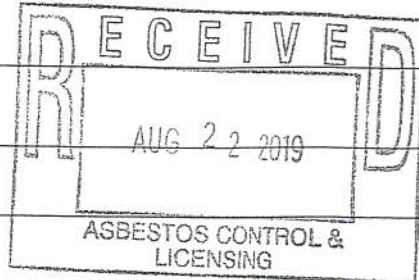


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>1</u> / <u>22</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Millennial Partners LLC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>8</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Riverside Drive Suite 500</b>	
		City, State, Zip Code <b>Camden NJ 08103</b>	
		Name of Contact	Telephone Number <b>1 800 971-6773</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>The Victor Bldg</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>201 N. Front Street</b>			
City (5) <b>Camden</b>		Square Feet <b>90,000</b>	# of Floors <b>7</b>
		Bldg. Age <b>100 +</b>	
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni</b>		ASCM No.	
Street Address <b>515 Grove Street, Suite 1B</b>		Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>	
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>	
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone No. <b>856-656-2875</b>	Telephone No. <b>215 322-2900</b>
Start Date (10) <u>2</u> / <u>1</u> / <u>19</u>		License No. <b>00783</b>	
Scheduled Completion Date (11) <u>11</u> / <u>30</u> / <u>19</u>		Name of OSHA Monitor <b>Criterion Labs</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: <u>7</u> AM- <u>4</u> PM/ <u>      </u> PM- <u>      </u> AM		Street Address <b>400 Street Road</b>	
		City, State, Zip Code <b>Bensalem Pa 19020</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Ins. above Plaster Ceiling	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated Plaster Ceiling	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>58 PYLES LANE NEW CASTLE DE</b>			Disposal Date	City, State <b>WAYNESBURG, OHIO</b>	
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>	Title <b>ASST. ADMINISTRATOR</b>	Signature 		Date <b>8/21/2019</b>	



RECEIVED

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
Victor Building Warehouse	YES	Old Roof below newer roof	32,000 sf	X			
Victor Building Warehouse	NO	Wire Insulation	500 LF	X			
Through out	N/A	Residual 9 X 9 Mastic	150 SF	X			
1st Fl Cafeteria		Residual 9 X 9 Mastic	100 SF	X			
1st fl small office		Residual 9x9 Mastic	600 sf	X			
2nd Fl Large Rm 40sf under concrete floor		Residual 9x9 Mastic	60 sf	X			
2nd Fl Large Rm entry-stairway		Duct Tar	840 sf	X			
Above Ceilings and Old Roof		Block Pipe Insulation	50 lf	X			
Above Large Storage 4" dia		Block Pipe Insulation	50 lf	X			
Above Large Storage 1' dia		Block Pipe Insulation	35 lf	X			
2nd floor Tool Shop		Block Pipe Insulation	3 lf	X			
2nd floor Tool Shop Closet		9x9 Gray Floor Tile and Mastic	360 sf	X			
2nd floor office after bathrm		cove base mastic	50 lf	X			
1st Fl, in pile debris in cafeteria		Mastic on bottom of drywall	600 sf	X			
1st Floor Cafeteria/Kitchen Side		9x9 Floor Tile	600 sf	X			
1st fl Cafeteria /kitchen side floor tile continues under walls and mastic		Residual 12 x 12 Mastic	1,275 sf	X			
1st fl,entryway to stairs and into walk-in freezers							



DECEIVE

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED OR FACILITY INSULATING	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
Victor Building & Warehouse	YES	NO	N/A				
1st fl Superintendent's Office		X	9x9 Red floor tile and Mastic	600 sf	X		
1st fl Kitchen		X	Mastic associated with non-ACM kitchen sheet flooring	1,350 sf	X		
Exterior		X	Door Frame Caulk	32 lf	X		
Exterior		X	Exterior Window Caulk	250 lf	X		
Exterior		X	Exterior Window Glazing	1,420 lf	X		
Top Roof		X	Roofing Material	32,000 sf	X		
7th Floor		X	Contaminated Plaster ceiling	1500 SF	X		
7th Floor		X	Pipe insulation above plaster ceiling	200LF	X		
8th Floor		X	Pipe insulation above plaster ceiling	8 LF	X		
Ware house existing roof		X	Partial Rotted Roof	1800 SF	X		



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

1370-03

RECEIVED

AUG 22 2019

ASBESTOS CONTROL &  
LICENSING

Date of Notification (1) 1 / 22 / 19		Name of Building Owner/Operator (2) Millennial Partners LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #7 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Riverside Drive Suite 500							
		City, State, Zip Code Camden NJ 08103							
		Name of Contact	Telephone Number 1 800 971-6773						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Victor Bldg		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 201 N. Front Street		Square Feet 90,000	# of Floors 7						
City (5) Camden		Bldg. Age 100 +							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.	Name of Abatement Contractor (9) DELTA/BJDS, INC						
Street Address 515 Grove Street, Suite 1B		Street Address 1345 INDUSTRIAL BLVD.							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code SOUTHAMPTON PA 18966							
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-656-2875	License No. 00783						
Start Date (10) 2 / 1 / 19	Scheduled Completion Date (11) 8 / 30 / 19	Name of OSHA Monitor Criterion Labs							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM / PM- AM		Street Address 400 Street Road							
		City, State, Zip Code Bensalem Pa 19020							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
1 <sup>st</sup> Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Ins. above Plaster Ceiling	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated Plaster Ceiling	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL					
City, State 58 PYLES LANE NEW CASTLE DE			Disposal Date	City, State WAYNESBURG, OHIO					
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR	Signature <i>Christine DelViscio</i>	Date 7/24/2019					



RECEIVED

LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY		IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)		AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
Victor Building Warehouse	YES	NO	N/A						
1st fl Superintendent's Office		X		9x9 Red floor tile and Mastic	600 sf	X			
1st fl Kitchen		X		Mastic associated with non-ACM Kitchen sheet flooring	1,350 sf	X			
Exterior		X		Door Frame Caulk	32 lf	X			
Exterior		X		Exterior Window Caulk	250 lf	X			
Exterior		X		Exterior Window Glazing	1,420 lf	X			
Top Roof		X		Roofing Material	32,000 sf	X			
7th Floor		X		Contaminated Plaster ceiling	1500 SF	X			
7th Floor		X		Pipe insulation above plaster ceiling	200LF	X			
8th Floor		X		Pipe insulation above plaster ceiling	8 LF	X			
Ware house existing roof		X		Partial Rotted Roof	1800 SF	X			



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

1370-03

Date of Notification (1) <u>1</u> / <u>22</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Millennial Partners LLC</b>		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> <b>RECEIVED</b>   AUG 22 2019   <b>ASBESTOS CONTROL &amp; LICENSING</b> </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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <b>2 Riverside Drive Suite 500</b>			
		City, State, Zip Code <b>Camden NJ 08103</b>				Name of Contact			
						Telephone Number <b>1 800 971-6773</b>			
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>The Victor Bldg</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>201 N. Front Street</b>									
City (5) <b>Camden</b>				Square Feet <b>90,000</b>	# of Floors <b>7</b>				
County (6) <b>Camden</b>				Bldg. Age <b>100 +</b>					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni</b>		ASCM No.		Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>					
Street Address <b>515 Grove Street, Suite 1B</b>				Street Address <b>1345 INDUSTRIAL BLVD.</b>					
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>				City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>					
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		Telephone No. <b>856-656-2875</b>		Telephone No. <b>215 322-2900</b>	License No. <b>00783</b>				
Start Date (10) <u>2</u> / <u>1</u> / <u>19</u>		Scheduled Completion Date (11) <u>8</u> / <u>30</u> / <u>19</u>		Name of OSHA Monitor <b>Criterion Labs</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: <u>7AM-4PM</u> / <u>      </u> PM - <u>      </u> AM				Street Address <b>400 Street Road</b>					
				City, State, Zip Code <b>Bensalem Pa 19020</b>					
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 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
1 <sup>st</sup> Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Ins. above Plaster Ceiling	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated Plaster Ceiling	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>58 PYLES LANE NEW CASTLE DE</b>				Disposal Date	City, State <b>WAYNESBURG, OHIO</b>				
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>		Title <b>ASST. ADMINISTRATOR</b>		Signature <i>Christine DelViscio</i>		Date <b>6/25/2019</b>			



LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED		IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)		AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
PLANT FACILITY	2								
Victor Building Warehouse		YES	NO	N/A					
Victor Building Warehouse			X		32,000 sf	X			
Through out			X	Old Roof below newer roof	500 LF	X			
1st Fl Cafeteria			X	Wire Insulation	150 SF	X			
1st fl small office			X	Residual 9 X 9 Mastic	100 SF	X			
2nd Fl Large Rm 40sf under concrete floor			X	Residual 9 X 9 Mastic	600 sf	X			
2nd Fl Large Rm entry-stairway			X	Residual 9x9 Mastic	60 sf	X			
Above Ceilings and Old Roof			X	Duct Tar	840 sf	X			
Above Large Storage 4" dia			X	Block Pipe Insulation	50 lf	X			
Above Large Storage 1' dia			X	Block Pipe Insulation	50 lf	X			
2nd floor Tool Shop			X	Block Pipe Insulation	35 lf	X			
2nd floor Tool Shop Closet			X	Block Pipe Insulation	3 lf	X			
2nd floor office after bathrm			X	9x9 Gray Floor Tile and Mastic	360 sf	X			
1st Fl, in pile debris in cafeteria			X	cove base mastic	50 lf	X			
1st Floor Cafeteria/kitchen Side			X	Mastic on bottom of drywall	600 sf	X			
1st fl Cafeteria /kitchen side floor tile continues under walls and mastic			X	9x9 Floor Tile	600 sf	X			
1st fl,entryway to stairs and into walk-in freezers			X	Residual 12 x 12 Mastic	1,275 sf	X			



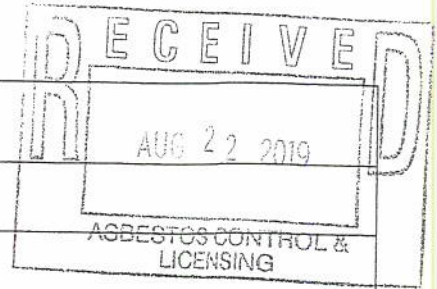
ACM  
Licensing

[illegible]



1370-03

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



Date of Notification (1) 1 / 22 / 19		Name of Building Owner/Operator (2) Millennial Partners LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Riverside Drive Suite 500 City, State, Zip Code Camden NJ 08103 Name of Contact Telephone Number 1 800 971-6773	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) The Victor Bldg		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 201 N. Front Street		Square Feet 90,000	
City (5) Camden		# of Floors 7	Bldg. Age 100 +
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.	
Street Address 515 Grove Street, Suite 1B		Name of Abatement Contractor (9) DELTA/BJDS, INC	
City, State, Zip Code Haddon Heights, NJ 08035		Street Address 1345 INDUSTRIAL BLVD.	
Project Manager for Monitoring Firm Alan Lloyd		City, State, Zip Code SOUTHAMPTON PA 18966	
Telephone No. 856-656-2875		Telephone No. 215 322-2900	License No. 00783
Start Date (10) 2 / 1 / 19	Scheduled Completion Date (11) 6 / 30 / 19	Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/ PM- AM		Street Address 400 Street Road	
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Bensalem Pa 19020	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Ins. above Plaster Ceiling	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated Plaster Ceiling	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE NEW CASTLE DE				Disposal Date	City, State WAYNESBURG, OHIO				
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR		Signature <i>Christine DelViscio</i>		Date 4-16-2019			



LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED		IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?		DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)		AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
Victor Building Warehouse	YES	NO	N/A	Old Roof below newer roof	32,000 sf	X				
Victor Building Warehouse		X		Wire Insulation	500 LF	X				
Through-out		X		Residual 9 X 9 Mastic	150 SF	X				
1st Fl Cafeteria		X		Residual 9 X 9 Mastic	100 SF	X				
1st fl small office		X		Residual 9 X 9 Mastic						
2nd Fl Large Rm 40sf under concrete floor		X		Residual 9x9 Mastic	600 sf	X				
2nd Fl Large Rm entry-stairway		X		Residual 9x9 Mastic	60 sf	X				
Above Ceilings and Old Roof		X		Duct Tar	840 sf	X				
Above Large Storage 4" dia		X		Block Pipe Insulation	50 lf	X				
Above Large Storage 1' dia		X		Block Pipe Insulation	50 lf	X				
2nd floor Tool Shop		X		Block Pipe Insulation	35 lf	X				
2nd floor Tool Shop Closet		X		Block Pipe Insulation	3 lf	X				
2nd floor office after bathrm		X		9x9 Gray Floor Tile and Mastic	360 sf	X				
1st Fl, in pile debris in cafeteria		X		cove base mastic	50 lf	X				
1st Floor Cafeteria/Kitchen Side		X		Mastic on bottom of drywall	600 sf	X				
1st fl Cafeteria /kitchen side floor tile continues under walls and mastic		X		9x9 Floor Tile	600 sf	X				
1st fl,entryway to stairs and into walk-in freezers		X		Residual 12 x 12 Mastic	1,275 sf	X				

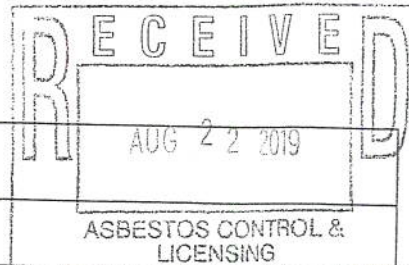


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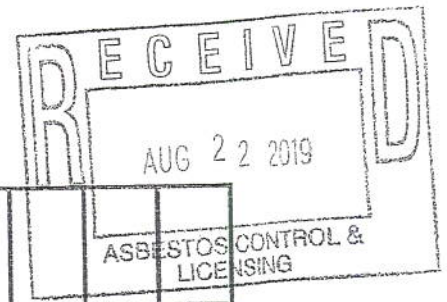
1370-03

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



Date of Notification (1) 1 / 22 / 19		Name of Building Owner/Operator (2) Millennial Partners LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Riverside Drive Suite 500 City, State, Zip Code Camden NJ 08103 Name of Contact Telephone Number 1 800 971-6773							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) The Victor Bldg		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 201 N. Front Street		Square Feet 90,000							
City (5) Camden		# of Floors 7							
County (6) Camden		Bldg. Age 100 +							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.							
Street Address 515 Grove Street, Suite 1B		Name of Abatement Contractor (9) DELTA/BJDS, INC							
City, State, Zip Code Haddon Heights, NJ 08035		Street Address 1345 INDUSTRIAL BLVD.							
Project Manager for Monitoring Firm Alan Lloyd		City, State, Zip Code SOUTHAMPTON PA 18966							
Telephone No. 856-656-2875		Telephone No. 215 322-2900							
Start Date (10) 2 / 1 / 19		License No. 00783							
Scheduled Completion Date (11) 5 / 31 / 19		Name of OSHA Monitor Criterion Labs							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/ PM- AM		Street Address 400 Street Road							
		City, State, Zip Code Bensalem Pa 19020							
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 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
1 <sup>st</sup> Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Ins. above Plaster Ceiling	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated Plaster Ceiling	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State 58 PYLES LANE NEW CASTLE DE		Disposal Date		City, State WAYNESBURG, OHIO					
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR		Signature <i>Christine DelViscio</i>		Date 4/8/2019			





LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLELY BY MAINTENANCE/ CUSTODIAL STAFF?	DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
Victor Building Warehouse	YES NO N/A	Old Roof below newer roof	32,000 sf	X			
Victor Building Warehouse	X	Wire Insulation	500 LF	X			
Through out	X	Residual 9 X 9 Mastic	150 SF	X			
1st Fl Cafeteria	X	Residual 9 X 9 Mastic	100 SF	X			
1st fl small office							
2nd Fl Large Rm 40sf under concrete floor	X	Residual 9x9 Mastic	600 sf	X			
2nd Fl Large Rm entry-stairway	X	Residual 9x9 Mastic	60 sf	X			
Above Ceilings and Old Roof	X	Duct Tar	840 sf	X			
Above Large Storage 4" dia	X	Block Pipe Insulation	50 lf	X			
Above Large Storage 1' dia	X	Block Pipe Insulation	50 lf	X			
2nd floor Tool Shop	X	Block Pipe Insulation	35 lf	X			
2nd floor Tool Shop Closet	X	Block Pipe Insulation	3 lf	X			
2nd floor office after bathrm	X	Block Pipe Insulation	360 sf	X			
1st Fl , in pile debris in cafeteria	X	cove base mastic	50 lf	X			
1st Floor Cafeteria/Kitchen Side	X	Mastic on bottom of drywall	600 sf	X			
1st fl Cafeteria /kitchen side floor tile continues under walls and mastic	X	9x9 Floor Tile	600 sf	X			
1st fl,entryway to stairs and into walk-in freezers	X	Residual 12 x 12 Mastic	1,275 sf	X			



