

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

CF # 3421

Date of Notification (1) <b>8/15/18</b>		Name of Building Owner / Operator (2) <b>Wells Fargo Bank</b>	
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		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  AUG 22 2018  ASBESTOS CONTROL &amp; LICENSING </div>
	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation		
	Street Address <b>One South Broad Street</b>		
	City, State & Zip Code <b>Philadelphia, PA 19107</b>		
		Name of Contact <b>Anmar Baban</b>	Telephone Number <b>212-703-3647</b>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Wells Fargo NBOC</b>		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 <b>100 Fidelity Plaza</b>		Square Feet <b>75,000</b>	# of Floors <b>2</b>
City (5) <b>North Brunswick</b>		County (6) <b>Middlesex</b>	Bldg. Age <b>45+</b>
County Code (7)		Current Use (Prior if being demolished) <b>Banking Offices</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>	
City, State & Zip Code <b>Trenton, NJ 08010</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Rollie Jones</b>		Telephone Number <b>609-392-4200</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>8/27/18</b>	Scheduled Completion Date (11) <b>8/28/18</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5:00 PM to 1:30 AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</b>	

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 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)			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
<b>2<sup>nd</sup> Floor Women's Restroom</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>80 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

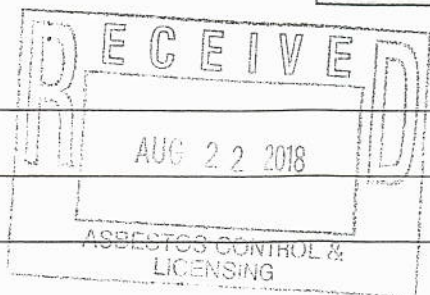
  

Name of Registered Waste Hauler <b>Service Transport Inc.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1 CU YD</b>	Name of Registered Landfill <b>Minerva Landfill</b>
City, State <b>New Castle, DE</b>	Disposal Date <b>8/27/18</b>	City, State <b>Waynesburg, Ohio</b>	
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>8/15/18</b>



OK 8796

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



Date of Notification (1) 08/20/2018		Name of Building Owner/Operator (2) Frank Rotella	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Washington Township, NJ 07676	
		Name of Contact Frank Rotella	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 1800	# of Floors 1
City (5) Washington Township		Bldg. Age 40	
County (6) Gloucester County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. _____	Name of Abatement Contractor (9) DIA General Construction, Inc.
Street Address _____		Street Address 1360 Clifton Avenue, PMB Suite 218	
City, State, Zip Code _____		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm _____		Telephone No. _____	License No. 00693
Start Date (10) 08/31/2018	Scheduled Completion Date (11) 09/02/2018	Name of OSHA Monitor DIA General Construction, 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 1360 Clifton Avenue, PMB Suite 218	
		City, State, Zip Code Clifton, NJ 07012	

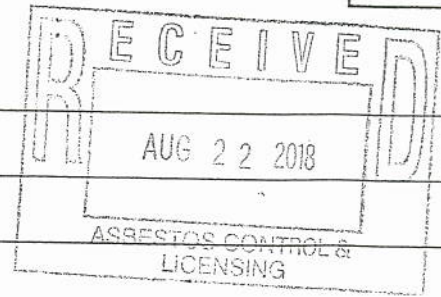
**Scope of Work (Check All That Apply)**

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Floor Tiles	750 SF	X			

Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 4 CY	Name of Registered Landfill Minerva Landfill	
City, State New Castle, DE 19720		Disposal Date 9/02/2018		City, State Waynesburg, OH 44688	
Completed by Milan NJezic	Title Vice President	Signature 		Date 08/20/2018	

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



Date of Notification (1) 8/20/18		Name of Building Owner/Operator (2) The Learning Gate							
Agencies Notified	Type Notification	Street Address 816 Old York Rd.							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869							
		Name of Contact Ruth Todd	Telephone Number 609-751-7240						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Day Care Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 816 Old York Rd.		Square Feet 8000	# of Floors 2						
City (5) Raritan		Bldg. Age 65 +/-							
County (6) Somerset	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Day Care Center							
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.	Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 8/24/18	Scheduled Completion Date (11) 8/28/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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
1st FL		x		VAT	551 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3	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 8/20/18			

