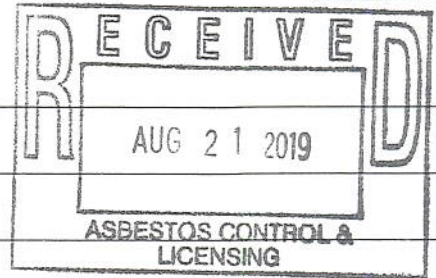


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

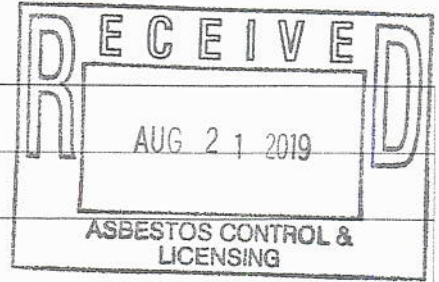


Date of Notification (1) 08/19/19		Name of Building Owner/Operator (2) Atlantic Site Construction							
Agencies Notified	Type Notification	Street Address 1144 East County Line Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ, 08701							
		Name of Contact Atlantic Site Construction	Telephone Number 732-703-1174						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 341 Brighton Ave		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 341 Brighton Ave		Square Feet	# of Floors						
City (5) Long Branch		Bldg. Age							
County (6) Ocean	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 08/30/2019	Scheduled Completion Date (11) 09/03/2019	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
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: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				ACM Siding	2500 SF	x			
INTERIOR				ACM Linoleum flooring	250 SF	x			
INTERIOR				ACM Ceiling	30 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 09/03/2019	City, State BETHLEHEM PA						
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date 08/19/19			

Inv# 13879

CK1001 PAID

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



Date of Notification (1) 08/19/2019		Name of Building Owner/Operator (2) Duke Realty							
Agencies Notified	Type Notification	Street Address 161 Washington Street, Suite 1020							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Conshohocken, PA 19428							
		Name of Contact David Jennings	Telephone Number 484-533-2637						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Gerdau-Ameristeel		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 225 Elm Street		Square Feet 8,000	# of Floors 2						
City (5) Perth Amboy, NJ 08861		Bldg. Age 1920's approx.							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) J M Sorge		ASCM No.	Name of Abatement Contractor (9) G.I. Solution Services LLC						
Street Address 57 4th Street		Street Address 1032 Bond Street, 2nd Floor							
City, State, Zip Code Somerville, NJ 08876		City, State, Zip Code Elizabeth, NJ, 07201							
Project Manager for Monitoring Firm John Bracken		Telephone No. 908-218-0066	Telephone No. 908-353-6135						
Start Date (10) 08/29/2019		Scheduled Completion Date (11) 09/29/2019	License No. 02015						
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor							
		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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) 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
Building 1401			X	Main roof / parapet	10,930 SF	X			
Building 1401			X	Window caulk	745 LF	X			
Building 1401 - 1501			X	Air cell pipe insulation	3 LF	X			
Building 1501			X	Transite Panel	20 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 100 C/Y	Name of Registered Landfill GRAND CENTRAL					
City, State Newark, NJ		Disposal Date		City, State Pen Argyl, PA					
Completed by William Mawyin		Title Project Manager		Signature <i>William Mawyin</i>				Date 08/19/2019	

Inv # 13881

B & G proj. #: 2019-122

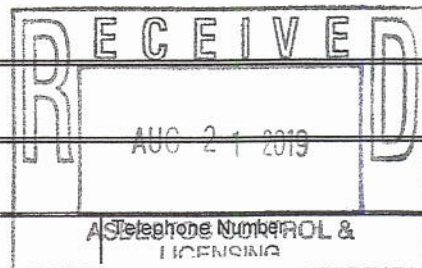
PAID

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

Inv # 13881

Check # 9502

Date of Notification (1) 08/19/19		Name of Building Owner/Operator (2) Robert Crothers	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code South Orange, NJ 07079	
Name of Contact Robert Crothers		Telephone Number [REDACTED]	