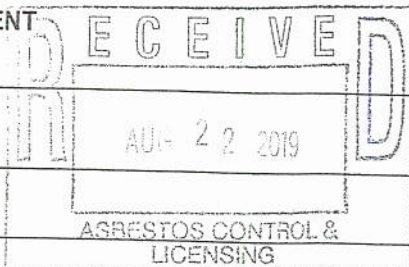
RECEIVED  
AUG 22 2019  
ASBESTOS CONTROL & LICENSING

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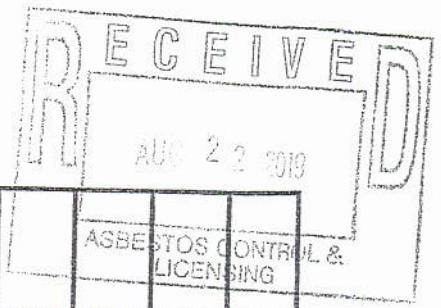
1370-03

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



Date of Notification (1) 1 / 22 / 19		Name of Building Owner/Operator (2) Millennial Partners LLC		<b>RECEIVED</b> AUG 22 2019 <b>ASBESTOS CONTROL &amp; LICENSING</b>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 2 Riverside Drive Suite 500 City, State, Zip Code Camden NJ 08103 Name of Contact Telephone Number 1 800 971-6773	
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) The Victor Bldg				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 201 N. Front Street				Square Feet 90,000			
City (5) Camden				# of Floors 7			
County (6) Camden				Bldg. Age 100 +			
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.		Name of Abatement Contractor (9) DELTA/BJDS, INC			
Street Address 515 Grove Street, Suite 1B		City, State, Zip Code Haddon Heights, NJ 08035		Street Address 1345 INDUSTRIAL BLVD.			
Project Manager for Monitoring Firm Alan Lloyd		Telephone No. 856-656-2875		City, State, Zip Code SOUTHAMPTON PA 18966			
Start Date (10) 2 / 1 / 19		Scheduled Completion Date (11) 3 / 31 / 19		Telephone No. 215 322-2900			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/ PM- AM		Name of OSHA Monitor Criterion Labs		License No. 00783			
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
1 <sup>st</sup> Floor Office		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Pipe insulation			
1 <sup>st</sup> Floor		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Radiator Insulation			
Basement		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Pipe Ins. above Plaster Ceiling			
Basement		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Contaminated Plaster Ceiling			
Amount (Specify SF or LF)		Abatement Type					
160 LF		Removal					
75 SF		Repair					
600 LF		Encapsulate					
12,000 SF		Enclosure					
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste			
City, State 58 PYLES LANE NEW CASTLE DE		Disposal Date		Name of Registered Landfill MINERVA LANDFILL			
Completed By (Print or Type) CHRISTINE DEL VISCIO		Title ASST. ADMINISTRATOR		Signature Christine DelViscio			
				Date 3-8-2019			



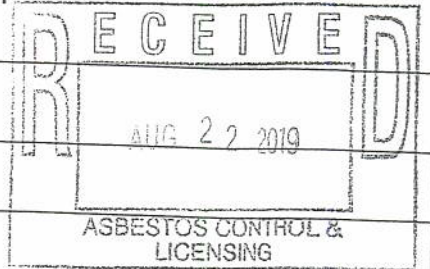


LOCATION OF ASBESTOS-CONTAINING MATERIAL (ACM) TO BE ABATED IN FACILITY	IS LOCATION NORMALLY USED SOLEY BY MAINTENANCE/ CUSTODIAL STAFF?		DESCRIPTION OF ASBESTOS CONTAINING MATERIAL (ACM) (IE, THERMAL SYSTEMS INSULATION SURFACING, VAT, OR OTHER MISCELLANEOUS)	AMOUNT SPECIFY SF OR LF	REMOVAL	REPAIR	ENCAPSULATE	ENCLOSURE
	YES	NO						
Victor Building Warehouse		N/A						
Victor Building Warehouse		X	Old Roof below newer roof	32,000 sf	X			
Through out		X	Wire Insulation	500 LF	X			
1st Fl Cafeteria		X	Residual 9 X 9 Mastic	150 SF	X			
1st fl small office		X	Residual 9 X 9 Mastic	100 SF	X			
2nd Fl Large Rm 40sf under concrete floor								
2nd Fl Large Rm entry-stairway		X	Residual 9x9 Mastic	600 sf	X			
Above Ceilings and Old Roof		X	Residual 9x9 Mastic	60 sf	X			
Above Large Storage 4" dia		X	Duct Tar	840 sf	X			
Above Large Storage 1' dia		X	Block Pipe Insulation	50 lf	X			
2nd floor Tool Shop		X	Block Pipe Insulation	50 lf	X			
2nd floor Tool Shop Closet		X	Block Pipe Insulation	35 lf	X			
2nd floor office after bathrm		X	Block Pipe Insulation	3 lf	X			
1st Fl , in pile debris in cafeteria		X	9x9 Gray Floor Tile and Mastic	360 sf	X			
1st Floor Cafeteria/Kitchen Side		X	cove base mastic	50 lf	X			
1st fl Cafeteria /kitchen side floor tile continues under walls and mastic		X	Mastic on bottom of drywall	600 sf	X			
1st fl,entryway to stairs and into walk-in freezers		X	9x9 Floor Tile	600 sf	X			
		X	Residual 12 x 12 Mastic	1,275 sf	X			



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

1370-03



Date of Notification (1) <u>1</u> / <u>22</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Millennial Partners LLC</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Riverside Drive Suite 500</b>	
		City, State, Zip Code <b>Camden NJ 08103</b>	
		Name of Contact	Telephone Number <b>1 800 971-6773</b>

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>The Victor Bldg</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>201 N. Front Street</b>			
City (5) <b>Camden</b>		Square Feet <b>90,000</b>	# of Floors <b>7</b>
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Bldg. Age <b>100 +</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni</b>		ASCM No.	
Street Address <b>515 Grove Street, Suite 1B</b>		Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>	
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>	
Project Manager for Monitoring Firm <b>Alan Lloyd</b>		City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>	
Telephone No. <b>856-656-2875</b>		Telephone No. <b>215 322-2900</b>	License No. <b>00783</b>
Start Date (10) <u>2</u> / <u>1</u> / <u>19</u>	Scheduled Completion Date (11) <u>3</u> / <u>31</u> / <u>19</u>	Name of OSHA Monitor <b>Criterion Labs</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: <u>7</u> AM- <u>4</u> PM/____PM-____AM		Street Address <b>400 Street Road</b>	
		City, State, Zip Code <b>Bensalem Pa 19020</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input 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
1 <sup>st</sup> Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	160 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Radiator Insulation	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Ins. above Plaster Ceiling	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contaminated Plaster Ceiling	12,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

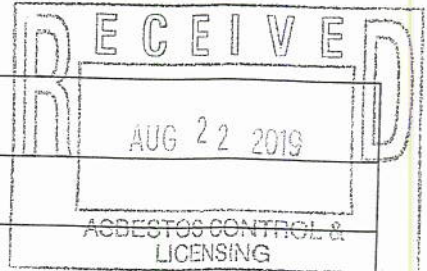
  

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>58 PYLES LANE NEW CASTLE DE</b>		Disposal Date		City, State <b>WAYNESBURG, OHIO</b>	
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>	Title <b>ASST. ADMINISTRATOR</b>	Signature		Date <b>2-15-2019</b>	