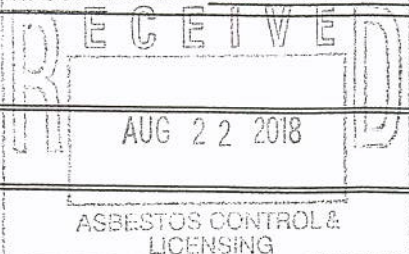


B &amp; G proj. #: 2018-163

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

\*\*\* EMERGENCY \*\*\*

Check # 9159

Date of Notification (1) 08/16/18		Name of Building Owner/Operator (2) Jessika Kleen		
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 Waldwick, NJ 07463		
Name of Contact Jessika Kleen		Telephone Number		

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Jessika Kleen			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) Waldwick, NJ 07463	County (6) Bergen	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. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address [REDACTED]			Street Address 105 Ryerson Road	
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869	License Number 00378
Scheduled Start Date (10) 08/21/2018	Sched. Completion Date (11) 08/24/2018	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 checked="" type="checkbox"/> Full Containment w/negative pressure	<input type="checkbox"/> Glovebag procedure
<input type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Lower level family room			<input checked="" type="checkbox"/>	VAT (no mastic)	256 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 08/25/2018	City, State Pen Argyle, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 08/16/2018



State of NJ  
Notification of Asbestos Abatement  
(Pursuant to NJAC 8:60-7 and 12:125.4)  
\*\*\* EMERGENCY \*\*\*

B & G Proj. #: 2018-163

Date of Notification (1)  
08/11/18

Name of Building Owner/Operator (2)  
Jessica Kleen

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification  
☒ Initial  
☐ Amendment  
☐ Cancellation

Street Address  
[REDACTED]

City, State, Zip Code  
Waldwick, NJ 07463

Name of Contact  
Jessica Kleen

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)  
Jessica Kleen

Street Address  
[REDACTED]

City (5)  
Waldwick, NJ 07463

County (6)  
Bergen

County Code (7)  
(State use only)

Type of Facility (4)  
☐ School (K-12)  
☐ Subchapter 8 (Other than K-12)  
☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)  
Residential

Name of Monitoring Firm Hired by Bldg. Owner (8)  
[REDACTED]

ASCM No.  
n/a

Name of Asbestos Contractor (9)  
B & G Restoration, Inc.

Street Address  
105 Ryer on Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Telephone Number  
(973) 694-6889

License Number  
00378

Name of OSHA Monitor  
B & G Restoration, Inc.

Street Address  
105 Ryer on Road

City, State, Zip Code  
Lincoln Park, NJ 07035

Scheduled Start Date (10)  
08/21/2018

Sched. Completion Date (11)  
08/24/2018

Occupancy Status During Abatement (Check only one)  
☒ Facility closed/evacuated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours.  
☐ Other-Describe:

Scope of Work (check all that apply)  
☐ Demolition  
☐ >2 sf or >2 lf  
☒ Renovation  
☒ ≥160 sf or ≥260 lf  
☒ Full Container with negative pressure  
☐ Mini-enclosure  
☐ Glovebag procedure  
☐ 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)	Remove	Repair	Encapsulate	Monitor
	Yes	No	N/A						
Lower level family room			X	VAT (no mastic)	256 sf	X			

Registered Waste Handler  
B & G Restoration, Inc.