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Robert Crothers			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 [REDACTED]		
City (5) South Orange, NJ 07079			# of Floors [REDACTED]		
County (6) Essex			Bldg. Age [REDACTED]		
County Code (7) (State use only)			Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]			ASCM No. [REDACTED]		
Street Address [REDACTED]			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code [REDACTED]			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number [REDACTED]			Telephone Number (973)696-6869		
Scheduled Start Date (10) 08/29/2019			License Number 00378		
Sched. Completion Date (11) 08/30/2019			Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
garage			<input checked="" type="checkbox"/>	pipe insulation	50 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement boiler room			<input checked="" type="checkbox"/>	pipe insulation	6 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 08/30/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/19/2019

B & G proj. #: 2019-193

PAID

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

Inu# 13883
Check # 9503

Date of Notification (1) 08/19/19		Name of Building Owner/Operator (2) Nan Childress Orchard		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 21 2019 ASBESTOS CONTROL & LICENSING </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 1980 Morrison Avenue		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Union, NJ 07083		
		Name of Contact Nan Childress Orchard		
				Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Nan Childress Orchard			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 1980 Morrison Avenue			Square Feet # of Floors Bldg. Age		
City (5) Union, NJ 07083	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 08/30/2019		Sched. Completion Date (11) 08/31/2019	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

Scope of Work (check all that apply)

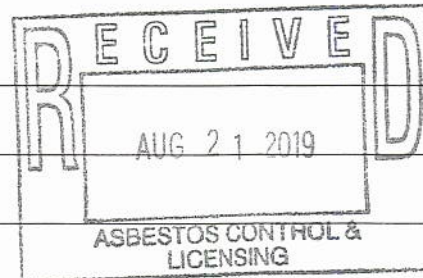
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
closet under stairs			<input checked="" type="checkbox"/>	pipe insulation	3 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
basement boiler room			<input checked="" type="checkbox"/>	pipe insulation	3 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1/2	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 08/31/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/19/2019

INV# 13776
CK4153 PAID

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



Date of Notification (1) 08/19/2019		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified	Type Notification	Street Address 190 Muhammad Ali 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07108	
		Name of Contact Benjamin Olagadeyo	Telephone Number 973-938-7544

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) 13th Avenue School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 359 13th Avenue		Square Feet 83,420	# of Floors 4
City (5) Newark, NJ 07103		Bldg. Age 73	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. _____	
Street Address 7 Pleasant Hill Road		Name of Abatement Contractor (9) Smac Corp.	
City, State, Zip Code Cranbury, NJ 08512		Street Address 431 North Midland Ave.	
Project Manager for Monitoring Firm Kevin Lovely		Telephone No. 732-390-5858	License No. 01110
Start Date (10) 08/20/2019	Scheduled Completion Date (11) 08/23/2019	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Facility occupied during Abatement		Street Address 1056 Shelton Rd.	
		City, State, Zip Code Piscataway, NJ 08854	

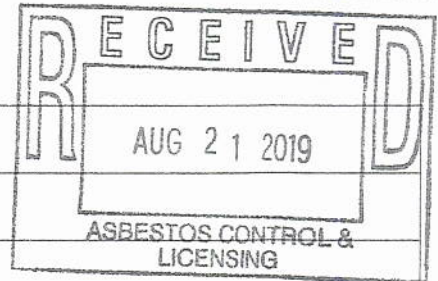
Scope of Work (Check All That Apply)

<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 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
Cafeteria		X		ACM Floor Tile and Mastic	1,375 SF	X			

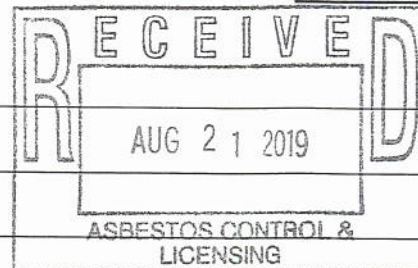
Name of Registered Waste Hauler Smac Corp.		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste	Name of Registered Landfill Grows Landfill	
City, State Saddle Brook, NJ 07663		Disposal Date 08/23/2019	City, State Morrisville, PA		
Completed by Borce Gjorsoski	Title President	Signature <i>Borce Gjorsoski</i>	Date 08/19/2019		