1370-03

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

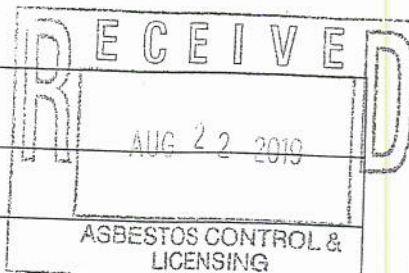


Date of Notification (1) <b>1 / 22 / 19</b>		Name of Building Owner/Operator (2) <b>Millennial Partners LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <u>#1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Riverside Drive Suite 500</b>							
		City, State, Zip Code <b>Camden NJ 08103</b>							
		Name of Contact	Telephone Number <b>1 800 971-6773</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>The Victor Bldg</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>201 N. Front Street</b>		Square Feet <b>90,000</b>	# of Floors <b>7</b>						
City (5) <b>Camden</b>		Bldg. Age <b>100 +</b>							
County (6) <b>Camden</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex</b>		Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>							
Street Address <b>700 Turner Way Suite 105</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>							
City, State, Zip Code <b>Aston Pa 19014</b>		City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>							
Project Manager for Monitoring Firm <b>David Brown</b>		Telephone No. <b>610-558-8902</b>	License No. <b>00783</b>						
Start Date (10) <b>2 / 1 / 19</b>	Scheduled Completion Date (11) <b>3 / 31 / 19</b>	Name of OSHA Monitor <b>Criterion Labs</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: <u>7</u> AM- <u>4</u> PM/ <u>      </u> PM- <u>      </u> AM		Street Address <b>400 Street Road</b>							
		City, State, Zip Code <b>Bensalem Pa 19020</b>							
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 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
<b>1<sup>st</sup> Floor Office</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>160 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4<sup>th</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Radiator Insulation</b>	<b>75 SF</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"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>58 PYLES LANE NEW CASTLE DE</b>		Disposal Date	City, State <b>WAYNESBURG, OHIO</b>						
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>		Title <b>ASST. ADMINISTRATOR</b>	Signature <i>Christine DelViscio</i>				Date <b>2-6-2019</b>		



1370-03NOV

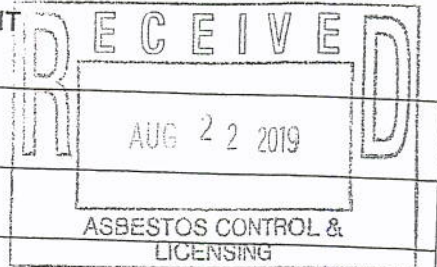
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>1</u> / <u>22</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Millennial Partners LLC</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2 Riverside Drive Suite 500</b>							
	City, State, Zip Code <b>Camden NJ 08103</b>								
		Name of Contact	Telephone Number <b>1 800 971-6773</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>The Victor Bldg</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>201 N. Front Street</b>		Square Feet <b>90,000</b>	# of Floors <b>7</b>						
City (5) <b>Camden</b>		Bldg. Age <b>100 +</b>							
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Vertex</b>		Name of Abatement Contractor (9) <b>DELTA/BJDS, INC</b>							
Street Address <b>700 Turner Way Suite 105</b>		Street Address <b>1345 INDUSTRIAL BLVD.</b>							
City, State, Zip Code <b>Aston Pa 19014</b>		City, State, Zip Code <b>SOUTHAMPTON PA 18966</b>							
Project Manager for Monitoring Firm <b>David Brown</b>		Telephone No. <b>610-558-8902</b>	License No. <b>00783</b>						
Start Date (10) <u>2</u> / <u>1</u> / <u>19</u>	Scheduled Completion Date (11) <u>3</u> / <u>31</u> / <u>19</u>	Name of OSHA Monitor <b>Criterion Labs</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: <u>7</u> AM- <u>4</u> PM/____PM-____AM		Street Address <b>400 Street Road</b>							
		City, State, Zip Code <b>Bensalem Pa 19020</b>							
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 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
<b>1<sup>st</sup> Floor Office</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>160 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1<sup>st</sup> Floor</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Radiator Insulation</b>	<b>75 SF</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"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>					
City, State <b>58 PYLES LANE NEW CASTLE DE</b>		Disposal Date	City, State <b>WAYNESBURG, OHIO</b>						
Completed By (Print or Type) <b>CHRISTINE DEL VISCIO</b>		Title <b>ASST. ADMINISTRATOR</b>	Signature <i>Christine DelViscio</i>			Date <b>2-6-2019</b>			



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



1370-03

NOCK

Date of Notification (1) 1 / 22 / 19		Name of Building Owner/Operator (2) Millennial Partners LLC	
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 2 Riverside Drive Suite 500 City, State, Zip Code Camden NJ 08103 Name of Contact Telephone Number 1 800 971-6773	

FACILITY INFORMATION

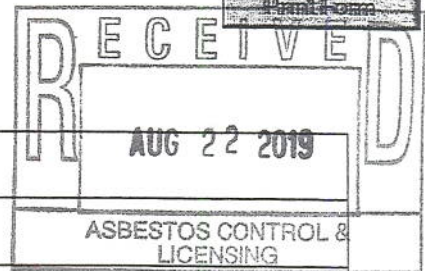
Name of Facility Where Abatement is Taking Place (3) The Victor Bldg		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 201 N. Front Street		Square Feet 90,000	# of Floors 7
City (5) Camden		Bldg. Age 100 +	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	
Street Address 700 Turner Way Suite 105		Name of Abatement Contractor (9) DELTA/BJDS, INC	
City, State, Zip Code Aston Pa 19014		Street Address 1345 INDUSTRIAL BLVD.	
Project Manager for Monitoring Firm David Brown		City, State, Zip Code SOUTHAMPTON PA 18966	
Telephone No. 610-558-8902		Telephone No. 215 322-2900	License No. 00783
Start Date (10) 2 / 1 / 19	Scheduled Completion Date (11) 3 / 31 / 19	Name of OSHA Monitor Criterion Labs	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-4PM/ PM- AM		Street Address 400 Street Road	
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Bensalem Pa 19020	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 <sup>st</sup> Floor Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	160 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 SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State 58 PYLES LANE NEW CASTLE DE		Disposal Date	City, State WAYNESBURG, OHIO		
Completed By (Print or Type) CHRISTINE DEL VISCIO	Title ASST. ADMINISTRATOR	Signature <i>Christine DelViscio</i>	Date 1-22-2019		



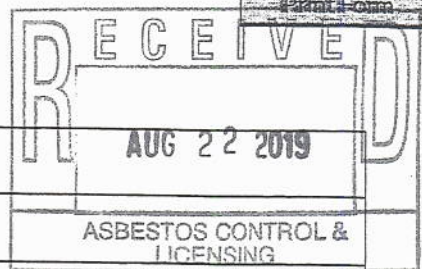
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**



Date of Notification (1) <b>8/12/19</b>		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>AUG 22 2019</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>					
Agencies Notified	Type Notification	Street Address 20 West State Street, 3rd Floor							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625		Telephone Number (609) 273-3561					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 30 Route 513				Square Feet					
City (5) Clinton				# of Floors					
County (6) Hunterdon				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) correctional facility							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASC No. 00030		Name of Abatement Contractor (9) Pow/R/Save Inc					
Street Address 120 N. Warren Street		Street Address 15 Somerset Place							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200		License No. 00357					
Start Date (10) <b>* ON HOLD</b>		Scheduled Completion Date (11) <b>* CANCEL</b>		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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 1 main gate	<input checked="" type="checkbox"/>			non-friable removal	32 LF	<input checked="" type="checkbox"/>			
Boiler Room				small friable					
Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051		Cubic Yards of Waste		Name of Registered Landfill Grows North/Fairless			
City, State East Brunswick, NJ				Disposal Date		City, State Morrisville, PA			
Completed by Sharon Hendee		Title President		Signature <i>S. Hendee</i>		Date <b>8/12/19</b>			



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



Date of Notification (1) 8/12/19		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC	
Agencies Notified	Type Notification	Street Address 20 West State Street, 3rd Floor	
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Michael O'Reilly	Telephone Number (609) 273-3561

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		Type of Facility (4)	
Street Address 30 Route 513		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Clinton	Square Feet	# of Floors	Bldg. Age
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) correctional facility	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) Pow/R/Save Inc
Street Address 120 N. Warren Street		Street Address 15 Somerset Place	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200	License No. 00357
Start Date (10) <del>8/12/19</del>	Scheduled Completion Date (11) <del>Cancel</del>	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	

Scope of Work (Check All That Apply)

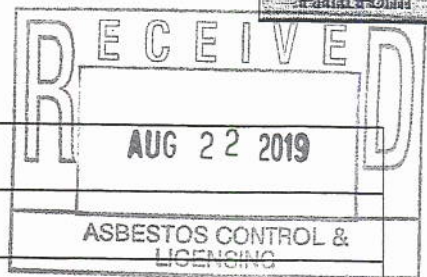
- |   |  |   |
|---|--|---|
| <input type="checkbox"/> ≥3 sf or ≥3 lf     | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure    |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition            | <input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) <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
Bldg. 2 visitor center Boiler Room	X			non friable removal of small furnace	72 CF	+			

Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grows North/Fairless	
City, State East Brunswick, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Sharon Hendee		Title President	Signature <i>[Signature]</i>	Date 8/12/19	



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

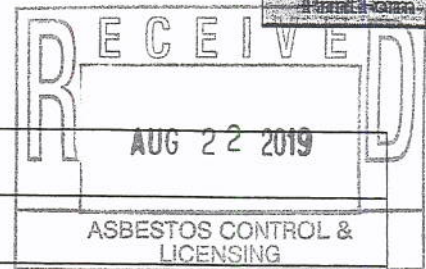


Date of Notification (1) ( 8/12/19 )		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC						
Agencies Notified	Type Notification	Street Address 20 West State Street, 3rd Floor						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <b>3</b> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625						
		Name of Contact Michael O'Reilly	Telephone Number (609) 273-3561					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address 30 Route 513		Square Feet	# of Floors					
City (5) Clinton		Bldg. Age						
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) correctional facility						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) Pow/R/Save Inc					
Street Address 120 N. Warren Street		Street Address 15 Somerset Place						
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012						
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200	License No. 00357					
Start Date (10) 2 Phases (see below) *	Scheduled Completion Date (11)	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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
Bldg 4 Edna Mahan	X			89 fittings	178 LF	X		
Hall - basement				425 LF p.p.mg	425 LF	X		
(Two Phases)				wrap + cut				
Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grows North/Fairless				
City, State East Brunswick, NJ		Disposal Date		City, State Morrisville, PA				
Completed by Sharon Hendee		Title President	Signature <i>Sharon Hendee</i>	Date 8/12/19				

\* 1st phase one day 7/3/19  
2nd phase ON HOLD - 8/12/19 cancel



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



Date of Notification (1) <b>8/12/19</b>		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC	
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <b>3</b> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 20 West State Street, 3rd Floor	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Michael O'Reilly	Telephone Number (609) 273-3561
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 30 Route 513		Square Feet	# of Floors
City (5) Clinton		Bldg. Age	
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) correctional facility	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCN No. 00030	Name of Abatement Contractor (9) Pow/R/Save Inc
Street Address 120 N. Warren Street		Street Address 15 Somerset Place	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200	License No. 00357
Start Date (10) <b>TWO PHASES *</b>	Scheduled Completion Date (11) <b>cancel 2nd phase</b>		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 checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)  <b>Building 10</b> <b>South hall</b> <b>basement</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes    No    N/A		
	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)  <b>75 Fittings</b> <b>wrap + etc</b>		
Amount (Specify SF or LF) <b>150 LF</b>	Abatement Type Removal    Repair    Encapsulate    Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051	Name of Registered Landfill Grows North/Fairless
City, State East Brunswick, NJ		Disposal Date	City, State Morrisville, PA
Completed by Sharon Hendee	Title President	Signature <i>[Signature]</i>	Date <b>8/12/19</b>

**\* 1st Phase 1 day 7/5/19**  
**2nd phase ON HOLD 8/12/19 cancel**



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

<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED  AUG 22 2019 </div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> ASBESTOS CONTROL &amp; LICENSING </div>

Date of Notification (1) 8/12/19		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	20 West State Street, 3rd Floor	
City, State, Zip Code Trenton, NJ 08625		Name of Contact Michael O'Reilly	
		Telephone Number (609) 273-3561	

Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		Type of Facility (4)	
Street Address 30 Route 513		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Clinton	Square Feet	# of Floors	Bldg. Age
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) correctional facility	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) Pow/R/Save Inc
Street Address 120 N. Warren Street		Street Address 15 Somerset Place	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200	Telephone No. (973) 470-0200 License No. 00357
Start Date (10) ON HOLD TBD *	Scheduled Completion Date (11) Cancel	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

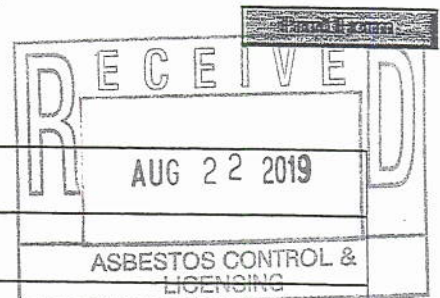
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 15 basement	X			Plumber Paste	40 SF	X			

Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grows North/Fairless	
City, State East Brunswick, NJ			Disposal Date	City, State Morrisville, PA	
Completed by Sharon Hendee		Title President	Signature <i>S Hendee</i>	Date 8/12/19	



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



Date of Notification (1) <b>8/12/19</b>		Name of Building Owner/Operator (2) NJ Dept. of Treasury, DPMC	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	20 West State Street, 3rd Floor	
		City, State, Zip Code Trenton, NJ 08625	
		Name of Contact Michael O'Reilly	Telephone Number (609) 273-3561

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Edna Mahan Correctional Facility		Type of Facility (4)	
Street Address 30 Route 513		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Clinton	Square Feet	# of Floors	Bldg. Age
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) correctional facility	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No. 00030	Name of Abatement Contractor (9) Pow/R/Save Inc
Street Address 120 N. Warren Street		Street Address 15 Somerset Place	
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Clifton, NJ 07012	
Project Manager for Monitoring Firm Jordan Reed		Telephone No. (609) 392-4200	Telephone No. (973) 470-0200 License No. 00357
Start Date (10) <b>ON HOLD TBD</b>	Scheduled Completion Date (11) <b>CANCEL</b>	Name of OSHA Monitor	
Occupancy/Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building 19 chapel basement	<input checked="" type="checkbox"/>			Piping wrap + cut	10 LF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Progreen		NJDEP Waste Hauler ID No. 22051	Cubic Yards of Waste	Name of Registered Landfill Grows North/Fairless	
City, State East Brunswick, NJ		Disposal Date		City, State Morrisville, PA	
Completed by Sharon Hendee		Title President	Signature <i>[Signature]</i>	Date 8/12/19	



CH 2139

INV 13749

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

Date of Notification (1) <b>August 19, 2019</b>		Name of Building Owner / Operator (2) <b>Ron Pagano</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>AUG 22 2019</b>  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation			
Street Address [REDACTED]		City, State & Zip Code <b>Manahawkin, NJ 08050</b>		Name of Contact <b>Ron Pagano</b>	
Telephone Number					
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Residence</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, home, etc.)		
Street Address [REDACTED]			Square Feet <b>616</b>		
City (5) <b>Manahawkin</b>			# of Floors <b>1</b>		Bldg. Age <b>54 years</b>
County (6) <b>Ocean</b>			County Code (7) <b>USE ONLY</b>		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) <b>Synatech, Inc.</b>		
City, State & Zip Code			Street Address <b>829 Radio Road</b>		
Project Manager for Monitoring Firm			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		
Telephone Number			Telephone Number <b>609-296-6916</b>		
Scheduled Start Date (10) <b>September 3, 2019</b>			Scheduled Completion Date (11) <b>October 3, 2019</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement			License Number <b>00817</b>		
Name of OSHA Monitor <b>Synatech, Inc.</b>			Street Address <b>829 Radio Road</b>		
City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>		
Scope of Work (Check all that apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED</b> 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)	
		Yes No N/A		Amount (Specify SF or LF)	
Residence		X		Siding	
				1,100 SF	
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>7</b>	
City, State <b>Little Egg Harbor, NJ</b>		Disposal Date <b>October 4, 2019</b>		Name of Registered Landfill <b>Fairless Hills</b>	
Completed By <b>Diane Aloia</b>		Signature <i>Diane Aloia</i>		City, State <b>Morrisville, PA</b>	
Title <b>Executive Administrator</b>		Date <b>August 19, 2019</b>			

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



Inw 13778  
CH 2227

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120) Check # 2227

RECEIVED	
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ASBESTOS CONTROL & LICENSING	

