclosure	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]		[REDACTED]	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 3/207		Name of Registered Landfill Linerva Enterprises, LLC			
City, State Hackensack, NJ 07601		Disposal Date 8/20/18		City, State Laynesburg, OH 44688		[REDACTED]			
Completed by J. Maiorano		Title Estimator		Signature J. Maiorano		Date 8/14/18			

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

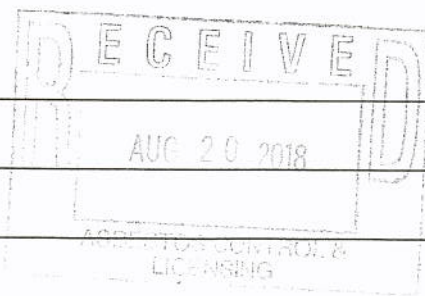
CK 6938

Date of Notification (1) 8/16/18		Name of Building Owner/Operator (2) Christiane Osowiecki Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jackson NJ 08527							
		Name of Contact Mike	Telephone Number 609-561-8380						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Christiane Osowiecki Private 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 1000 +	# of Floors 1						
City (5) Jackson NJ 08527		Bldg. Age 50+							
County (6) Ocean	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.	Name of Abatement Contractor (9) Pernaco Inc						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/17/18	Scheduled Completion Date (11) 9/20/18	Name of OSHA Monitor Same							
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>Home Owner Home</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 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
den			x	Floor Tile	200 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 3	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 9/20/18		City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President	Signature 			Date 8/16/18			

OK 01073

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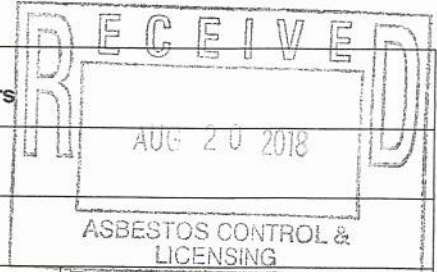
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08/17/2018		Name of Building Owner/Operator (2) Paulsboro Refining Company						
Agencies Notified	Type Notification	Street Address 800 Billingsport Rd						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paulsboro NJ 08066						
		Name of Contact Ravi Jarecha	Telephone Number 856-224-4444					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company		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 800 Billingsport Rd		Square Feet NA	# of Floors NA					
City (5) Paulsboro		Bldg. Age NA						
County (6) Gloucester	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Oil Refinery						
Name of Monitoring Firm Hired by Building Owner (8) Total Environmental Solutions		ASCM No. NA	Name of Abatement Contractor (9) Brand Energy Services LLC					
Street Address 1005 St Georges Lane		Street Address 740 Veterans Drive						
City, State, Zip Code Landenburg, Pa 19350		City, State, Zip Code Swedesboro, NJ 08085						
Project Manager for Monitoring Firm Ed Igelesias		Telephone No. 302-344-4217	Telephone No. 856-467-2850					
		License No. 01009						
Start Date (10) 09/3/2018	Scheduled Completion Date (11) 09/7/2018	Name of OSHA Monitor Total Environmental Solutions						
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>Regulated Area will be Established - Active Oil Refinery</u>		Street Address 1005 St Georges Lane						
		City, State, Zip Code Landenburg, PA 19350						
Scope of Work (Check All That Apply)								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
4" piping west of Coker Drums in		x		45 LF	x			
East/West rack								
WO# 4139209								
Name of Registered Waste Hauler Waste Management Inc.		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Gloucester County Landfill				
City, State South Harrison NJ			Disposal Date Various	City, State South Harrison, NJ				
Completed by Charles J Perri		Title Project Manager	Signature 	Date 08/17/2018				

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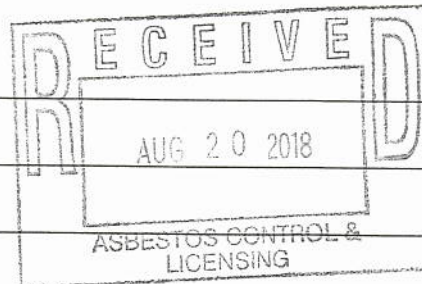
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) 7 / 18 / 18		Name of Building Owner/Operator (2) Cape May County Chosen Freeholders							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4 Moore Road, DN 149							
		City, State, Zip Code Cape May Court House, NJ 08210							
		Name of Contact Kevin Lare	Telephone Number 609-465-1125						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Cape May County Correctional Institution		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 Crest Haven Complex 125 Crest Haven Rd									
City (5) Cape May Court House, NJ 08210		Square Feet	# of Floors Bldg. Age						
County (6) Cape May	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A/ Demolition		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services						
Street Address		Street Address 135 Kinnelon Road, Suite 102							
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-218-0800	License No. 01228						
Start Date (10) 8 / 1 / 18	Scheduled Completion Date (11) 9 / 5 / 18	Name of OSHA Monitor Yannuzzi Group, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 135 Kinnelon Raod							
		City, State, Zip Code Kinnelon, NJ 07405							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" 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
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler TSI	120 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interview Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic, Non-Friable	110 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic, Non-Friable	+ - 200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Female Control Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT & Mastic, Non-Friable	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Yannuzzi Group Inc.		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 40	Name of Registered Landfill Waste Management					
City, State Kinnelon, NJ 07405		Disposal Date		City, State Fairless Hills					
Completed By (Print or Type) John Mucha		Title Project Manager		Signature 		Date 8/15/18			

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



Date of Notification (1) 4/19/18		Name of Building Owner/Operator (2) Macromedia Incorporated							
Agencies Notified	Type Notification	Street Address PO Box 75							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07602							
		Name of Contact Jennifer Borg	Telephone Number 201-355-0792						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Warehouse Building, Bergen Record		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 150 River St.		Square Feet 350,000	# of Floors 3						
City (5) Hackensack		Bldg. Age 50+							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned							
Name of Monitoring Firm Hired by Building Owner (8) Langan Engineering		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.						
Street Address 300 Kimball Drive		Street Address 135 Kinnelon Rd.							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code Kinnelon, NJ 07405							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. 908-218-0880	License No. 01228						
Start Date (10) 06/20/2018	Scheduled Completion Date (11) 08/31/2018	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 135 Kinnelon Rd.							
		City, State, Zip Code Kinnelon, NJ 07405							
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
See attached survey			X	Roof unaccessibile	22,000 SF	X			
Entire Structure									
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 1,100 CY	Name of Registered Landfill IESI/Progressive					
City, State Kinnelon, NJ			Disposal Date 08/31/2018	City, State Bethlehem, PA					
Completed by John Mucha		Title Senior Project Manager	Signature 	Date 8/15/18					

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:29 and 12:120)

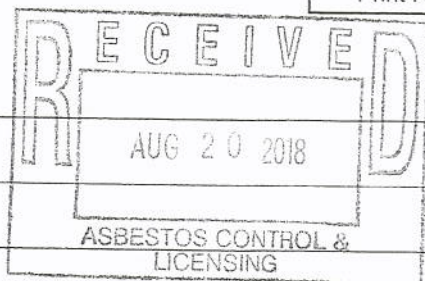
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ASBESTOS CONTROL
DIAGNOSTIC LLC

Date of Notification (1) 08/10/2018		Name of Building Owner/Operator (2) Matawan-Aberdeen Regional School District							
Agencies Notified	Type Notification	Street Address	City, State, Zip Code						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	1 Crest Way Aberdeen, NJ 07747	Aberdeen, NJ 07747						
		Name of Contact Adam Nasr	Telephone Number 732-706-4013						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Ravine Drive Elementary School		Type of Facility (4)							
Street Address 170 Ravine Drive		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Matawan		Square Feet 60,000+	# of Floors 2						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc		ASCM No.	Name of Abatement Contractor (9) Hazmat Diagnostic LLC						
Street Address 120 North Warren Street		Street Address 16 Glenwild Ave							
City, State, Zip Code Trenton, New Jersey 08608		City, State, Zip Code Bloomington, NJ 07403							
Project Manager for Monitoring Firm Jordan Reed		Telephone No. 609-392-4200	Telephone No. 907 928 3995						
Start Date (10) 08/13/2018		Scheduled Completion Date (11) 03/26/2018	License No. 01181						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Hazmat Diagnostic LLC							
<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: 2:00pm - 10:30pm		Street Address 16 Glenwild Ave							
		City, State, Zip Code Bloomington, NJ 07403							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 160 sf or ≥ 260 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exhausted (*) and Non-Filtrable 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
First Floor			X	Thermal Systems Insulation	38 LF	X			
Name of Registered Waste Hauler Hazmat Diagnostic LLC		NJDEP Waste Hauler ID No. 0035440	Cubic Yards of Waste TBD	Name of Registered Landfill GRONV					
City, State Bloomington, NJ		Disposal Date TBD		City, State MORRISVILLE, PA					
Completed by Tatiana Rotaru		Title Clerk	Signature 		Date 08/10/2018				

OK 1659

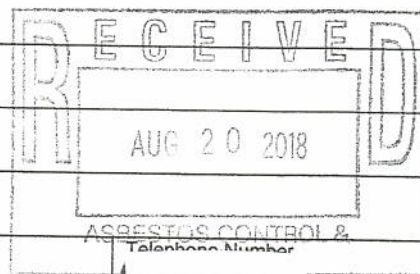
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/17/18		Name of Building Owner/Operator (2) Susan Kosmider							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07011							
		Name of Contact Susan Kosmider	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Clifton		Square Feet 2200	# of Floors 2						
County (6) Passaic		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) 8/20/18	Scheduled Completion Date (11) 8/21/18	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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Wrap	19 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 8/17/18			

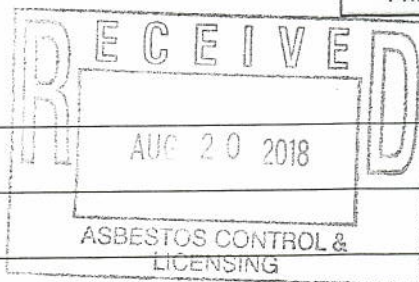
OK 454

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



Date of Notification (1) 08/17/2018		Name of Building Owner/Operator (2) Paul Kioptis							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgewater, NJ, 08807							
		Name of Contact Paul Kioptis							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) private house		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bridgewater		Square Feet N/A	# of Floors N/A						
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
Start Date (10) 08/27/2018		Scheduled Completion Date (11) 08/28/2017	License No. 01274						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EHW ABATEMENT LLC							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIE		Street Address 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	80 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD	Name of Registered Landfill Tri state Transfer					
City, State Paterson, NJ		Disposal Date TBD		City, State Bronx, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 08/17/2018			