NJ DEP Permit ID  
19563

Cubic Yards of Waste  
4

Name of Registered Landfill  
Grand Central Landfill

City, State  
Lincoln Park, NJ

Disposal Date  
08/25/2018

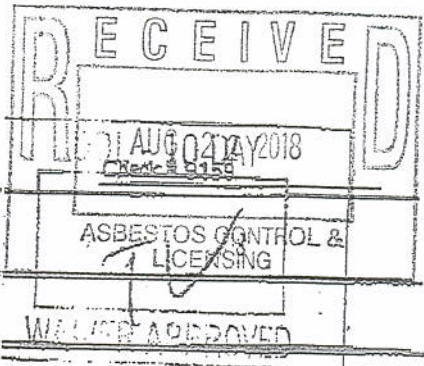
City, State  
Perryville, PA

Completed by (Print or Type)  
Gordana Luna

Title  
Secretary/Treasurer

Signature  
Gordana Luna

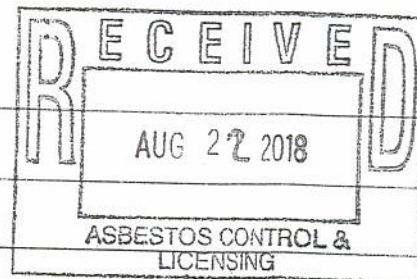
Date  
08/16/2018





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



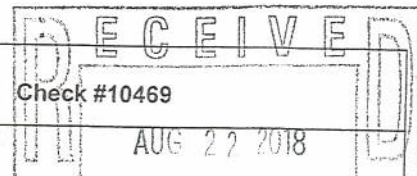
Date of Notification (1) 8/14/18		Name of Building Owner/Operator (2) Harlingen Associates, LLC.							
Agencies Notified	Type Notification	Street Address 36-Brower Lane							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Hillsborough, NJ 08844							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Jeff Coe	Telephone Number 908-482-6769						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 2161-Route 206		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 2161-Route 206		Square Feet 2400	# of Floors 2						
City (5) Montgomery, NJ 08502		Bldg. Age +50							
County (6) Somerset	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Dinago Environment LLC.						
Street Address		Street Address 339-Lafayette Street							
City, State, Zip Code		City, State, Zip Code Newark, NJ 07105							
Project Manager for Monitoring Firm		Telephone No. 973-491-0877	License No. 01240						
Start Date (10) 8/24/18	Scheduled Completion Date (11) 8/27/18	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <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
OUTSIDE SIDING		X		VAT	2600SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill ISES LANDFIELD BETHLEHEM					
City, State P.O. BOX 5670, NEWARK, NJ 07105			Disposal Date	City, State BETHLEHEM, PA.					
Completed by CARLOS GOMES		Title PRESIDENT	Signature 	Date 8/14/18					



ck 10469

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

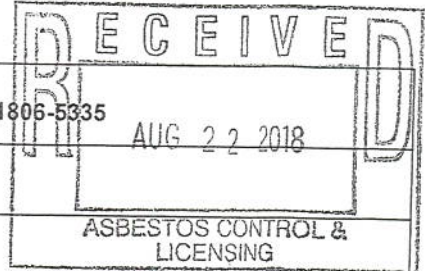
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Date of Notification (1) 8 / 17 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1808-5365 Check #10469							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> 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 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Ray D'Anjou Telephone Number 856-778-6894							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Bordentown Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 410 Route 130		Square Feet # of Floors Bldg. Age							
City (5) Bordentown, NJ		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Annex Building							
County (6) Burlington		Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Bureau Veritas							
Name of Abatement Contractor (9) AbateTech, Inc.		Street Address 30 Maple Ave. PO Box 25							
Street Address Raritan Plaza I, 4th Floor- 110 Fieldcrest Avenue		City, State, Zip Code Lumberton, NJ 08048							
City, State, Zip Code Edison, NJ 08837		Telephone No. License No. 609-265-2107 00529							
Project Manager for Monitoring Firm J-B Chadwick		Telephone No. 732-489-2813							
Start Date (10) 8 / 29 / 19		Scheduled Completion Date (11) 8 / 31 / 18							
Name of OSHA Monitor EMSL Analytical		Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM							
Street Address 200 Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	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"/>	Perimeter Roof Flashing	225 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 Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste 40	Name of Registered Landfill Conestoga Landfill					
City, State Flanders, NJ		Disposal Date 8/31/18		City, State Morgantown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature		Date 8/17/18			