Date of Notification (1) <b>8/19/2019</b>		Name of Building Owner/Operator (2) <b>OCEAN TWP. BOARD OF EDUCATION</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
STREET ADDRESS <b>163 MONMOUTH ROAD</b>		City, State, Zip Code <b>OCEAN, NJ 07712</b>	
Name of Contact <b>JOHN P. BOSMANS, SR</b>		Telephone Number <b>732-531-5600X3451</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>DOW ELEMENTARY SCHOOL</b>		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)	
Street Address <b>555 DOW AVENUE</b>		Square Feet	
City (5) <b>OAKHURST, NJ 07755</b>		# of Floors Bldg. Age	
County <b>MONMOUTH</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <b>MECS</b>		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>	
Street Address <b>P.O. BOX 341</b>		Street Address <b>15 BLACK FOREST ROAD</b>	
City, State, Zip Code <b>CROSSWICKS, NJ</b>		City, State, Zip Code <b>Hamilton, NJ 08691</b>	
Project Manager for Monitoring Firm <b>BILL WEISGARBER</b>		Telephone No. <b>609-298-4070</b>	
Start Date (10) <b>8/19/2019</b>		Scheduled Completion Date (11) <b>8/19/2019</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 <input checked="" type="checkbox"/> ESSENTIAL PERSONNEL		Name of OSHA Monitor <b>MECS</b>	
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		Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) & Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Amount (Specify SF or LF)	
ROOM 110		NFVAT	
		720 S.F.	
Name of Registered Waste Hauler <b>J. VINCH &amp; SONS</b>		NJDEP Waste Hauler ID No.	
City & State <b>TRENTON, NJ</b>		Cubic Yards of Waste <b>2</b>	
Completed By <b>DAVID D'ANDREA</b>		Name of Registered Landfill <b>GROWS</b>	
Title <b>PRESIDENT</b>		Disposal Date <b>8/20/2019</b>	
Signature <i>David D'Andrea</i>		City, State <b>MORRISVILLE, PA.</b>	
Date <b>8/19/2019</b>			

ASB-41

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



08/19/2019 18:01AM 2013297440

BEST REMOVAL INC

BEST REMOVAL INC

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ASBESTOS CONTROL & LICENSING	
WAIVER APPROVED	

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

Date of Notification (1) 8/16/19		Name of Building Owner/Operator (2) MS. MADELINE SPITZ				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> EDOM <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code CRANFORD, NJ 07016				
		Name of Contact MR. JOE SPITZ				
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) MS. MADELINE SPITZ		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School/Chapter 6 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
Street Address [REDACTED]		Square Feet 1800				
City (5) CRANFORD		# of Floors 2				
County (6) UNION		Year Bldg. Age 1950				
County Code (7) (STATE USE ONLY)		Current Use (If being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)				
Street Address		Street Address				
City, State, Zip Code		City, State, Zip Code				
Project Manager for Monitoring Firm		Telephone No.				
Telephone No.		License No.				
Start Date (10) 8/20/19	Scheduled Completion Date (11) 8/23/19	Name of OSHA Monitor				
Company 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 - Details: 7:30 AM TO 5:00 PM		Omega Environmental				
Scope of Work (Check all that apply) <input type="checkbox"/> 30 sq ft or less <input type="checkbox"/> 100 sq ft or less <input type="checkbox"/> 250 sq ft or less		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606				
In Renovation <input type="checkbox"/> Demolition		Full Containment with Negative Pressure <input type="checkbox"/> Mist Enclosure <input type="checkbox"/> Enclosure Procedure <input type="checkbox"/> Hot Enclosure (7) and Hot-Phase Procedure				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (15)	In Location Normally Used Exclusively by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems, insulation, millboard, VAT, or other materials/products)	Amount (Specify SF or LB)	Abatement Type		
				Removal	Encapsulation	Enclosure
GARAGE		PLASTER MATERIAL	300 SF			
Name of Registered Vehicle Handler Best Removal Inc.		NJ DEP Waste Handler ID No. 17109	Curbside Yard of Vehicle	Name of Registered Landfill		
City, State Hackensack, N.J. 07601		Disposal Date 8/23/19	Signature J. MAIORANO	NEWBURGH, PA. 17240		
Completed by J. MAIORANO		Title Estimator	Date 8/16/19			

ADD-61

\* Do not use this form for asbestos abatement completed on-site.



INV 13139  
CH 3434

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

Print Form  
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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 08/17/19		Check #3434		Name of Building Owner/Operator (2) St. Peter Academy					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 431 5th Ave  City, State, Zip Code River Edge, NJ, 07661  Name of Contact Principle McCarthy  Telephone Number 201-261-3468					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St. Peter Academy				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 431 5th Ave				Square Feet 10,000					
City (5) River Edge				# of Floors 3					
County (6) Bergen				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASC No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 426 69th st							
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07022							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700					
License No. 01074									
Start Date (10) 08/27/19		Scheduled Completion Date (11) 08/30/19		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am				Street Address N/A					
				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
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
Janitors Closet		X		ACM Pipe Chase Insulation	3 LF		X		
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 101278		Cubic Yards of Waste N/A		Name of Registered Landfill Tri-State Transfer Associates			
City, State Guttenberg, NJ				Disposal Date TBD		City, State Bronx, NY			
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 08/17/19			



Inv 13782  
Ch 3436

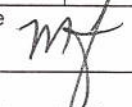
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Print Form

**RECEIVED**

**AUG 22 2019**

**ASBESTOS CONTROL & LICENSING**

Date of Notification (1) 08/19/19		Check # 3436		Name of Building Owner/Operator (2) St. Elizabeth School					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 700 Greenwood Ave  City, State, Zip Code Wyckoff, NJ, 07480  Name of Contact Principle Joe Costa					
				Telephone Number 201-370-3131					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St. Elizabeth 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 700 Greenwood Ave				Square Feet 10,000					
City (5) Wyckoff				# of Floors 4					
County (6) Bergen				Bldg. Age 50+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A		Street Address 426 69th st							
City, State, Zip Code N/A		City, State, Zip Code Guttenberg, NJ, 07022							
Project Manager for Monitoring Firm N/A		Telephone No. N/A		License No. 01074					
Start Date (10) 09/03/19		Scheduled Completion Date (11) 09/05/19		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am				Street Address N/A					
				City, State, Zip Code N/A					
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Custodian Closet	X			ACM Pipe Insulation & Debris	3 LF	X			
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 101278		Cubic Yards of Waste N/A		Name of Registered Landfill Tri-State Transfer Associates			
City, State Guttenberg, NJ				Disposal Date TBD		City, State Bronx, NY			
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 08/19/19			



CK#4886

Inv13906

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

RECEIVED  
AUG 22 2019

Date of Notification (1) <b>8-19-19</b>		Name of Building Owner/Operator (2) <b>MEW &amp; MACHINES</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 <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>225 FREMONT AVE</b> City, State, Zip Code <b>WOODBINE N.J. 08270</b> Name of Contact <b>LIZIA</b> Telephone Number _____	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>RESIDENCE</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 [REDACTED]		Square Feet <b>1500</b>	
City (5) <b>STONE HARBOR</b>		# of Floors <b>2</b>	
County (6) <b>CAPE MAY</b>		Bldg. Age <b>50+</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No. _____	
Street Address _____		Name of Abatement Contractor (9) <b>KLEWCO INC</b>	
City, State, Zip Code _____		Street Address <b>369 S. SPRUCE AVE</b>	
Project Manager for Monitoring Firm _____		City, State, Zip Code <b>MAPLE SHADE N.J. 08052</b>	
Telephone No. _____		Telephone No. <b>856-779-0472</b>	
Start Date (10) <b>9-7-19</b>		License No. <b>01371</b>	
Scheduled Completion Date (11) <b>9-17-19</b>		Name of OSHA Monitor <b>N/A</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code _____	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13) <b>SIDING</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>X</b>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>TRANSITE</b>
	Amount (Specify SF or LF) <b>1500SF</b>		
Abatement Type Removal Repair Encapsulate Enclosure <b>X</b>			
Name of Registered Waste Hauler <b>KLEWCO INC</b>		NJDEP Waste Hauler ID No. <b>15904</b>	Cubic Yards of Waste <b>3</b>
City, State <b>MAPLE SHADE N.J.</b>		Name of Registered Landfill <b>C.M.C.M.V. IA</b>	
Disposal Date <b>WOODBINE</b>		City, State <b>WOODBINE</b>	
Completed By <b>MICHAEL KLEWCO</b>	Title <b>SUP.</b>	Signature <b>[Signature]</b>	Date <b>8-19-19</b>



CK 4886

INV 13905

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 12:20)