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



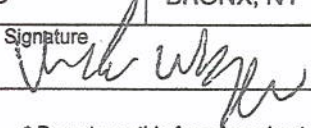
Date of Notification (1) August 13, 2018		Name of Building Owner/Operator (2) Blake Berson							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040							
		Name of Contact Scott Lieberman	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 2229	# of Floors 2						
City (5) Maplewood		Bldg. Age 93							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Environmental Solutions LLC		ASCM No.	Name of Abatement Contractor (9) Unipro Environmental LLC						
Street Address 1130 W Chestnut Street #1224		Street Address 2744 Hylan Blvd #200							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Staten Island, NY 10306							
Project Manager for Monitoring Firm Rick Esquisito		Telephone No. 973-494-3762	License No. 01324						
Start Date (10) 8/28/2018	Scheduled Completion Date (11) 9/7/2018	Name of OSHA Monitor Unipro Environmental LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2744 Hylan Blvd #200							
		City, State, Zip Code Staten Island, NY 10306							
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
1st Floor Hallway		x		Plaster	220 SF	x			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW2105	Cubic Yards of Waste 5	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 9/07/2018	City, State Waynesburg, OH 44688					
Completed by Raymond Blum		Title Operations Manager		Signature 			Date August 13, 2018		

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

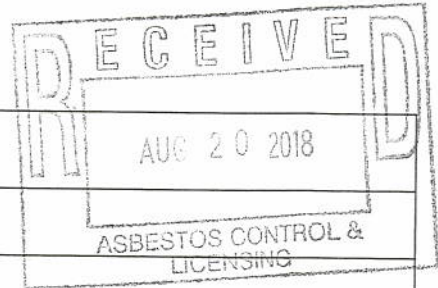
RECEIVED	Print Form
	AUG 20 2018

Date of Notification (1) 08/15/2018		Name of Building Owner/Operator (2) Robert j Bernot							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ, 07083 Name of Contact Robert Bernot	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		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) Union		Square Feet N/A	# of Floors N/A						
County (6) Union		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE HOUSE						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) EHW ABATEMENT LLC						
Street Address		Street Address 89 FRANKLIN STREET							
City, State, Zip Code		City, State, Zip Code PATERSON, NJ, 07524							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-333-5144						
Start Date (10) 08/25/2018		Scheduled Completion Date (11) 08/26/2018	License No. 01274						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EHW ABATEMENT LLC							
<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 89 FRANKLIN STREET							
		City, State, Zip Code PATERSON, NJ, 07524							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
BASEMENT		X		PIPE INSULATION	100 LF	X			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	Cubic Yards of Waste TBD	Name of Registered Landfill TRY STATE TRANSFER					
City, State PATERSON, NJ		Disposal Date TBD		City, State BRONX, NY					
Completed by Victor Espiritu		Title Project Manager		Signature 		Date 08/15/2018			

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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 / 17 / 18		Name of Building Owner/Operator (2) Hosokawa Micron Powder Systems							
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 10 Chatham Road City, State, Zip Code Summit, NJ 07901 Name of Contact Richard Dooley Telephone Number 973-769-3243							
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 10 Chatham Road		Square Feet							
City (5) Summit		# of Floors							
County (6) Union		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASC No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Estaquio		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-928-4888							
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 08 / 27 / 18		Scheduled Completion Date (11) 09 / 28 / 18							
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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Siding	2,700 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 Century Waste, LLC		NJDEP Waste Hauler ID No. 32797		Cubic Yards of Waste As Needed		Name of Registered Landfill GROWS North 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 Allen Monchik		Date 8/17/18			

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

Date of Notification (1) 8 / 16 / 18		Name of Building Owner/Operator (2) Sarvon, LLC (Yale School)		Job #1808-2336 Chk. #5119				
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 10A Jennings Road City, State, Zip Code Medford, NJ 08055 Name of Contact Chris Sarandoulas				
				Telephone Number 609-654-7222 x 111				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Sarvon, LLC (Yale School)			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 800 Pennsylvania Avenue			Square Feet 13863					
City (5) Cherry Hill			# of Floors 2		Bldg. Age 68			
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office				
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, LLC		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.				
Street Address 304 Harper Drive, Suite 207		Street Address 3859 Sylon Boulevard		City, State, Zip Code Hainesport, NJ 08036				
City, State, Zip Code Moorestown, NJ 08057		Telephone No. 908-721-2302		License No. 00862				
Project Manager for Monitoring Firm Craig Downs		Telephone No. 609-702-0400		Name of OSHA Monitor EMSL Analytical, Inc.				
Start Date (10) 8 / 27 / 18		Scheduled Completion Date (11) 9 / 7 / 18		Street Address 200 U.S. Route 130 North				
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		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)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
SEE ATTACHED SCOPE OF WORK	<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"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central		
City, State Lafayette, NJ		Disposal Date 9/7/18		City, State Penn Argyle, PA				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature		Date 8-16-18		

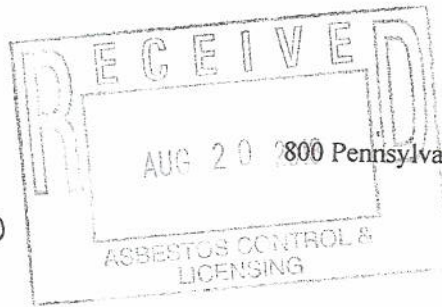


Page 2 of 3

8-16-18

chk # 5119

\$ 600.00



Asbestos Survey
TTI Project No. 17-158
February 6, 2017
Page 7 of 13

3.0 EVALUATION AND LABORATORY RESULTS

3.1 **Confirmed and Assumed Asbestos Containing Materials, Locations and Quantities**

Laboratory analysis of the suspect materials revealed that the materials summarized below (Table 1.0) were sampled and found to have an asbestos content of greater than one percent (1%). The US Environmental Protection Agency (EPA) defines asbestos-containing materials as those materials that contain greater than one 1% asbestos. The electrical wire insulation located throughout the building was assumed to be asbestos containing. Table 1.0 identifies the asbestos containing materials, locations and quantities of all confirmed and assumed asbestos containing materials identified during the inspection. A complete summary and analytical results of the materials sampled can be found in **Appendix A**.

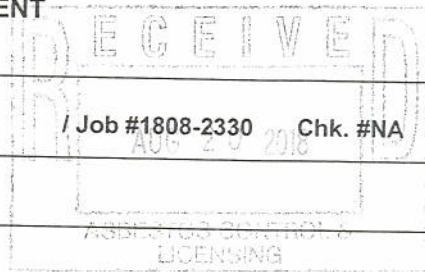
Table 1.0: List of Confirmed and Assumed Asbestos Containing Materials		
Location	Material(s)	Estimated Quantities
Lower Rear Entrance	9"x9" Brown Floor Tile	100 SF
	Yellow Mastic a/w Cove Base	25 LF
Room 130	9"x9" Brown Floor Tile	1,000 SF
	Mastic a/w 12"x12" Blue Floor Tile	30 SF
Room 120	9"x9" Brown Floor Tile	250 SF
Room 110	9"x9" Brown Floor Tile	250 SF
Corridor	9"x9" Brown Floor Tile	500 SF
	Yellow Mastic a/w Cove Base	120 LF
Stairwell 100 Level	9"x9" Brown Floor Tile	200 SF
	Yellow Mastic a/w Cove Base	50 LF
Room 141/Boiler Room	Flue Patch	5 SF
Corridor 100 Lower Level	Yellow Mastic a/w Cove Base	50 LF
Room 140	9"x9" Brown Floor Tile	250 SF
Room 151/Kitchen	9"x9" Brown Floor Tile	220 SF
	Yellow Mastic a/w Cove Base	50 LF
Room 150	9"x9" Brown Floor Tile	1,000 SF
	Mastic a/w 12"x12" Red Floor Tile	50 SF
Room 160	9"x9" Brown Floor Tile	25 SF
Upper Girl's Restroom	Yellow Mastic a/w Cove Base	100 LF
Upper Men's Restroom	Yellow Mastic a/w Cove Base	100 LF
Upper Corridor	9"x9" Brown Floor Tile	180 SF
Room 350	9"x9" Brown Floor Tile	1,200 SF

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

Date of Notification (1) 8 / 16 / 18		Name of Building Owner/Operator (2) Carrie Rovere		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 20 2018 ASBESTOS CONTROL & LICENSING </div>						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Job #1808-2340 Chk. #5118				
Street Address [REDACTED]		City, State, Zip Code Mount Holly, NJ 08060				Name of Contact Matt Hammer				
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]				Square Feet 2500						
City (5) Mount Holly				# of Floors 3						
County (6) Burlington				Bldg. Age 160						
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Residential						
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental			ASCN No.							
Street Address 617 Stokes Road, Suite 4-318			Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Medford, NJ 08055			Street Address 3859 Sylon Boulevard							
Project Manager for Monitoring Firm Rebecca			City, State, Zip Code Hainesport, NJ 08036							
Telephone No. 888-715-2211			Telephone No. 609-702-0400							
License No. 00862			Name of OSHA Monitor EMSL Analytical, Inc.							
Start Date (10) 8 / 30 / 18			Scheduled Completion Date (11) 8 / 30 / 18							
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 U.S. Route 130 North						
				City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure										
Location of Asbestos-Containing Material (ACM) 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"/>	Pipe Insulation	72 LF	<input checked="" 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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management			NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central			
City, State Lafayette, NJ			Disposal Date 8/30/18		City, State Penn Argyle, PA					
Completed By (Print or Type) Kimberly A. Trumbetti			Title Office Coordinator		Signature 			Date 8-16-18		

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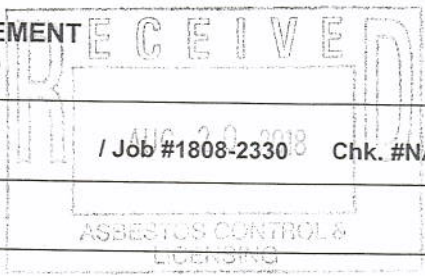
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 8 / 3 / 18		Name of Building Owner/Operator (2) Crosswick Forge, LLC		Job #1808-2330 Chk. #NA					
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 1624 Jacksonville Road City, State, Zip Code Burlington, NJ 08016					
		Name of Contact Mr. Victor J. DiAnna, Managing Member		Telephone Number 609-239-8000					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial Property				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 5 Crosswick Chesterfield Road				Square Feet 11431.6					
City (5) Chesterfield				# of Floors 2					
County (6) Burlington				Bldg. Age 107					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 617 Stokes Rd., Suite 4-318		Street Address 3859 Sylon Boulevard							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Hainesport, NJ 08036							
Project Manager for Monitoring Firm Rebecca Rubinitz		Telephone No. (888) 715-2211		License No. 00862					
Start Date (10) 8 / 6 / 18		Scheduled Completion Date (11) 8 / 17 / 18		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Four Locations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Four Locations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	800 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 Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Lafayette, NJ				Disposal Date 8/17/18	City, State Penn Argyle, PA				
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 8-10-18			