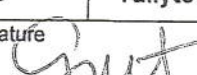
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 8 / 16 / 18		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1806-5335							
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 #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact John Greco	Telephone Number 201-602-1499						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JCP&L- Morristown		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 7 Andrea Lane									
City (5) Morristown, NJ		Square Feet	# of Floors Bldg. Age						
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 140 S. Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	Telephone No. 609-265-2107 License No. 00529						
Start Date (10) 7 / 12 / 18	Scheduled Completion Date (11) 8 / 31 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/1:30PM- AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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"/> <input type="checkbox"/> <input 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
Exterior Pole JC149MRT	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 8/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature <i>GMA</i>		Date 8/16/18			




RECEIVED  
08-5358 Check #10464  
AUG 22 2018  
ASBESTOS CONTROL &  
LICENSING

Date of Notification (1) 8 / 14 / 18		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1808-5358 Check #10464		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  AUG 22 2018 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>10 Legion Place- Building A</b> City, State, Zip Code <b>Morristown, NJ 07960</b> Name of Contact <b>Matt Turner</b>					
				Telephone Number <b>215-221-9335</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L- Boonton Line Shop</b>				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 <b>41 N. Briarcliff Road</b>				Square Feet # of Floors Bldg. Age					
City (5) <b>Mountainside, NJ</b>									
County (6) <b>Union</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Substation</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; health, Inc.</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>140 S. Village Ave. Suite 130</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Exton, PA 19341</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Telephone No. <b>610-524-5525</b>		Telephone No. <b>609-265-2107</b> License No. <b>00529</b>					
Start Date (10) 8 / 15 / 18		Scheduled Completion Date (11) 8 / 15 / 18		Name of OSHA Monitor <b>EMSL Analytical</b>					
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 <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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) <b>TO BE ABATED</b> 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) <b>16 LF</b>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers		<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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>8/15/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>8/14/18</b>		

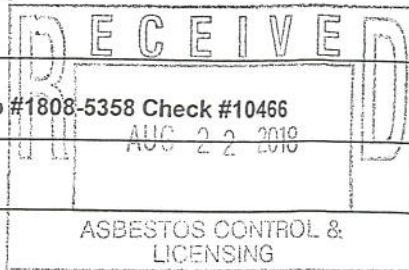


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8 / 15 / 18		Name of Building Owner/Operator (2) Seton Hall University		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>              / Job #1808-5362 Check #10467              AUG 22 2018              ASBESTOS CONTROL &amp;           </div>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 400 South Orange Ave.				
		City, State, Zip Code South Orange, NJ				Name of Contact Leon Vandemeulebroeke				
						Telephone Number 973-761-9454				
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) Seton Hall- Student Center				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 400 South Orange Ave.				Square Feet						
City (5) South Orange				# of Floors						
County (6) Essex				Bldg. Age						
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) College								
Name of Monitoring Firm Hired by Building Owner (8) Omega Environmental		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 280 Huyler Street				Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code South Hackensack, NJ 07606				City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm Geiser Fajardo		Telephone No. 201-489-8700		License No. 00529						
Start Date (10) 8 / 16 / 18		Scheduled Completion Date (11) 8 / 17 / 18		Name of OSHA Monitor EMSL Analytical						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-4PM/ _____ PM-_____ AM				Street Address 200 Route 130 North						
				City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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 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				
						Removal	Repair	Encapsulate	Enclosure	
Galleon Room		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Double layer floor tile	15 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 4	Name of Registered Landfill Fairless Landfill					
City, State Lumberton, NJ				Disposal Date 8/17/18	City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/15/18				




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



Date of Notification (1) 8 / 14 / 18		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1808-5358 Check #10466							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Matt Turner	Telephone Number 215-221-9335						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JCP&L- Summit Line Shop		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 116 Village Road									
City (5) Chatham, NJ		Square Feet	# of Floors						
County (6) Union		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & health, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 140 S. Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	License No. 00529						
Start Date (10) 8 / 15 / 18	Scheduled Completion Date (11) 8 / 15 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input 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"/> <input type="checkbox"/> <input 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) <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 Pole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 8/15/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 		Date 8/14/18			