RECEIVED	AUG 22 2019
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) <u>8-19-19</u>		Name of Building Owner/Operator (2) <u>PINELANDS CONSTRUCTION</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>300 77TH ST.</u>	
		City, State, Zip Code <u>SEA ISLE CITY N.J. 08243</u>	
		Name of Contact <u>KRANIK</u>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address <u>[REDACTED]</u>		Square Feet <u>1500</u>	# of Floors <u>1</u>
City (5) <u>OCEAN CITY</u>		Bldg Age <u>50+</u>	
County (6) <u>CAPE MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>	
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMMCO INC</u>	
Street Address		Street Address <u>369 S. SPRUCE AVE</u>	
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>
Start Date (10) <u>9-6-19</u>		Scheduled Completion Date (11) <u>9-16-19</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor <u>N/A</u>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>		Amount (Specify SF or LF) <u>1500 SF</u>	
		Abatement Type Removal Repair Encapsulate Enclosure	
		X	
Name of Registered Waste Hauler <u>KLEMMCO INC.</u>		Cubic Yards of Waste <u>15904</u>	Name of Registered Landfill <u>C.N.E.C. M.W.A.</u>
City, State <u>MAPLE SHADE N.J. 08052</u>		Disposal Date	City, State <u>WOODBRIE N.J.</u>
Completed By <u>MICHAEL KLEMM</u>		Signature <u>[Signature]</u>	Date <u>8-19-19</u>
Title <u>SUP.</u>			



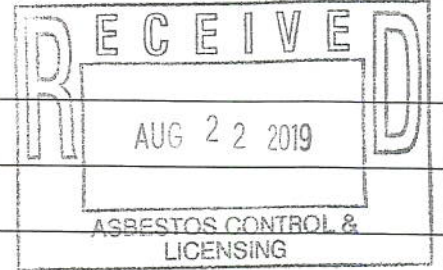
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Date of Notification (1) <u>8-19-19</u>		Name of Building Owner/Operator (2) <u>PINNACLE CONSTRUCTION</u>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address <u>360 WEST AVE</u>		City, State, Zip Code <u>OCEAN CITY N.J. 08226</u>							
Name of Contact <u>STEVE</u>		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)							
Street Address _____		Square Feet <u>1500</u>							
City (5) <u>OCEAN CITY</u>		# of Floors <u>2</u>							
County (6) <u>CAPE MAY</u>		Bldg. Age <u>50+</u>							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>							
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No. _____							
Street Address _____		Name of Abatement Contractor (9) <u>KLEWCO INC</u>							
City, State, Zip Code _____		Street Address <u>369 S. SPRUCE AVE</u>							
Project Manager for Monitoring Firm _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>							
Telephone No. _____		Telephone No. <u>856-779-0472</u>							
Start Date (10) <u>9-5-19</u>		License No. <u># 01371</u>							
Scheduled Completion Date (11) <u>9-15-19</u>		Name of OSHA Monitor <u>N/A</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____							
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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>SIDING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <u>2500 SF</u>	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
			X	<u>TRANSITE</u>		X			
Name of Registered Waste Hauler <u>KLEWCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>4</u>		Name of Registered Landfill <u>CWCMUA</u>			
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>WOODBINE N.J.</u>					
Completed By <u>MICHAEL KLEWCO</u>		Title <u>PRES</u>		Signature <u>[Signature]</u>		Date <u>8-19-19</u>			



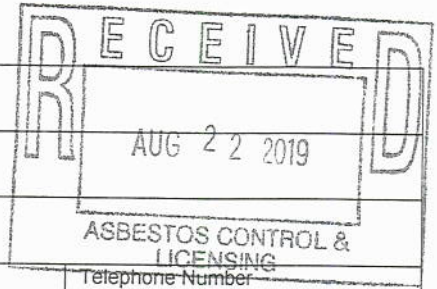
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 08.16.19		Name of Building Owner/Operator (2) ROBERT & ASHLEY BELFORD							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code MIDDLESEX, NJ 08846							
		Name of Contact ROBERT BELFORD	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) MIDDLESEX		Bldg. Age							
County (6) MIDDLESEX	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) PRIVATE RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) A SEINE LIGHTHOUSE SOLUTIONS, LLC		ASCM No.	Name of Abatement Contractor (9) BRINK'S TANK SERVICES						
Street Address PO BOX 354		Street Address 1256 LIBERTY AVE							
City, State, Zip Code SOUTH ORANGE, NJ 07079		City, State, Zip Code HILLSIDE, NJ 07205							
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 201-349-2666	Telephone No. 844-462-7465						
License No. 01316									
Start Date (10) 09.04.19	Scheduled Completion Date (11) 09.09.19	Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS, LLC							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: PRIVATE RESIDENCE		Street Address PO BOX 354							
		City, State, Zip Code SOUTH ORANGE, NJ 07079							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE WRAP	50 LF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL					
City, State EAST ORANGE, NJ		Disposal Date		City, State PEN ARGYLE, PA					
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature 	Date 8/16/19					



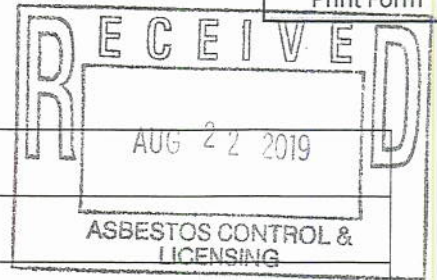
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



*Inv# 13907*  
*CK 292* **PAID**

Date of Notification (1) 08/17/2019		Name of Building Owner/Operator (2) Dan Reichard							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Plainfield, NJ 07060							
		Name of Contact Dan Reichard							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Plainfield		Square Feet N/A	# of Floors N/A						
County (6) Union		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 9733458685						
			License No. 01311						
Start Date (10) 08/28/2019		Scheduled Completion Date (11) 08/30/2019							
Name of OSHA Monitor D&S Abatement, Inc.		Street Address 11 Rosengren Avenue							
Occupancy Status During Abatement (Check Only One)		City, State, Zip Code Totowa, NJ 07512							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	390 LF	X			
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill					
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 08/17/2019		





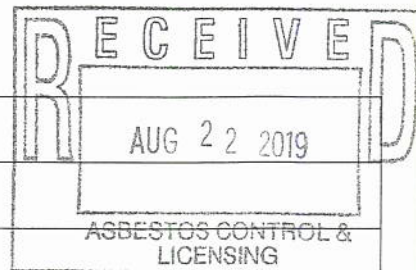
Inv# 13780  
CK 3435 PAID

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

Date of Notification (1) 08/19/19		Check # 3435		Name of Building Owner/Operator (2) Our Lady of Mt. Carmel					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		10 County Road					
				City, State, Zip Code Tenafly, NJ, 07670					
				Name of Contact Ed McEly					
				Telephone Number 201-567-6491					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) our Lady of Mt Carmel				Type of Facility (4)					
Street Address 10 County Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Tenafly				Square Feet 10,000	# of Floors 3				
				Bldg. Age 50+					
County (6) Bergen		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) EA Services					
Street Address N/A				Street Address 426 69th st					
City, State, Zip Code N/A				City, State, Zip Code Guttenberg, NJ, 07022					
Project Manager for Monitoring Firm N/A		Telephone No. N/A		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 08/30/19		Scheduled Completion Date (11) 09/02/19		Name of OSHA Monitor N/A					
Occupancy Status During Abatement (Check Only One)				Street Address N/A					
<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: 9am				City, State, Zip Code N/A					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room		X		ACM Insulation & Ends	8 LF		X		
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 101278		Cubic Yards of Waste N/A	Name of Registered Landfill Tri-State Transfer Associates				
City, State Guttenberg, NJ				Disposal Date TBD	City, State Bronx, NY				
Completed by Michael Fajardo		Title Office Clerk		Signature 		Date 08/19/19			