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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 / 3 / 18		Name of Building Owner/Operator (2) Crosswick Forge, LLC		Job #1808-2330 Chk. #NA	
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 #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1624 Jacksonville Road City, State, Zip Code Burlington, NJ 08016	
		Name of Contact Mr. Victor J. DiAnna, Managing Member		Telephone Number 609-239-8000	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Commercial Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 5 Crosswick Chesterfield Road			Square Feet 11431.6		
City (5) Chesterfield			# of Floors 2		Bldg. Age 107
County (6) Burlington		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 617 Stokes Rd., Suite 4-318		City, State, Zip Code Medford, NJ 08055		Street Address 3859 Sylon Boulevard City, State, Zip Code Hainesport, NJ 08036	
Project Manager for Monitoring Firm Rebecca Rubinitz		Telephone No. (888) 715-2211		Telephone No. 609-702-0400	
Start Date (10) 8 / 6 / 18		Scheduled Completion Date (11) 8 / 17 / 18		License No. 00862	
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 EMSL Analytical, Inc.		Street Address 200 U.S. 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Four Locations		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Pipe Insulation	
Four Locations		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor Tile	
Roofing in conjunction with demo contractor		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
City, State Lafayette, NJ		Disposal Date 8/17/18		Name of Registered Landfill Grand Central City, State Penn Argyle, PA	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 	
				Date 8-14-18	

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

Chk# 3423

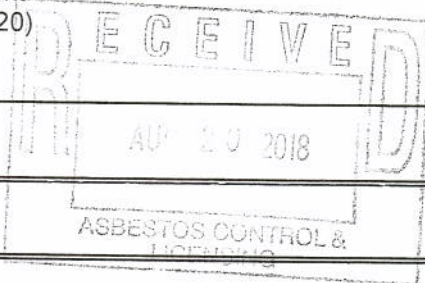
Date of Notification (1) 8/17/18		Name of Building Owner / Operator (2) TEVA							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 200 ELMORA AVENUE City, State & Zip Code ELIZABETH, NJ 07207 Name of Contact Parthen Parikh Telephone Number 908-659-2770							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TEVA		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 200 ELMORA AVENUE		Square Feet 30,000	# of Floors 4						
City (5) ELIZABETH, NJ	County (6) UNION	Bldg. Age 70 +/-							
County Code (7)		Current Use (Prior if being demolished) PHARMACEUTICAL							
Name of Monitoring Firm Hired by Building Owner (8) EAGLE INDUSTRIAL HYGIENE		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC							
Street Address 359 DRESHER ROAD		Street Address 1123 BEAVER STREET							
City, State & Zip Code HORSHAM, PA 19044		City, State & Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm MARK HAYES		Telephone Number 215-672-6088	License Number 00509						
Scheduled Start Date (10) 9/7/18	Scheduled Completion Date (11) 9/10/18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: Friday 5pm-1am; Sat & Sun 8am – 5pm <input checked="" type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 BEAVER STREET							
		City, State & Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable 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
First Floor Kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 3	Name of Registered Landfill MINERVA LANDFILL					
City, State NEW CASTLE, DE 19720		Disposal Date TBD		City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Patrick T. DeCaro		Title PROJ. MGR.	Signature <i>Patrick T. DeCaro</i>				Date 8/17/18		

PD18064

OK 7339

D&S Proj. #: 18-112

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



Date of Notification (1) 10/18/11/10/11/17/1		Name of Building Owner/Operator (2) GREG AND NAOMI POLIN	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code MAPLEWOOD, NJ 07040	
		Name of Contact GREG AND NAOMI POLIN	Telephone Number

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address [REDACTED]			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	License Number 01169
Start Date (10) 08/16/18	Sched. Completion Date (11) 08/20/18	Name of OSHA Monitor D & S Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS		Street Address 20 California Avenue		
		City, State, Zip Code Paterson, NJ 07503		

Scope of Work (check all that apply)

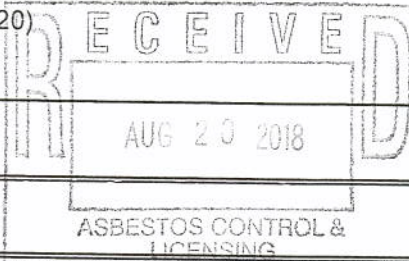
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input type="checkbox"/> 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)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT BOILER ROOM		<input checked="" type="checkbox"/>		TRANSITE PANELS	70 SQ FT	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date 08/17/18	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature	Date 08/13/18

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

D&S Proj. #: 18-168



Date of Notification (1) 08/13/17		Name of Building Owner/Operator (2) william anzelone	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code union, nj 07083	
		Name of Contact william anzelone	Telephone Number

FACILITY INFORMATION

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

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) D & S RESTORATION, INC.	
Street Address			Street Address 20 California Ave.	
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503	
Project Manager for Monitoring Firm		Phone Number	Telephone Number 973-345-8020	
Start Date (10) 08/23/18		Sched. Completion Date (11) 09/14/18	License Number 01169	
Name of OSHA Monitor D & S Restoration, Inc.				
Street Address 20 California Avenue				
City, State, Zip Code Paterson, NJ 07503				

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.

☐ Abatement performed outside of normal facility hours- Describe:

☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf ☒ Renovation

☐ ≥160 sf or ≥260 lf ☐ Demolition

☐ Full Containment w/negative pressure

☐ Mini-enclosure

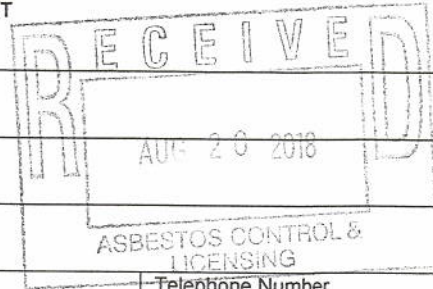
☒ Glovebag procedure

☐ Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
BASEMENT		<input checked="" type="checkbox"/>		PIPE INSULATION	151 ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

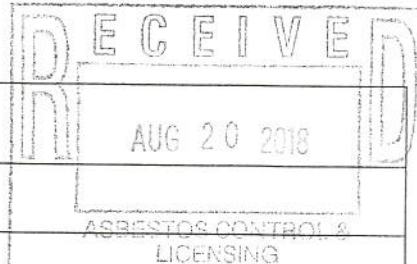
Registered Waste Hauler D & S RESTORATION, INC.		NJDEP Hauler ID# 13506	Cubic Yards of Waste 1 yd	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY	
City, State PATERSON, NJ 07503		Disposal Date 08/24/18		City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC		Title PRESIDENT	Signature		Date 08/13/2018

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



Date of Notification (1) 4/19/18		Name of Building Owner/Operator (2) Macromedia Incorporated						
Agencies Notified	Type Notification	Street Address PO Box 75						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3	City, State, Zip Code Hackensack, NJ 07602						
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jennifer Borg	Telephone Number 201-355-0743					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) Bergen Record Bldg., Garage & Warehouse		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 150 River St.		Square Feet 350,000	# of Floors 3					
City (5) Hackensack		Bldg. Age 50+						
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.					
Street Address		Street Address 135 Kinnelon Rd.						
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405						
Project Manager for Monitoring Firm		Telephone No.	License No. 01228					
Start Date (10) 4/11/18	Scheduled Completion Date (11) 8/31/18	Name of OSHA Monitor Yannuzzi Environmental Services, Inc.						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 135 Kinnelon Rd.						
		City, State, Zip Code Kinnelon, NJ 07405						
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 checked="" 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
See survey attached to initial notification								
Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 1,100 CY	Name of Registered Landfill GROWS & Conestoga				
City, State Kinnelon, NJ			Disposal Date 4/25-7/31/18	City, State Morrisville, PA / Birdsboro, PA				
Completed by Anna Bastos		Title Project Coordinator	Signature <i>Anna Bastos</i>		Date 8/15/18			

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

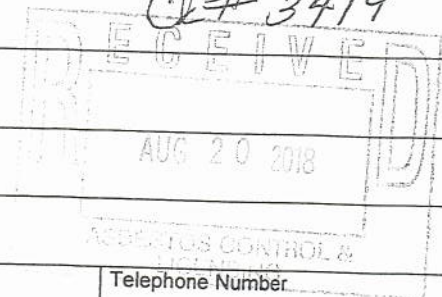


Date of Notification (1) <u>5</u> / <u>7</u> / <u>18</u>		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4-8/17/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd.							
		City, State, Zip Code Ewing, NJ 08628							
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Road		Square Feet	# of Floors						
City (5) Ewing		Bldg. Age							
County (6) Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 28 Pennell Road		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114	License No. 00509						
Start Date (10) <u>5</u> / <u>21</u> / <u>18</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>7:00</u> PM- <u>3:30</u> AM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
Suite 218	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing debris and batt insulation	22,600 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State FAIRLESS HILLS, PA 19047					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 8/17/18			

BS18041

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

CL# 3419



Date of Notification (1) <div style="text-align: center;">5 / 7 / 18</div>		Name of Building Owner/Operator (2) The College of New Jersey							
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 #3-8/13/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628							
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Road		Square Feet							
City (5) Ewing		# of Floors							
County (6) Mercer		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No.							
Street Address 28 Pennell Road		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Media, PA 19063		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Roy Mosicant		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 610-891-0114		Telephone No. 215-788-6040							
Start Date (10) 5 / 21 / 18		License No. 00509							
Scheduled Completion Date (11) 8 / 17 / 18		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>7:00</u> AM - <u>3:30</u> PM		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" 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
Suite 218	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing debris and batt insulation	22,600 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State FAIRLESS HILLS, PA 19047					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 8/13/18			

ASB-41
MAY 11 13518041

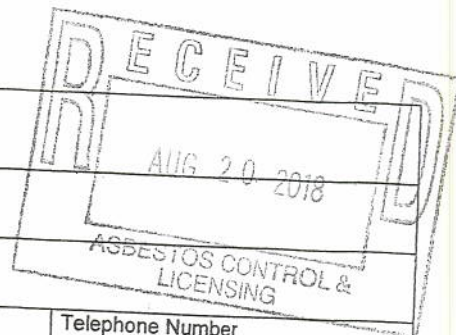
* Do not use this form for asbestos licensure exempted activities.