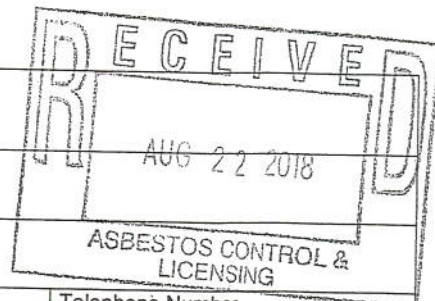
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)

Date of Notification (1) 8 / 14 / 18		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1808-5358 Check #10465							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Matt Turner	Telephone Number 215-221-9335						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JCP&L- Summit Line Shop		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 700 Fairmont Avenue		Square Feet	# of Floors						
City (5) Chatham, NJ		Bldg. Age							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & health, Inc.	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 140 S. Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Brian Hovendon	Telephone No. 610-524-5525	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 8 / 15 / 18	Scheduled Completion Date (11) 8 / 15 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input 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"/> <input type="checkbox"/> <input 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) <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 Pole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 8/15/18	City, State Tullytown, PA						
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator	Signature 				Date 8/14/18		



OK548

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



Date of Notification (1) 08 / 21 / 18		Name of Building Owner/Operator (2) Verizon							
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 1 Verizon Way City, State, Zip Code Basking Ridge, NJ 07920 Name of Contact Brian Kingsbury Telephone Number (201) 356-5166							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon		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 71 Madison Avenue		Square Feet 10,000							
City (5) Jersey City, NJ		# of Floors 3							
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.							
Street Address 8436 Enterprise Avenue		Name of Abatement Contractor (9) JVN Restoration Inc							
City, State, Zip Code Philadelphia, PA 19153		Street Address 47 Foster Road							
Project Manager for Monitoring Firm Mark Jenkins		City, State, Zip Code Staten Island NY 10309							
Telephone No. 215-365-5870		Telephone No. 718-605-6256							
Start Date (10) 09 / 30 / 18		License No. 00774							
Scheduled Completion Date (11) 10 / 30 / 18		Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-1:30AM		Street Address 10 59 Jackson Avenue							
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code LIC NY 11101							
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 A/C Fan Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	120SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566		Cubic Yards of Waste 15		Name of Registered Landfill G.R.O.W.S., Inc.			
City, State Newark, NJ		Disposal Date 10/31/18		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 08-21-18			



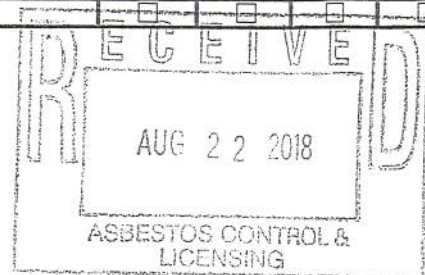
**STATE OF NEW JERSEY  
NOTIFICATION OF ASBESTOS ABATEMENT  
(PURSUANT TO NJAC 8:60-7 AND 12:120-7)**

**Check #3164** **931809D**

Date of Notification (1) 06 / 07 / 18		Name of Building Owner / Operator (2) Mondelez International		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   AUG 22 2018   ASBESTOS CONTROL &amp; LICENSING </div>	
Agencies Notified		Street Address			
Type of Notification		City, State, Zip Code			
Amendment # 2		Name of Contact			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation		2211 Route 208 North Fairlawn, New Jersey, 07410 PETER VILLANO Telephone Number 201-794-4000	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Mondelez International			Type of Facility (4)		
Street Address 2211 Route 208			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial bldgs., homes, etc.)		
City (5) Fairlawn	County (6) Bergen	County Code (7)	Square Feet 1,000,000	# Of Floors 3	Building Age 40 +
Name of Monitoring Firm Hired by Bldg. Owner (8) AET			ASCM NO NORTHSTAR CONTRACTING GROUP, INC.		
Street Address 907 Doolittle Drive			Street Address		
City, State, Zip Code Bridgewater, NJ 08807			32 Williams Parkway City, State, Zip Code		
Project Mngr. For Monitoring Firm Eric Houseknecht			Telephone Number 908-218-1108		
Sched. Start Date (10) 06 / 25 / 18			Sched. Completion Date (11) 06 / 24 / 19		
Occupancy Status During Abatement (Check Only 1)			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC.		
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: MON-FRI <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM			Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥3sf or ≥3lf <input type="checkbox"/> Mini - Enclosure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos Containing  <b>TO BE ABATED</b> 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 M O V A L	R E P A I R
2ND FLOOR OVEN#7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	ROLLER GASKETS	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR OVEN#7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	TRANSITE	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR OVEN#7	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	GASKET	4,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2ND FLOOR BAKE SHOP	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	PIPE & FITTING	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NEWARK CARTING NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill GROWS	
City, State NEWARK, NJ EAST HANOVER, NJ		Disposal Date	City, State Morrisville, PA 19067		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature		Date 08/21/18