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



Date of Notification (1) 8/19/2019		Name of Building Owner/Operator (2) LANXESS Solutions US Inc.							
Agencies Notified	Type Notification	Street Address 1020 Kings George Post Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 10 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fords, NJ 08863							
		Name of Contact Lisa Daniels	Telephone Number 732-306-4959						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) LANXESS Solutions US Inc.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1020 King George Post Road		Square Feet	# of Floors						
City (5) Fords		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) boiler house piping, processing plant & tanks							
Name of Monitoring Firm Hired by Building Owner (8) Emilcott Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Stryker Demolition & Environmental Services, LLC						
Street Address 190 Park Avenue		Street Address 992 Old Eagle School Road, STE 910							
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Wayne, PA 19087							
Project Manager for Monitoring Firm David Tomsey		Telephone No. 973-538-1110	License No. 01286						
Start Date (10) 2/18/2019	Scheduled Completion Date (11) 10/31/2019	Name of OSHA Monitor Stryker Demolition & Environmental Services, 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 checked="" type="checkbox"/> Other – Describe: boiler house		Street Address 992 Old Eagle School Road, STE 910							
		City, State, Zip Code Wayne, PA 19087							
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 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
#6 Fuel Line		X		Pipe Insulation (TSI)	197 LF	X			
Door Gasket, caulk, counter		X		Other Misc.	530 LF	X			
QA, M1D, E2, E1 Area		X		Pipe Insulation (TSI)	2672 LF	X			
ZAA, Ester 2, PA Tank, E1		X		Surfacing	2538 SF	X			
Name of Registered Waste Hauler Horwith Trucks, Inc.		NJDEP Waste Hauler ID No. SW-1998	Cubic Yards of Waste 45	Name of Registered Landfill Cumberland County Landfill					
City, State Northampton, PA		Disposal Date 9/6/2019		City, State Shippensburg, PA					
Completed by Mark Klotzbach		Title Vice President		Signature 		Date 8/19/2019			

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



IN#13781
CK2007 PAID

Date of Notification (1) 8/19/19		Name of Building Owner/Operator (2) Matthew Lamberta	
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 Haworth, NJ 07641	
		Name of Contact Matthew Lamberta	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 checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Haworth		Square Feet 2995	# of Floors 2
County (6) Bergen		Bldg. Age 65+/-	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		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) 8/20/19	Scheduled Completion Date (11) 8/25/19	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		City, State, Zip Code	

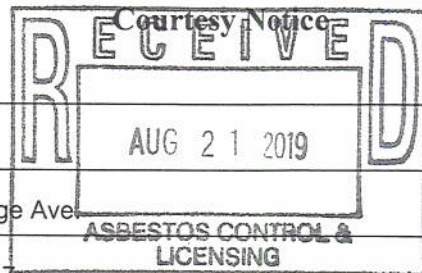
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) 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
Main Basement Area		x		VAT	814 SF	x			
Cedar Closet		x		VAT	57 SF	x			
Utility Room		x		VAT	11 SF	x			

Name of Registered Waste Hauler All Stages Abatement	NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 10 YD	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Saddle Brook, NJ		Disposal Date TBD	City, State Pen Argyl, PA
Completed by Richard Cristofol	Title President	Signature 	Date 8/19/19

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



Date of Notification (1) 8/19/2019		Name of Building Owner/Operator (2) USEPA							
Agencies Notified	Type Notification	Street Address 2890 Woodbridge Ave.							
<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 Edison, NJ 08837							
		Name of Contact Gary Kiniery- Chenega Services	Telephone Number (731) 261-8786						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Building # 209		Type of Facility (4)							
Street Address 2890 Woodbridge Ave.		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Edison, NJ 08837		Square Feet 20000	# of Floors 1						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 80 +/-						
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
License No. 00493									
Start Date (10) 9/6/2019	Scheduled Completion Date (11) 9/22/2019		Name of OSHA Monitor MECS						
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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
Bathrooms (2)		X		VAT	690 lf	X			
Lab Area		X		Transite Panels Fume Hood	60 sf	X			
Lab Area				Transite Lab Top	12 sf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 8/23/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature 	Date 8/19/2019					