RECEIVED
AUG 20 2018
ASBESTOS CONTROL &
LICENSING
Telephone Number
609-771-2881

ASB-41
MAY 11 13518041

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

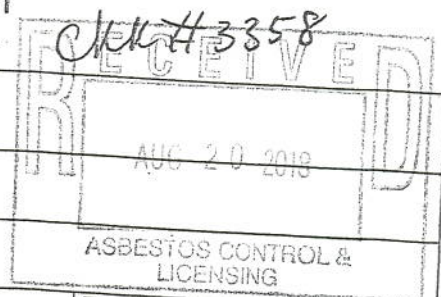
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 5 / 7 / 18		Name of Building Owner/Operator (2) The College of New Jersey							
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 #1-6/5/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd.							
		City, State, Zip Code Ewing, NJ 08628							
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Road		Square Feet							
City (5) Ewing		# of Floors							
County (6) Mercer		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 28 Pennell Road		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roy Mosaicant		Telephone No. 610-891-0114	License No. 00509						
Start Date (10) 5 / 21 / 18	Scheduled Completion Date (11) 6 / 29 / 18								
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 / 7:00 PM - 7:00 AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.							
		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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <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
Attic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing debris and batt insulation	22,600 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State FAIRLESS HILLS, PA 19047					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 6-5-18			

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

CHK # 3358

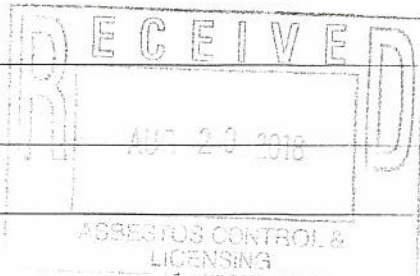


Date of Notification (1) 5 / 7 / 18		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA 9135 <input checked="" type="checkbox"/> DOLWD 9098 <input checked="" type="checkbox"/> DHSS 9104 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628 Name of Contact Amanda Radosti							
		Telephone Number 609-771-2881							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Road		Square Feet							
City (5) Ewing		# of Floors							
County (6) Mercer		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No.							
Street Address 28 Pennell Road		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Media, PA 19063		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Roy Mosaicant		City, State, Zip Code BRISTOL, PA 19007							
Telephone No. 610-891-0114		Telephone No. 215-788-6040							
Start Date (10) 5 / 21 / 18		License No. 00509							
Scheduled Completion Date (11) 6 / 29 / 18		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/7:00PM-7:00AM		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 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
Room 204	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	22 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attic	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Roofing debris and batt insulation	22,600 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date		City, State FAIRLESS HILLS, PA 19047					
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro			Date 5-7-18		

ASB-41
MAY 11 6518041

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

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



Date of Notification (1) <div style="text-align: center;">6 / 1 / 18</div>		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #8-8/17/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd.							
		City, State, Zip Code Ewing, NJ 08628							
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Rd.		Square Feet 66,000	# of Floors 2						
City (5) Ewing		Bldg. Age 88							
County (6) MERCER	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114	License No. 00509						
Start Date (10) <div style="text-align: center;">7 / 5 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">ON HOLD</div>		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 7:00PM-7:00AM		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 type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite 218	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Ceiling	320 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature <i>Brian Scafiro</i>		Date 8/17/18			

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

CR # 3416
AUG 20 2018
LICENSING

Date of Notification (1) <u>6</u> / <u>1</u> / <u>18</u>		Name of Building Owner/Operator (2) The College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7-8/7/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd.	
		City, State, Zip Code Ewing, NJ 08628	
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2000 Pennington Rd.		Square Feet 66,000	# of Floors 2
City (5) Ewing		Bldg. Age 88	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) AET, Inc	ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET	
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Roy Mosicant	Telephone No. 610-891-0114	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>7</u> / <u>5</u> / <u>18</u>	Scheduled Completion Date (11) <u>8</u> / <u>17</u> / <u>18</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>AM- PM</u> <u>7:00PM-7:00AM</u> <u>8/3+8/10 - 2:30 PM - 12:30 AM; 8/4+8/11 - 10AM - 8:30 PM</u>	Street Address 1123 BEAVER STREET
	City, State, Zip Code BRISTOL, PA 19007

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Suite 218	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Ceiling	320 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 BRISTOL ENVIRONMENTAL, INC.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature <i>Brian Scafiro/jl</i>	Date <u>8/7/18</u>

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

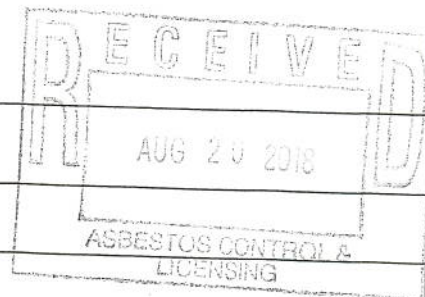


Date of Notification (1) <u>6</u> / <u>1</u> / <u>18</u>		Name of Building Owner/Operator (2) The College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6-8/3/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628	
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2000 Pennington Rd.			
City (5) Ewing		Square Feet 66,000	# of Floors 2
County (6) MERCER		County Code (7) (STATE USE ONLY)	Bldg. Age 88
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET	
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040
Start Date (10) <u>7</u> / <u>5</u> / <u>18</u>		Scheduled Completion Date (11) <u>8</u> / <u>17</u> / <u>18</u>	License No. 00509
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>8/3 & 8/10 - 2:30PM-12:30AM</u> <u>8/4 & 8/11 - 10AM-8:30PM</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	
Location of Asbestos-Containing Material (ACM) IN Facility (13) TO BE ABATED	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)
Attic	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Pipe Insulation	1,500 LF
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste
City, State BRISTOL, PA 19007		Disposal Date	Name of Registered Landfill FAIRLESS LANDFILL
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro</i>
Date 8/3/18			

ASB-41
MAY 11 **BS18041-58**

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

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



Date of Notification (1) <u>6</u> / <u>1</u> / <u>18</u>		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5-7/30/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2000 Pennington Rd.							
		City, State, Zip Code Ewing, NJ 08628							
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Rd.		Square Feet 66,000	# of Floors 2						
City (5) Ewing		Bldg. Age 88							
County (6) MERCER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roy Mosaicant		Telephone No. 610-891-0114	License No. 00509						
Start Date (10) <u>7</u> / <u>5</u> / <u>18</u>	Scheduled Completion Date (11) <u>8</u> / <u>10</u> / <u>18</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>7:00</u> PM - <u>7:00</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"/> Renovation <input checked="" 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 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro / jh</i>			Date 7/30/18			

ASB-41
MAY 11 **BS18041-58**

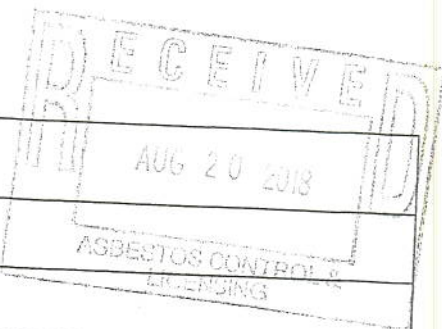
* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) The College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #REV #4- 7/27/18 <input type="checkbox"/> Emergency (including justification)		Street Address 2000 Pennington Rd.
			City, State, Zip Code Ewing, NJ 08628
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2000 Pennington Rd.		Square Feet 66,000	# of Floors 2
City (5) Ewing		Bldg. Age 88	
County (6) MERCER	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET	
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Roy Mosaicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040
Start Date (10) 7 / 5 / 18		Scheduled Completion Date (11) 7 / 31 / 18	License No. 00509
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>See Below</u> AM- <u>7:00PM-7:00AM</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
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)
	Yes	No	
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste
City, State BRISTOL, PA 19007		Name of Registered Landfill FAIRLESS LANDFILL	
Disposal Date		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) BRIAN SCAFIRO	Title ESTIMATOR	Signature Brian Scafiro	Date 7-27-18

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

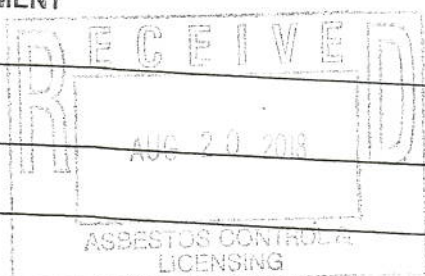


Date of Notification (1) <u>6</u> / <u>1</u> / <u>18</u>		Name of Building Owner/Operator (2) The College of New Jersey						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # R#3-7/13/18 <input type="checkbox"/> Emergency (including justification)	Street Address 2000 Pennington Rd. City, State, Zip Code Ewing, NJ 08628						
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 2000 Pennington Rd.		Square Feet 66,000	# of Floors 2					
City (5) Ewing		Bldg. Age 88						
County (6) MERCER	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET						
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Roy Mosaicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040					
Start Date (10) <u>7</u> / <u>5</u> / <u>18</u>		Scheduled Completion Date (11) <u>7</u> / <u>31</u> / <u>18</u>	License No. 00509					
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>SEE BELOW</u> AM- <u>PM 7:00PM-7:00AM</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1,500 LF	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL				
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature <i>Brian Scafiro</i>			Date 7/13/18		

ASB-41
MAY 11

BS18041-58 Do not use this form for asbestos licensure exempted activities.
NOTE: 7/13 - 4 PM - 2:30 AM; 7/14 - 1 PM - 11:30 PM; Mon 7/16 Normal hours.