Location of Asbestos Containing  <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Main- tenance/ 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 M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>						
MEZZANINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DC WAREHOUSE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	6 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1ST FLOOR BAKERY	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	5 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MEZZANINE	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PIPE & FITTING	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"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>





NO  
OK

Amendment #1 - Change of Waste transporter 8/14/18

8/15/18  
Amendment #2

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

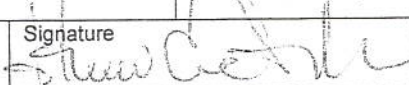
New Waste Transporter

Date of Notification (1) 07 / 31 / 18		Name of Building Owner/Operator (2) PPP SS 60 Goffle Rd, LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>              AUG 22 2018              ASBESTOS CONSULTING              FIRM           </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5.23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 3384 Peachtree Rd NE, 4th Fl			
		City, State, Zip Code Atlanta, GA 30326				Name of Contact Paul Tagliaferri			
						Telephone Number 631-254-3680			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Shopping Center				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 66 Goffle Rd				Square Feet 10000	# of Floors 1				
City (5) Hawthorne				Bldg Age 55					
County (6) Passaic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Shopping Center					
Name of Monitoring Firm Hired by Building Owner (8) Arcturus-Environmental		ASCM No.	Name of Abatement Contractor (9) Microtech Contracting Corp.						
Street Address 1972 E 36th St 2344 30th Ave		Street Address 38 Kean St							
City, State, Zip Code Brooklyn, NY 11234 Brick, NJ 08724		City, State, Zip Code West Babylon, NY 11704							
Project Manager for Monitoring Firm Frank Trimargo Kelly Walton		Telephone No. 908-823-4301 732-617-9279	Telephone No. 631-243-5559		License No. 01021				
Start Date (10) 08 / 14 / 18		Scheduled Completion Date (11) 08 / 31 / 18		Name of OSHA Monitor Same as Above					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 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 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
Roof 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar on Copings	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof 1 & 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar on Chimney	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar under Copings	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof 3	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Tar on Walls	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Tri-State Transfer		NJDEP Waste Hauler ID No. 49531		Cubic Yards of Waste 20	Name of Registered Landfill Minerva Enterprises				
City, State NEW HAVEN, CT		City, State Hampton, NY		Disposal Date TBD	City, State PEN ARGYLE, PA				
Completed By (Print or Type) Vincent Arbucci		Title President		Signature 		Date 7/31/18			