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

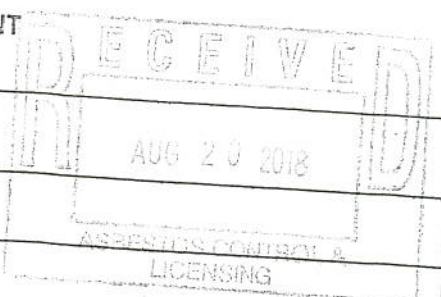


Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) The College of New Jersey							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>Rev #2-7/5/18</u> <input type="checkbox"/> Emergency (including justification)		Street Address 2000 Pennington Rd.						
			City, State, Zip Code Ewing, NJ 08628						
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2000 Pennington Rd.		Square Feet 66,000	# of Floors 2						
City (5) Ewing		Bldg. Age 88							
County (6) MERCER	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET							
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Roy Mosaicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040						
License No. 00509									
Start Date (10) 7 / 5 / 18	Scheduled Completion Date (11) 7 / 31 / 18								
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 <u>7:00PM-7:00AM</u>		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL					
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067					
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR		Signature Brian Scafiro		Date 7-5-18			

ASB-41
MAY 11 BS18041-58

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

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



Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) The College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>Rev #1-</u> <u>6/15/18</u>	Street Address 2000 Pennington Rd.	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Ewing, NJ 08628	
		Name of Contact Amanda Radosti	Telephone Number 609-771-2881

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2000 Pennington Rd.		Square Feet 66,000	# of Floors 2
City (5) Ewing		Bldg. Age 88	
County (6) MERCER	County Code (7) (STATE USE ONLY)		
Current Use (Prior if being demolished)			

Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET		
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Roy Mosicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <u>ON / Hold</u>	Scheduled Completion Date (11) / /		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>7:00PM-7:00AM</u>		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"/> Full Containment with Negative Pressure
		<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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

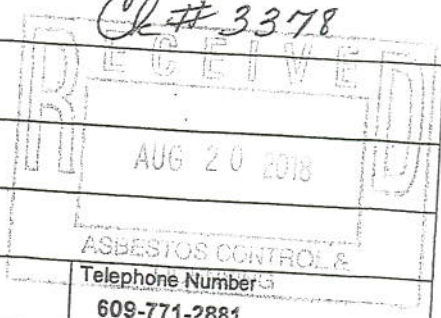
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date	City, State MORRISVILLE, PA 19067		
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature Brian Scafiro/gu		Date 6-15-18

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

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

CL # 3378

Date of Notification (1) 6 / 1 / 18		Name of Building Owner/Operator (2) The College of New Jersey	
Agencies Notified <input checked="" type="checkbox"/> EPA 0133 <input checked="" type="checkbox"/> DOLWD 0256 <input checked="" type="checkbox"/> DHSS 0171 <input checked="" type="checkbox"/> DCA 0164 (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 2000 Pennington Rd.		City, State, Zip Code Ewing, NJ 08628	
Name of Contact Amanda Radosti		Telephone Number 609-771-2881	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2000 Pennington Rd.		Square Feet 66,000	# of Floors 2
City (5) Ewing		Bldg. Age 88	
County (6) MERCER	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		ASCM No. 00021	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 28 Pennell Rd		Street Address 1123 BEAVER STREET	
City, State, Zip Code Media, PA 19063		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Roy Mosaicant		Telephone No. 610-891-0114	Telephone No. 215-788-6040
Start Date (10) 6 / 18 / 18		Scheduled Completion Date (11) 7 / 19 / 18	License No. 00509
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/7:00PM-7:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf 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
Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,500 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State BRISTOL, PA 19007		Disposal Date		City, State MORRISVILLE, PA 19067	
Completed By (Print or Type) BRIAN SCAFIRO		Title ESTIMATOR	Signature Brian Scafiro / jrl		Date 6/1/18

ASB-41
MAY 11 3518041-58

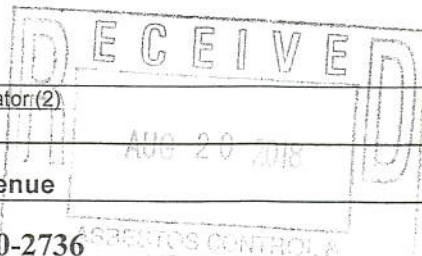
* Do not use this form for asbestos licensure exempted activities.

083160

State of New Jersey - Notification of Asbestos Abatement

PAID

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)



Date of Notification (1) August 14, 2018		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH	Notification Type x Initial Notification x Amendment # 1 Emergency (including justification)		Street Address 223 North Van Dien Avenue City, State, Zip Code Ridgewood, NJ 07450-2736
		Name of Contact William Stasiak	Telephone Number 201-447-8141
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Bergen 3rd Floor & Cheel 2nd Floor		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: Unknown # of Floors: 4 Bldg. Age: 50+ years	
Street Address 223 North Van Dien Avenue		Current Use (prior if being demolished): Hospital	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		ASCM No.	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 28 Washington Street		Street Address 511 MAIN STREET	
City, State, Zip Code Ballston Spa, NY 12020		City, State, Zip Code Butler, NJ 07405	
Project Manager or Monitoring Firm Jim Miades	Telephone Number 347.435.3561	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) August 24, 2018	Scheduled Completion Date (11) September 30, 2018		Name of OSHA Monitor EMSL inc.
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:		Street Address 1056 Stelton Road City, State, Zip Code Piscataway, NJ 08854	
Source of Asbestos (Check all that apply) <input type="checkbox"/> 100 sf or \geq 3 lf <input type="checkbox"/> 100 sf or \geq 260 Renovation Demolition x Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF) Abatement Type Remove Repair Encap Enclose
Bergen 3 rd Floor Clean Utility Rm Staff Restroom Soiled Utility Rm Cheel 2 nd Floor Janitors Closet	<input checked="" type="checkbox"/>	VAT & Mastic VAT & Mastic VAT & Mastic VAT & Mastic	140 sf 25 sf 180 sf 12 sf [X] [X] [X] [X]
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 5	Name of Registered Landfill Meadowfill Landfill/GROWS
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12561		Disposal Date September 30, 2018	City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551			
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature <i>Marin Graure</i>	Date August 24, 2018

GAC # 2018-633-005- Amendment #1 - New Start & Completion Dates

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

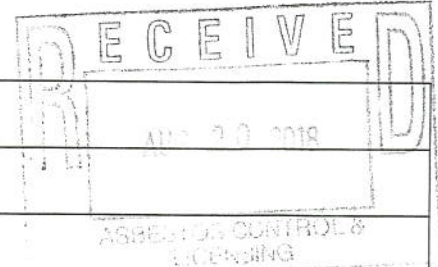
Check # 3161

GAC Project # 060-18

Date of Notification (1) August 15, 2018			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) VOORHEES HALL, BLDG# 3013			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: 3 Bldg. Age: 80+ years		
Street Address COLLEGE AVENUE CAMPUS			Current Use (prior if being demolished): ACADEMIC		
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.		
Street Address 3 TERRI LANE			Street Address 511 MAIN STREET		
City, State, Zip Code BURLINGTON, NJ 08016			City, State, Zip Code BUTLER, NJ 07405		
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840	
Scheduled Start Date (10) 08/24/18		Scheduled Completion Date (11) 8/25/18		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 Daily (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) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf </div> <div> <input checked="" type="checkbox"/> Renovation Demolition </div> <div> <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 </div> </div>					
Location of Asbestos-Containing Material (ACM) in Facility (13) Room 103A, 103B & FOYER	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) 24 SF	Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler See Hauler Below #1 & 2					
NJDEP Waste Hauler ID # See Below		Cubic Yards of Waste: 5 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 08/24/2018	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 15, 2018	

Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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



Date of Notification (1) 08/08/2018		Name of Building Owner/Operator (2) Residence							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code East Rutherford NJ 07073 Name of Contact Michael McDonnell							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		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) East Rutherford		Square Feet 2,652	# of Floors 4						
County (6) Bergen		Bldg. Age 98							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.	Name of Abatement Contractor (9) Brinks Tank Services						
Street Address PO Box 354		Street Address 1256 Liberty Avenue							
City, State, Zip Code South Orange, NJ 07079		City, State, Zip Code Hillside, NJ 07205							
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 08/20/2018	Scheduled Completion Date (11) 09/04/2018	Name of OSHA Monitor A. Seine Lighthouse Solutions							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 354							
<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 South Orange, NJ 07079							
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 checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe wrap	42 LF	X			
Ground Level Floor		X		Pipe wrap	58 LF	X			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill Waste Management Landfill					
City, State East Orange, NJ			Disposal Date	City, State Penn Argyle, PA					
Completed by Alison Lamers		Title Office Manager	Signature <i>Alamers</i>			Date 08/08/2018			

From: GREENWOOD ABATEMENT

19734920133

08/13/2018 08:41

#054 P.002/004

State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED
10 DAY

Date of Notification (1) August 10, 2018		Name of Building Owner (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (Including Justification)	
Street Address 223 North Van Dien Avenue		City, State, Zip Code Ridgewood, NJ 07066	
Name of Contact William Staelak		Telephone Number 201-447-8141	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Bergen 3rd Floor & Cheil 2nd Floor		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 223 North Van Dien Avenue		Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		AGCM No.	
Street Address 28 Washington Street		Street Address 511 MAIN STREET	
City, State, Zip Code Ballston Spa, NY 12020		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Jim Miades		Telephone Number 347.435.3551	
Scheduled Start Date (10) August 17, 2018		Scheduled Completion Date (11) August 31, 2018	
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:		Name of OSHA Monitor EMSL Inc.	
		Street Address 1055 Stelton Road	
		City, State, Zip Code Placataway, NJ 08864	
Source of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Non-bag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscel.)	Amount (Specify SF or LF)
Bergen 3 rd Floor Clean Utility Rm Staff Restroom Soiled Utility Rm Cheil 2 nd Floor Janitors Closet		VAT & Mastic VAT & Mastic VAT & Mastic VAT & Mastic	140 sf 25 sf 180 sf 12 sf
Name of Reg. Waste Hauler See Hauler Below # 1 & 2	NJ DEP Waste Hauler ID # See Below	Cubic Yards of Waste:	Name of Regulated Landfill Meadowhill Landfill/GROWS
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12581		Disposal Date August 31, 2018	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		City, State Route 2, Box 68 Bridgeport, WVA 304-842-2784	
Completed by (Printer Type) Marin Grause	Title SENIOR PROJECT MANAGER	Signature Marin Grause	Date August 10, 2018

GAC # 2018-633-005

From: GREENWOOD ABATEMENT

19734920133

08/13/2018 08:41

#054 P.002/004

State of New Jersey - Notification of Asbestos Abatement

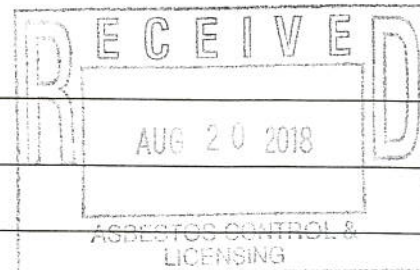
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

Date of Notification (1) August 10, 2018		Name of Building Owner/Operator (2) The Valley Hospital	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification)	Street Address 223 North Van Dine Avenue	City, State, Zip Code Ridgewood, NJ 07436
Name of Facility Where Abatement is Taking Place (3) The Valley Hospital Bergen 3rd Floor & Chees 2nd Floor		Name of Contact William Staelak	
Street Address 223 North Van Dine Avenue		Telephone Number 201-447-8741	
City (5) Ridgewood	County (6) Bergen	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Colden Corporation		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 28 Washington Street		Street Address 511 MAIN STREET	
City, State, Zip Code Ballston Spa, NY 12020		City, State, Zip Code Butler, NJ 07405	
Project Manager for Monitoring Firm Jim Miades		Telephone Number 973-492-0477	
Telephone Number 347.435.3551		License Number 00840	
Scheduled Start Date (10) August 17, 2018		Name of OSHA Monitor EMSL Inc.	
Scheduled Completion Date (11) August 31, 2018		Street Address 1086 Stelton Road	
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:		City, State, Zip Code Placataway, NJ 08864	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition			
Location of Asbestos-Containing Material (ACM) in Facility (13) Bergen 3rd Floor Clean Utility Rm Staff Restroom Soiled Utility Rm Chees 2nd Floor Janitors Closet		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	
Description of Asbestos Containing Material (ACM) (14) (thermal systems insulation, surfacing, VAT, or other misc.) VAT & Mastic VAT & Mastic VAT & Mastic VAT & Mastic		Amount (Specify SF or LF) 140 sf 25 sf 180 sf 12 sf	
Name of Reg. Waste Hauler See Hauler Below # 1 & 2		NJ DEP Waste Hauler ID # See Below	
Cubic Yards of Waste: See Below		Name of Registered Landfill Meadowfill Landfill/GROWS	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJ DEP # 12581		Disposal Date August 31, 2018	
Hauler #2) Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551		City, State Route 2, Box 88 Bridgeport, WVA 304-842-2784	
Completed by (Print or Type) Marin Graure	Title SENIOR PROJECT MANAGER	Signature Marin Graure	Date August 10, 2018

GAC # 2018-633-005

CK 400518460-8
PAID

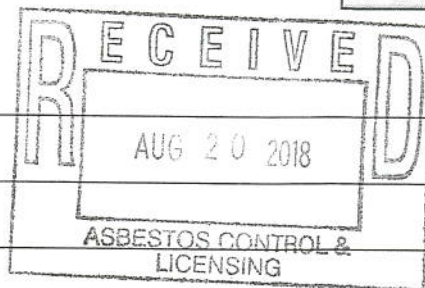
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08/13/2018		Name of Building Owner/Operator (2) Leonard Morelli							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona, NJ 07044							
		Name of Contact Leonard Morelli	Telephone Number						
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 N/A	# of Floors N/A						
City (5) Verona		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 3 Crosswicks Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-345-8685						
Start Date (10) 08/23/2018		Scheduled Completion Date (11) 08/24/2018	License No. 01311						
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: Occupied		Name of OSHA Monitor D&S Abatement, Inc.							
		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
Basement		X		VAT	800 SF	X			
Garage		X		Duct Insulation	50 SF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 08/13/2018			

OK 17695/1182

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



PAID

Date of Notification (1) 08/13/2018		Name of Building Owner/Operator (2) Marisa Elizondo							
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 <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Nutley, 07110							
		Name of Contact Marisa Elizondo							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		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) Nutley		Square Feet N/A	# of Floors N/A						
County (6) Essex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685						
			License No. 01311						
Start Date (10) 08/24/2018		Scheduled Completion Date (11) 08/25/2018							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor D&S Abatement, Inc.							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	55 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 		Date 08/13/2018			

PAID

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

CR # 3420

Date of Notification (1) 8/9/18		Name of Building Owner / Operator (2) Johns Manville	
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 checked="" type="checkbox"/> Amended-#1 - 8/14/18 <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 437 N. Grove Street City, State & Zip Code Berlin, NJ 08009 Name of Contact Tim Logsdon Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Johns Manville		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 437 N Grove Street		Square Feet 100000	# of Floors Various
City (5) Berlin	County (6) Camden	Bldg. Age 85	
County Code (7)		Current Use (Prior if being demolished) Manufacturing	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental, Inc		ASCM No.	
Street Address 617 Stokes Road		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC	
City, State & Zip Code Medford NJ 08055		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Mark Rubnitz		Telephone Number 609-868 - 1676	Telephone Number 215-788-6040
License Number 00509		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Scheduled Start Date (10) 8/20/18	Scheduled Completion Date (11) 8/25/18	Street Address 1123 BEAVER STREET	
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: 7:00am - 4:00pm <input checked="" type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		Abatement Type
Hazardous Room	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Transite	2800 SF
Office	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	VAT	4 SF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
	<input type="checkbox"/> <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 15	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE 19720	Disposal Date TBD	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro / jk</i>	Date 8/14/18

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

Ch # 3417

Date of Notification (1) 8/9/18		Name of Building Owner / Operator (2) Johns Manville	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL 9432 <input checked="" type="checkbox"/> DOH 9449 <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 437 N Grove Street		City, State & Zip Code Berlin, NJ 08009	
Name of Contact Tim Logsdon		ASBESTOS CONTROL & LICENSING	
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Johns Manville			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 437 N Grove Street			Square Feet 100000		
City (5) Berlin			County (6) Camden		County Code (7)
			# of Floors Various		Bldg. Age 85
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental, Inc			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 617 Stokes Road			Street Address 1123 BEAVER STREET		
City, State & Zip Code Medford NJ 08055			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm Mark Rubnitz			Telephone Number 609-868 - 1676		License Number 00509
Scheduled Start Date (10) 8/20/18		Scheduled Completion Date (11) 8/25/18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: 7:00am - 4:00pm <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

Scope of Work (Check all that apply)

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

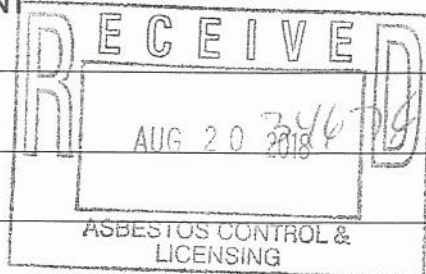
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Hazardous Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite	50 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VAT	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1	Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE 19720		Disposal Date TBD	City, State WAYNESBURG, OH 44688		
Completed By (Print or Type) PATRICK T. DeCARO		Title Estimator	Signature <i>Patrick T. DeCaro</i>		Date 8/9/18

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 5:16)



Date of Notification (1) 08 / 15 / 18		Name of Building Owner/Operator (2) Lertch Wrecking & Disposal	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5115 Belmar Blvd.	
		City, State, Zip Code Farmingdale, NJ 07727	
		Name of Contact Doug	Telephone Number 732-681-0206

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Point Pleasant		Square Feet 1500 sf	# of Floors 1
		Bldg. Age 65	
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 08 / 16 / 18	Scheduled Completion Date (11) 08 / 17 / 18	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

Scope of Work (Check all that apply)

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

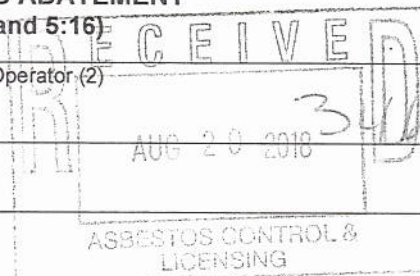
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1500 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 08/17/18		City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Femicola	Title Project Manager	Signature 		Date 8/15/18	

08/15/18

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



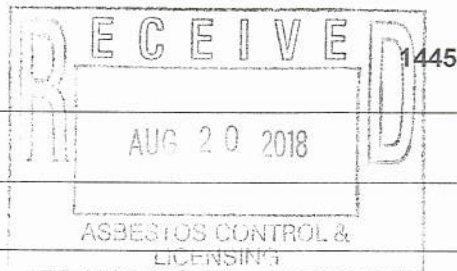
Date of Notification (1) 08 / 15 / 18		Name of Building Owner/Operator (2) Barry Argiro							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Warren, NJ 07059 Name of Contact Barry Argiro Telephone Number 1							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1200 sf							
City (5) Lavallette		# of Floors 1							
County (6) Ocean		Bldg. Age 65							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
City, State, Zip Code		Street Address 1889 Route 9, Unit 61							
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755							
Telephone No.		Telephone No. 732-349-9932							
Start Date (10) 08 / 29 / 18		License No. 00624							
Scheduled Completion Date (11) 08 / 31 / 18		Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 1056 Stelton							
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 Piscataway, New Jersey 08854							
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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1200 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey		Disposal Date 08/31/18		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature [Signature]		Date 8/15/18			

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

117

Date of Notification (1) August 15, 2018		Name of Building Owner/Operator (2) Bridgewater Site							
Agencies Notified		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		10 Finderne Avenue City, State, Zip Code Bridgewater, NJ 08807							
Type Notification		Name of Contact							
<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Project Manager Telephone Number 973-641-1736							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridgewater Site		Type of Facility (4)							
Street Address 10 Finderne Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bridgewater, NJ 08807		Square Feet	# of Floors						
County (6) SOMERSET		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) business							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 Doolittle Drive		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000						
Start Date (10) 7/2/18		Scheduled Completion Date (11) 7/2/19	License No. 00781						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor The MACK Group, LLC.							
<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 1500 Kings HWY N, STE 209							
Scope of Work (Check All That Apply)		City, State, Zip Code Cherry Hill, NJ 08034							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Building 2 Lab 2134E		<input checked="" type="checkbox"/>		VAT / mastic	1400 sf	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		Transite	200 sf	<input checked="" type="checkbox"/>			
Lab 1117-1121		<input checked="" type="checkbox"/>		Transite	616 s/f	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Freehold Carting		NJ DEP Waste Hauler ID No. 15939	Cubic Yards of Waste 22.2	Name of Registered Landfill Cumberland County Landfill					
City, State Freehold, NJ		Disposal Date 7/2/19		City, State Newburg, PA					
Completed by Mike Cooper		Title President	Signature 	Date 8/15/18					

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



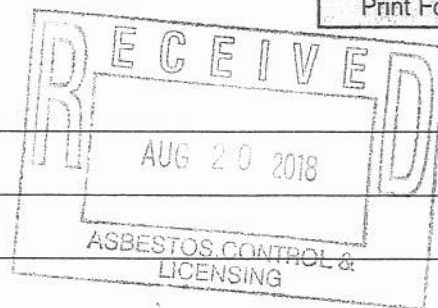
Date of Notification (1) June 18, 2018		Name of Building Owner/Operator (2) Bridgewater Site							
Agencies Notified	Type Notification	Street Address 10 FINDERNE AVENUE							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bridgewater, NJ 08807							
		Name of Contact Project Manager	Telephone Number 973-641-1736						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bridgewater Site		Type of Facility (4)							
Street Address 10 FINDERNE AVENUE		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bridgewater, NJ 08807		Square Feet	# of Floors						
County (6) SOMERSET		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) business							
Name of Monitoring Firm Hired by Building Owner (8) AET		ASCM No. 0021	Name of Abatement Contractor (9) The MACK Group, LLC						
Street Address 907 DOOLITTLE DRIVE		Street Address 1500 KINGS HWY N, STE 209							
City, State, Zip Code Bridgewater, NJ 08807		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm Eric Houseknecht		Telephone No. (908) 218-1108	Telephone No. (973) 759 - 5000						
License No. 00781		Name of OSHA Monitor The MACK Group, LLC.							
Start Date (10) 7/2/18	Scheduled Completion Date (11) 7/2/19		Street Address 1500 KINGS HWY N, STE 209						
Occupancy Status During Abatement (Check Only One)			City, State, Zip Code Cherry Hill, NJ 08034						
<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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Building 2 Lab 2134E		<input checked="" type="checkbox"/>		VAT / mastic	1400 sf	<input checked="" type="checkbox"/>			
"-"		<input checked="" type="checkbox"/>		transite	200 sf	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 16	Name of Registered Landfill Cumberland County Landfill					
City, State Newark, NJ		Disposal Date 7/2/19		City, State Newburg, PA					
Completed by Mike Cooper		Title President	Signature 	Date 6/18/18					