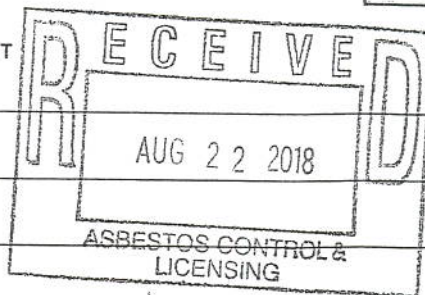
OK 1273

**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) Borough of West Long Branch		Check #1273	
Agencies Notified		Type Notification		Street Address 965 West Broadway	
<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 West Long Branch, New Jersey 07765	
		Name of Contact Lori Cole		Telephone Number 732-229-1756 x.100	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) West Long Branch Library				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 95 Poplar Avenue				Square Feet 4500	
City (5) West Long Branch				# of Floors 1	
County (6) Monmouth				Bldg. Age 1958	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Library (Closed Not In Use)			
Name of Monitoring Firm Hired by Building Owner (8) Lis Consulting Services, LLC		ASCM No.		Name of Abatement Contractor (9) Louis Simon Group, Inc.	
Street Address 134 Bennington Parkway		Street Address 44 Molly Pitcher Drive			
City, State, Zip Code Franklin Park, New Jersey 08823		City, State, Zip Code Manalapan, New Jersey 07726			
Project Manager for Monitoring Firm Krzysztof Lis		Telephone No. 732-940-6207		License No. 01359	
Start Date (10) 08/27/2018		Scheduled Completion Date (11) 09/30/2018		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, New Jersey 07083	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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)
	Yes	No	N/A		
Entire Building			X	Waterproofing Tar	3200
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 850	Name of Registered Landfill GROWS - Fairless Landfill
City, State Newark, New Jersey		Disposal Date		City, State Morrisville, Pennsylvania	
Completed by Mitko Cvetkovski		Title PM		Signature 	Date 08/16/2018



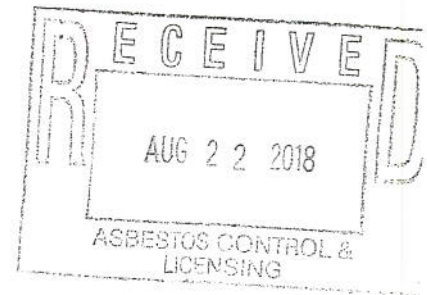
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08/20/2018		Name of Building Owner/Operator (2) The Chemours Company							
Agencies Notified	Type Notification	Street Address 1007 Market Street							
<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 Wilmington, DE 19899							
		Name of Contact Jim Lacey	Telephone Number 856-540-2394						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility - Bldg J1 Jackson Lab		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 Canal Road		Square Feet 30,000	# of Floors 4						
City (5) Deepwater		Bldg. Age 100							
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Offices/Labs							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No. _____	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Drive							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm JT Morrison		Telephone No. 302-326-2333	Telephone No. 610-691-1800						
Start Date (10) 09/04/2018		Scheduled Completion Date (11) 12/30/18	License No. 00721						
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: DEMO - 12/30/18-02/28/18		Name of OSHA Monitor Brandenburg							
		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem PA 18015							
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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See attached list			X	See attached list		X			
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 200	Name of Registered Landfill Salem County Landfill					
City, State Bethlehem, PA		Disposal Date 9/10/18-12/30/18		City, State Alloway Township NJ					
Completed by Stephen Carne		Title Environmental Manager	Signature 			Date 08/20/2018			