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Print Form

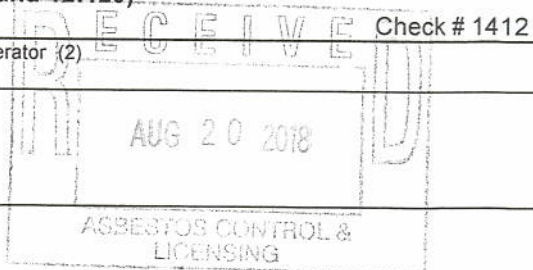
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 8/15/18		Name of Building Owner/Operator (2) Tom McAleer Private Home							
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Tabernacle NJ 08088							
		Name of Contact Tom	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Tom McAleer Private 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 1000 +	# of Floors 2						
City (5) Tabernacle NJ 08088		Bldg. Age 50+							
County (6) Burlington	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 8/28/18	Scheduled Completion Date (11) 9/7/18	Name of OSHA Monitor Same							
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Exterior Siding			x	fiber Board	1800 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ			Disposal Date 9/7/18	City, State Morrisville PA 1960					
Completed by Anthony T Perna		Title President	Signature 			Date 8/15/18			

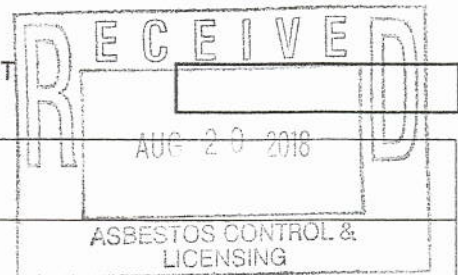
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) August 14, 2018		Name of Building Owner / Operator (2) Bank of America	
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"/> Cancellation	Street Address 25 North Maple Avenue City, State & Zip Code Ridgewood, NJ 07450 Name of Contact Peter Varricchio - Northfield Construction Corp.	
		Telephone Number 973-882-7800	
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 & commercial buildings, home, etc.)	
Street Address 25 North Maple Avenue		Square Feet 4,500	# of Floors 2
City (5) Ridgewood		Bldg. Age 70	
County (6) Bergen		Current Use (Prior if being demolished) Commercial	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis US Inc.		ASCM No.	
Street Address 35 Columbia Road		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Branchburg, NJ 08876		Street Address 829 Radio Road	
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 908-526-1000		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) August 25, 2018	Scheduled Completion Date (11) September 25, 2018	Name of OSHA Monitor Synatech, 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 <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥ 3 sf or ≥ 50 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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 or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Abatement Type
	Yes No N/A		Removal Repair Encapsulate Enclosure
First Floor Lavatories		Drywall	200 SF X
Doorway Areas of Lavatories		Drywall/Joint Compound	16 SF X
Mechanical Area between Lavatories		Pipe Insulation	10 LF X
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 6
City, State Little Egg Harbor, NJ 08087		Disposal Date September 26, 2018	Name of Registered Landfill Fairless Hills
Completed By Diane Aloia		Signature <i>Diane Aloia</i>	City, State Morrisville, PA
Title Executive Administrator		Date August 14, 2018	

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



Check#3137

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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 / 18		Name of Building Owner/Operator (2) Michael Martinez	
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)		Street Address [REDACTED] City, State, Zip Code Montclair, NJ 07042	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Michael Martinez Telephone Number [REDACTED]	

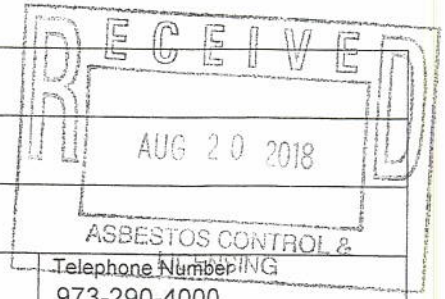
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Animal Hospital Street Address 417 Bloomfield Avenue City (5) Montclair, NJ 07042		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) 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) Street Address City, State, Zip Code		ASCN No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm Telephone No.		Telephone No. License No.	
Start Date (10) 08 / 24 / 18		Scheduled Completion Date (11) 08 / 28 / 18	
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 Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> > 160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	420 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 Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD Disposal Date TBD	Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 08/14/18

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

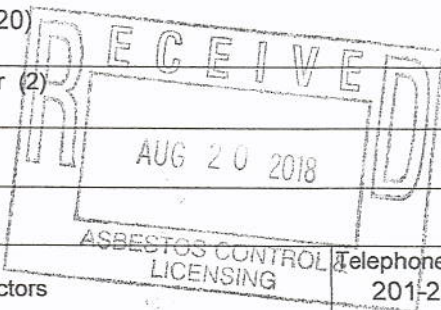


Date of Notification (1) 08/14/2018		Name of Building Owner/Operator (2) College of Saint Elizabeth							
Agencies Notified	Type Notification	Street Address 2 Convent Rd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Steve Iacovo	Telephone Number 973-290-4000						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Henderson Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 2 Convent Rd		Square Feet N/A	# of Floors N/A						
City (5) Morristown		Bldg. Age N/A							
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) United Safety LLC						
Street Address		Street Address 22 Troy Lane							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 973-276-0099	License No. 01317						
Start Date (10) 08/15/2018	Scheduled Completion Date (11) 08/17/2018	Name of OSHA Monitor United Safety LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 22 Troy Lane							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Henderson Hall - Ground Floor		X		Elbows	12 Total	X			
Hallway Outside of Boiler Room									
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Tullytown, PA					
Completed by Vanco Petkov		Title Project Manager	Signature 			Date 08/14/2018			

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



Date of Notification (1) 8-15-2018		Name of Building Owner / Operator (2) Glen Rock Jewish Center	
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	
Street Address 682 Harristown Road		City, State & Zip Code Glen Rock, NJ 07452	
Name of Contact Judi Forer-President-Board of Directors		Telephone Number 201-220-5320	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Glen Rock Jewish Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 682 Harristown Road		Square Feet 14,000	
City (5) Glen Rock		County (6) Passaic	County Code (7)
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Service, Inc		ASCM No. 	
Street Address PO Box 365		Name of Abatement Contractor (9) Resource Management Group, LLC	
City, State & Zip Code Berlin, NJ 08009		Street Address 2115 Hamilton Ave, Suite 202	
Project Manager for Monitoring Firm Mr. James Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279
Scheduled Start Date (10) 8-20-2018		Scheduled Completion Date (11) 8-28-2018	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours 8:30am – 5:30pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor J&S Environmental Laboratories, Inc	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)
Amount (Specify SF or LF)		Abatement Type	
		Removal Repair Encapsulate Enclosure	
Basement Boiler room		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tank Insulation 25 SF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Basement Boiler room		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Pipe Insulation 320 LF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Basement Stairwell		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Pipe Insulation 30 LF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler Resource Management Group, LLC		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD
City, State Trenton, NJ		Name of Registered Landfill Grows Landfill	
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature <i>Brian J. Haney</i>
		Date 8-15-2018	

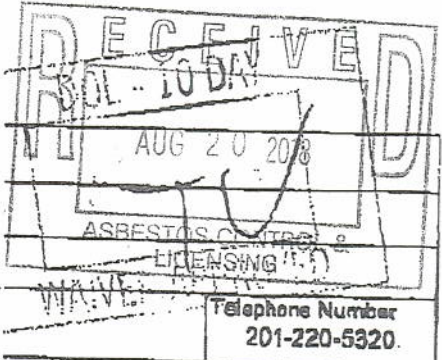
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Resource Management Group

609 914 4651

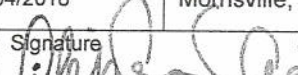
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:120)




Date of Notification (1) 8-15-2018		Name of Building Owner / Operator (2) Glen Rock Jewish Center	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address 682 Haristown Road City, State & Zip Code Glen Rock, NJ 07452 Name of Contact Judi Forer-President-Board of Directors	
Name of Facility Where Abatement is Taking Place (3) Glen Rock Jewish Center Street Address 682 Haristown Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Glen Rock	County (6) Passaic	County Code (7)	Square Feet 14,000 # of Floors 2 Bldg. Age 60
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Service, Inc. Street Address PO Box 365 City, State & Zip Code Berlin, NJ 08009		ASCM No. 888-452-1311	Current Use (Prior to being demolished) Day Care
Project Manager for Monitoring Firm Mr. James Proctor		Telephone Number 888-452-1311	Name of Abatement Contractor (9) Resource Management Group, LLC Street Address 2115 Hamilton Ave, Suite 202 City, State & Zip Code Trenton, NJ 08619
Scheduled Start Date (10) 8-20-2018		Scheduled Completion Date (11) 8-28-2018	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours 8:30am - 6:30pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor JES Environmental Laboratories, Inc. Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mink Enclosure <input type="checkbox"/> Sieve Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, V.F. or other miscellaneous)	Amount (Specify SF or LF) Abatement Type Removal Repair Encapsulate Enclosure
Basement Boiler room	<input checked="" type="checkbox"/>	Tank Insulation	25 SF
Basement Boiler room	<input checked="" type="checkbox"/>	Pipe Insulation	320 LF
Basement Stairwell	<input checked="" type="checkbox"/>	Pipe Insulation	30 LF
	<input type="checkbox"/>		
	<input type="checkbox"/>		
	<input type="checkbox"/>		
Name of Registered Waste Hauler Resource Management Group, LLC City, State Trenton, NJ		NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD Name of Registered Landfill Growl Landfill City, State Morrisville, PA
Completed By (Print or Type) Mr. Brian J. Haney		Title President	Signature
		Date 8-15-2018	

RECEIVED
AUG 20 2018
Check# 1225
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/15/2018		Name of Building Owner/Operator (2) Elizabeth Board of Education		Check# 1225 AUG 20 2018					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 500 North Boulevard Street City, State, Zip Code Elizabeth, New Jersey 07208 Name of Contact Gary Schmitt Telephone Number 908-436-5000					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Christopher Columbus School #15				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 511 Third Avenue				Square Feet 30,000 # of Floors 2 Bldg. Age 50+					
City (5) Elizabeth, New Jersey 07028		County (6) Union		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. _____		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave		City, State, Zip Code Englewood, NJ 07631		Street Address 606 McBride Ave City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm Anthony Valentine		Telephone No 201-569-6078		Telephone No. 973-225-8400 License No. 01104					
Start Date (10) 08/31/2018		Scheduled Completion Date (11) 09/4/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____				Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input 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 / Limited Containment & Tent <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 Electrical Room (Near Girl's Room)	X			Pipe Insulation	20 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 09/04/2018	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 			Date 08/15/2018		

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

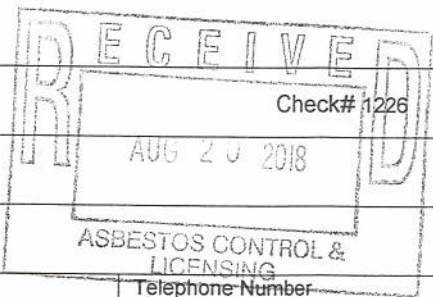
Date of Notification (1) 07/24/2018		Name of Building Owner/Operator (2) Elizabeth Board of Education		Check# 1181					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 500 North Boulevard Street City, State, Zip Code Elizabeth, New Jersey 07208 Name of Contact Gary Schmitt					
				AUG 20 2018 ASBESTOS LICENSING					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Christopher Columbus School #15				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 511 Third Avenue				Square Feet 30,000					
City (5) Elizabeth, New Jersey 07028				# of Floors 2					
County (6) Union				Bldg. Age 50+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation					
Street Address 300 Grand Ave				Street Address 606 McBride Ave					
City, State, Zip Code Englewood, NJ 07631				City, State, Zip Code Woodland Park, New Jersey					
Project Manager for Monitoring Firm Anthony Valentine		Telephone No 201-569-6078		Telephone No. 973-225-8400					
				License No. 01104					
Start Date (10) 08/17/2018		Scheduled Completion Date (11) 08/19/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 2333 Route 22 West					
				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input 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 / Limited Containment & Tent <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 Electrical Room (Near Girl's Room)	X			Pipe Insulation	20 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill				
City, State Woodland Park, New Jersey				Disposal Date 08/19/2018	City, State Morrisville, PA				
Completed by Adriana Olejarova		Title President		Signature 			Date 07/24/2018		

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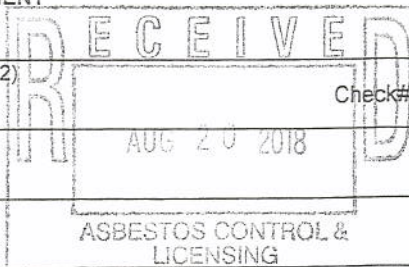
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08/15/2018		Name of Building Owner/Operator (2) Elizabeth Board of Education							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 500 North Boulevard Street City, State, Zip Code Elizabeth, New Jersey 07208 Name of Contact Gary Schmitt						
			Telephone Number 908-436-5000						
	FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) The Thomas Edison Career & Tech Academy #87		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 625 Summer Street City (5) Elizabeth, New Jersey 07028		Square Feet 30,000	# of Floors 2						
County (6) Union		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No.	Name of Abatement Contractor (9) Lilich Corporation						
Street Address 300 Grand Ave City, State, Zip Code Englewood, NJ 07631		Street Address 606 McBride Ave City, State, Zip Code Woodland Park, New Jersey							
Project Manager for Monitoring Firm Anthony Valentine		Telephone No 201-569-6078	Telephone No. 973-225-8400						
License No. 01104									
Start Date (10) 09/01/2018	Scheduled Completion Date (11) 09/04/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083						
Scope of Work (Check All That Apply) <div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure </div> </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor Slop Sink Room		X		Pipe Insulation	20 LF	X			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Woodland Park, New Jersey			Disposal Date 09/04/2018	City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President	Signature 			Date 08/15/2018			

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



Date of Notification (1) 07/24/2018		Name of Building Owner/Operator (2) Elizabeth Board of Education		Check# 1180	
Agencies Notified	Type Notification	Street Address 500 North Boulevard Street		City, State, Zip Code Elizabeth, New Jersey 07208	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Gary Schmitt		Telephone Number 908-436-5000	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) The Thomas Edison Career & Tech Academy #87			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 625 Summer Street			Square Feet 30,000	# of Floors 2	Bldg. Age 50+
City (5) Elizabeth, New Jersey 07028		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) High School	
County (6) Union		Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc		ASCM No. _____	
Street Address 300 Grand Ave		City, State, Zip Code Englewood, NJ 07631		Name of Abatement Contractor (9) Lilich Corporation	
Project Manager for Monitoring Firm Anthony Valentine		Telephone No 201-569-6078		Street Address 606 McBride Ave	
Start Date (10) 08/18/2018		Scheduled Completion Date (11) 08/20/2018		City, State, Zip Code Woodland Park, New Jersey	
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: _____			Telephone No. 973-225-8400		
Name of OSHA Monitor Iris Environmental Laboratories, LLC			License No. 01104		
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 / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes	No	N/A		
2nd Floor Slop Sink Room		X		Pipe Insulation	20 LF
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 3	
City, State Woodland Park, New Jersey		Disposal Date 08/20/2018		Name of Registered Landfill Fairless Landfill	
Completed by Adriana Olejarova		Title President		Signature 	
				Date 07/24/2018	

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

Check # 1430

Date of Notification (1) August 15, 2018		Name of Building Owner / Operator (2) Chris Daley							
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG 20 2018 ASBESTOS CONTROL & LICENSING </div>						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	City, State & Zip Code Chatham, NJ 07928							
		Name of Contact		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		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, home, etc.)							
City (5) Chatham		Square Feet 2,242	# of Floors 2 + Basement						
County (6) Morris		Bldg. Age 71 years							
County Code (7) USE ONLY		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Synatech, Inc.							
City, State & Zip Code		Street Address 829 Radio Road							
Project Manager for Monitoring Firm		City, State & Zip Code Little Egg Harbor, NJ 08087							
Telephone Number		Telephone Number 609-296-6916	License Number 00817						
Scheduled Start Date (10) August 28, 2018	Scheduled Completion Date (11) September 27, 2018	Name of OSHA Monitor Synatech, Inc.							
Occupancy Status During Abatement (Check only one)		Street Address 829 Radio Road							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code Little Egg Harbor, NJ 08087							
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 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 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
Basement		X		Floor Tile/Mastic	760 SF	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 12	Name of Registered Landfill Fairless Hills					
City, State Little Egg Harbor, NJ		Disposal Date September 28, 2018		City, State Morrisville, PA					
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>				Date August 15, 2018			

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PAGE 03/04

Check#3136

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

Date of Notification (1) 08 / 15 / 18		Name of Building Owner/Operator (2) Max Segal
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code West Orange, NJ 07052 Name of Contact Max Segal

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) West Orange, NJ 07052 County (6) Essex		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 and commercial buildings, homes, etc.) Square feet _____ # of Floors _____ Bldg. Age _____ Current Use (Prior if being demolished) _____
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code Project Manager for Monitoring Firm Telephone No.	ASCM No. Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127	Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470 Telephone No. 973-638-1777 License No. 01127

Start Date (10) 08 / 16 / 18	Scheduled Completion Date (11) 08 / 17 / 18	Name of OSHA Monitor Envirovision Consultants Inc Street Address 20-21 Wagaraw Road, Bldg # 35E City, State, Zip Code Fair Lawn, NJ 07410
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		Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) <input type="checkbox"/> 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"/>	Pipe insulation	150 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 Gr Tech LLC	NJ DEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.I., Inc
City, State Wayne, NJ 07470	Disposal Date TBD	City, State Tullytown, PA	
Completed By (Print or Type) N. Jevtic	Title Owner	Signature [Signature]	Date 08/15/18

MAY 11

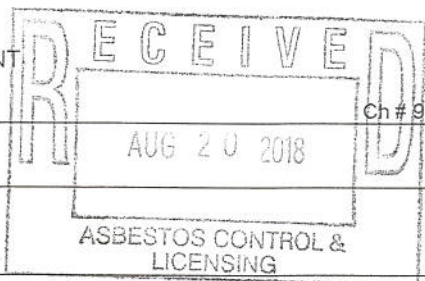
* Do not use this form for asbestos licensing exempted activities.

OK9077

State of New Jersey

PAID

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



Date of Notification (1) 8/15/18		Name of Building Owner/Operator (2) Susan Brady	
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 of Notification	Street Address [REDACTED]	
	<input checked="" type="checkbox"/> Initial Notification	City, State, Zip Code Montville, NJ 07045	
	<input type="checkbox"/> Amended Notification	Name of Contact Susan Brady	
	<input type="checkbox"/> Cancellation	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 checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet: 2000 # of Floors: 2 Bldg. Age: ~65 Current Use (Prior if being demolished) residence		
City (5) Montville	County (6) Morris	County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm Hired by Building Owner N/A		ASCM No. 000	Name of Abatement Contractor (9) Jupiter Environmental Services, Inc.		
Street Address			Street Address 323 Changebridge Rd., Suite 100		
City, State, Zip Code			City, State, Zip Code Pine Brook, NJ 07058		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number 973-575-8700		License Number 00852
Scheduled Start Date (10) 8/25/18	Sched. Completion Date (11) 9/1/18		Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input checked="" type="checkbox"/> Other – Describe: <u>partially vacant</u>			Street Address 2333 Route 22W		
			City, State, Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | | <input checked="" type="checkbox"/> Mini – Enclosure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | | <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 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			R	E	N	E	N
basement		x		TSI	20 LF	x				

Name of Registered Waste Hauler Jupiter Environmental Services		NJDEP Waste Hauler ID No. 04782	Cubic Yards Of Waste 1	Name of Registered Landfill Alliance Landfill	
City, State Pine Brook, NJ		Disposal Date 9/5/18		City, State Taylor, PA	
Completed By (Print or Type) Pane Repic		Title General Manager	Signature 		Date 8/15/18

OK4727

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

Date of Notification (1) 8/16/18		Name of Building Owner/Operator (2) MS. DANIEL ROHME							
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 [REDACTED]	City, State, Zip Code FAIRLAWN, NJ. 07410						
		Name of Contact MS. ROHME	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. DANIEL ROHME		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 2100	# of Floors 2						
City (5) FAIRLAWN		Bldg. Age 1910							
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)		Name of Abatement Contractor (9) Best Removal Inc.							
Street Address		Street Address 450 South River Street							
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 8/27/18	Scheduled Completion Date (11) 8/28/18	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler Street							
		City, State, Zip Code South Hackensack, NJ 07606							
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			<input checked="" type="checkbox"/>	VAT	4905 SF				
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Hackensack, NJ 07601		Disposal Date 8/28/18		City, State Waynesburg, OH 44688					
Completed by J. Maiorano		Title Estimator	Signature <i>[Signature]</i>	Date 8/16/18					