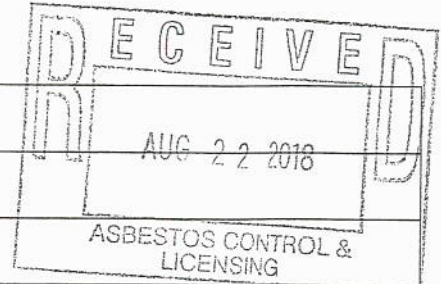
51

ROOF MASTICS	200	SF
ROOF PITCH POCKETS	20	EA
ROOF FLASHING MATERIALS	800	LF
ROOFING FIELD	3500	SF
ROOF CAULK MATERIALS	400	LF
GALBESTOS - ROOF VENTS	40	EA
ROOF SHINGLES	32800	SF
ROOF TAR PAPER	32800	SF
WALL EXPANSION JOINT MATERIALS	300	LF
WINDOW GLAZING	5380	LF
WINDOW CAULKING	5380	LF
PIPE INSULATION - EXT FRIABLE	1500	LF
PIPE INSULATION - EXT - NF	540	LF
PIPE SUPPORT - GALBESTOS	20	EA
GALBESTOS PIPE COATING	200	LF
WALL MASTIC PRODUCT	200	SF
WINDOW PANELS	150	SF
CEILING TILE MASTICS (GLUE DOTS)	106800	SF
FLOOR TILE MASTIC	106800	SF
12X12 FLOOR TILE	106800	SF
9X9 FLOOR TILE	106800	SF
STAIR TREAD MASTIC	4500	SF
PIPE MASTIC MATERIALS	10800	LF
WHITE VICRYL PRODUCTS	8000	LF
PIPE INSULATION - FRIABLE	44190	LF
PIPE INSULATION - NF	10800	LF
DUCT MASTIC ON SEAMS	300	LF
DUCT INSULATION - FRIABLE	2000	SF
DUCT INSULATION - NF	3000	SF
CABINET LINERS	14400	SF
FIRE DOOR	270	EA
SINK UNDERCOATING	10	EA
LABSTONE	16800	SF
LAB OVENS	4	EA
LABSTONE	680	SF
TRANSITE FUME HOOD LINER	0	0
ARC ARREST PANELS	400	SF
LIGHTING HEAT CLOTH/GASKETS	320	EA





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



Date of Notification (1) 08/20/2018		Name of Building Owner/Operator (2) The Chemours Company							
Agencies Notified	Type Notification	Street Address 1007 Market Street							
<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 Wilmington, DE 19899							
		Name of Contact Jim Lacey	Telephone Number 856-540-2394						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility - Bldg 1094		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 Canal Road		Square Feet 12,000	# of Floors 2						
City (5) Deepwater		Bldg. Age 35+							
County (6) Salem	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Offices							
Name of Monitoring Firm Hired by Building Owner (8) Harvard Environmental Inc.		ASCM No. _____	Name of Abatement Contractor (9) Brandenburg Industrial Service Company						
Street Address 760 Pulaski Highway		Street Address 2217 Spillman Drive							
City, State, Zip Code Bear, DE 19701		City, State, Zip Code Bethlehem, PA 18015							
Project Manager for Monitoring Firm JT Morrison		Telephone No. 302-326-2333	Telephone No. 610-691-1800						
Start Date (10) 09/04/2018		Scheduled Completion Date (11) 11/02/18	License No. 00721						
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: DEMO - 11/02/18-11/30/18		Name of OSHA Monitor Brandenburg							
		Street Address 2217 Spillman Drive							
		City, State, Zip Code Bethlehem PA 18015							
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 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
B 1094 Throughout			X	Mastic under FI Tile & Carpeting	14,000 SF	X			
Throughout			X	Fire Doors	8 EA	X			
Name of Registered Waste Hauler Brandenburg Industrial Service Co		NJDEP Waste Hauler ID No. 21838	Cubic Yards of Waste 60	Name of Registered Landfill Chemours Onsite					
City, State Bethlehem, PA		Disposal Date 9/10/18-11/09/18		City, State Deepwater NJ					
Completed by Stephen Carne		Title Environmental Manager	Signature 			Date 08/20/2018			



OK 1111

B &amp; G proj. #: 2018-165

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

Non Sub 8

Check # 9161

Date of Notification (1) 10/8/2018/11/18		Name of Building Owner/Operator (2) Care Point Health	
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 29 East 29th Street		City, State, Zip Code Bayonne, NJ 07002	
Name of Contact John Gilson		Telephone Number (973)296-5089	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Bayonne Medical Center (NON Sub 8)			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 29 East 29th Street			Square Feet # of Floors Bldg. Age		
City (5) Bayonne	County (6) Hudson	County Code (7) (State use only)	Current Use (Prior if being demolished) Hospital (non sub 8)		
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		
Scheduled Start Date (10) 08/30/2018		Sched. Completion Date (11) 09/05/2018	License Number 00378		
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: work shift 7:00 am - 3:30 pm			Name of OSHA Monitor B & G Restoration, Inc.		
			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
Pharmacy Office			<input checked="" type="checkbox"/>	pipe fittings	30 fittings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compound Chemical Room			<input checked="" type="checkbox"/>	pipe fittings	30 fittings	<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 3	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 09/05/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 08/20/2018