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

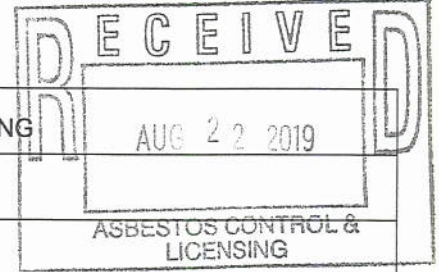


Inv#13581  
CK 3430

Date of Notification (1) 8/9/2019		Check#3430		Name of Building Owner/Operator (2) St Joseph School					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		131 East Fort Lee Road					
				City, State, Zip Code Bogota, NJ 07603					
				Name of Contact Estela Scarano					
				Telephone Number _____					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St Joseph School				Type of Facility (4)					
Street Address 131 East Fort Lee Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Bogota				Square Feet 20,000	# of Floors 1				
County (6) BERGEN				County Code (7) (STATE USE ONLY) _____	Bldg. Age 50+				
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No. _____	Name of Abatement Contractor (9) EA Services Corporation				
Street Address _____				Street Address 426 69th Street					
City, State, Zip Code _____				City, State, Zip Code Guttenberg, NJ 07093					
Project Manager for Monitoring Firm _____				Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 8/21/19		Scheduled Completion Date (11) 8/23/2019		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One)				Street Address _____					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 AM				City, State, Zip Code _____					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Boiler Room	x			Pipe Insulation	1 LF		x		
Pre-K 4		x		Clean-up debris	2 SF	x			
Kitchen		x		Pipe Insulation	1 LF		x		
First Floor/Gym Stage		x		Pipe Insulation	1 LF		x		
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 101278		Cubic Yards of Waste N/A	Name of Registered Landfill Tri-State Transfer Assoc.				
City, State Guttenberg, NJ				Disposal Date tbd	City, State Bronx, NY				
Completed by Gina Betances		Title Office Manager		Signature 		Date 8/5/2019			



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



Date of Notification (1) 08.16.19		Name of Building Owner/Operator (2) CITY OF TRENTON, DEPT OF HOUSING							
Agencies Notified	Type Notification	Street Address 319 EAST STATE STREET							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code TRENTON, NJ 08608							
		Name of Contact DAN ROACH	Telephone Number 609-989-3518						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 794-796 STUYVESANT 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 794-796 STUYVESANT AVE		Square Feet 2385	# of Floors 2						
City (5) TRENTON		Bldg. Age 89							
County (6) MERCER	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) PRIVATE RESIDENCE							
Name of Monitoring Firm Hired by Building Owner (8) A SEINE LIGHTHOUSE SOLUTIONS, LLC		Name of Abatement Contractor (9) BRINK'S TANK SERVICES							
Street Address PO BOX 354		Street Address 1256 LIBERTY AVE							
City, State, Zip Code SOUTH ORANGE, NJ 07079		City, State, Zip Code HILLSIDE, NJ 07205							
Project Manager for Monitoring Firm SARAH CALANDRA		Telephone No. 201-349-2666	License No. 01316						
Start Date (10) 08.30.19	Scheduled Completion Date (11) 09.10.19	Name of OSHA Monitor A. SEINE LIGHTHOUSE SOLUTIONS, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO BOX 354							
		City, State, Zip Code SOUTH ORANGE, NJ 07079							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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 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
ROOF			X	ROOFING FLASHING	100 LF	X			
ROOF			X	ROOF BOTTOM REAR	700 SF	X			
LIVING/DINING ROOM			X	FLOOR TILES BEIGE/GRN/BL	1600 SF	X			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill WASTE MANAGEMENT LANDFILL					
City, State EAST ORANGE, NJ			Disposal Date	City, State PEN ARGYLE, PA					
Completed by ALISON LAMERS		Title OFFICE MANAGER	Signature 	Date 8/16/19					



INV #13908 PAID

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

CIL 5212

Date of Notification (1) 8/19/19		Name of Building Owner/Operator (2) MAGDA MICHEL					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code SOUTH ORANGE, NJ 07079 Name of Contact MS MICHEL					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MAGDA MICHEL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet 1800					
City (5) SOUTH ORANGE		# of Floors 2					
County (6) ESSEX		Bldg. Age 60+ years					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENCE					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444					
Telephone No.		License No. 00388					
Start Date (10) 8/30/19		Scheduled Completion Date (11) 8/31/19					
Name of OSHA Monitor Omega Environmental		Street Address 280 Huyler St					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 15 LF	Abatement Type		
					Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 1 1/2	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL		
City, State Hackensack, N.J. 07601		Disposal Date 9/3/19		City, State NEWBURGH, PA. 17240			
Completed by J. MAIORANO		Title Estimator		Signature [Signature]		Date 8/19/19	



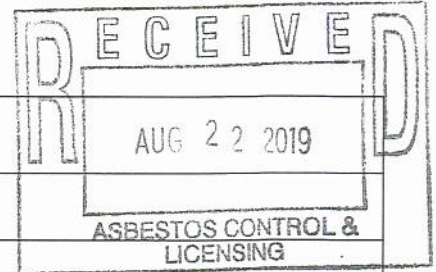
Inv# 13912

PAID

State of New Jersey

## NOTIFICATION OF ASBESTOS ABATEMENT

(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 08 / 19 / 2019		Name of Building Owner/Operator (2) Kelly Francfort	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Whitehouse Station, NJ 08889 Name of Contact Kelly Francfort Telephone Number	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Francfort Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1,824	
City (5) Whitehouse Station		# of Floors 3	Bldg. Age 119
County (6) Hunterdon	County Code (7) (STATE USE ONLY) 1022	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	
Name of Abatement Contractor (9) Acme Professional Services Corp		Street Address 550 Rifle Camp Rd	
Street Address N/A		City, State, Zip Code Woodland Park, NJ 07424	
City, State, Zip Code N/A		Telephone No. 862-276-1024	
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 02003
Start Date (10) 08 / 29 / 2019	Scheduled Completion Date (11) 09 / 05 / 2019	Name of OSHA Monitor Arsenije Adamov	
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 550 Rifle Camp Rd City, State, Zip Code Woodland Park, NJ 07424	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (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
Detached Exterior Garage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	ACM Transite Siding	200 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 Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 4 yards	Name of Registered Landfill Fairless Landfill	
City, State Woodland Park, NJ		Disposal Date 08/30/2019		City, State Morrisville PA	
Completed By (Print or Type) Arsenije Adamov	Title President	Signature Arsenije Adamov		Date 08/19/2019	



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

Inv# 13916 PAID

Check # 0141

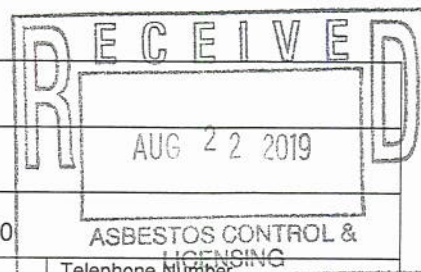
Date of Notification (1) 08 / 21 / 19		Name of Building Owner / Operator (2) Bayfront Redevelopment LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  AUG 22 2019  <b>ASBESTOS CONTROL &amp; LICENSING</b> </div>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DOL		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency w/ justification <input type="checkbox"/> Cancellation			
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) 550 Route 440 H Building Street Address 550 Route 440 City (5) Jersey City County (6) Hudson County Code (7)			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 bldgs., homes, etc.) Square Feet N/A # Of Floors N/A Building Age N/A Current Use (Prior if being demolished) VACANT		
Name of Monitoring Firm Hired by Bldg. Owner (8) AET Street Address 28 Pennell Road City, State, Zip Code Media, PA 19063 Project Mngr. For Monitoring Firm Eric Sutherland Telephone Number 610-891-0114			ASCM NO NORTHSTAR CONTRACTING GROUP, INC. Street Address 32 Williams Parkway City, State, Zip Code East Hanover, NJ 07936 Telephone Number 973-884-8682 License Number 00860		
Schedul Start Date (10) 09 / 03 / 19 Sched. Completion Date (11) 09 / 30 / 19					
Occupancy Status During Abatement (Check Only 1) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility <input checked="" type="checkbox"/> Other - Describe: 7:00AM - 3:30PM MON - FRI			Name of OSHA Monitor NORTHSTAR CONTRACTING GROUP, INC. 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 type="checkbox"/> ≥3sf or ≥3lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <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 <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) YES NO N/A	Description of Asbestos - Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type 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	
H BUILDING SLAB	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	675 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H BUILDING SLAB	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	370 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H BUILDING SLAB	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
H BUILDING SLAB	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	VAT/MASTIC	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler NORTHSTAR CONTRACTING GROUP, INC.		NJDEP Waste Hauler ID No. 30534	Cubic Yards of Waste	Name of Registered Landfill FAIRLESS LANDFILL	
City, State EAST HANOVER, NJ		Disposal Date	City, State MORRISVILLE, PA		
Completed by (Print or Type) Steve Stiles		Title Project Manager	Signature <i>Steve Stiles</i>		Date 08/21/19



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

Check # 25951

Inv # 13918 PAID



Date of Notification (1) 8/21/2019		Name of Building Owner/Operator (2) Mordetsky							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hightstown, NJ 08520							
		Name of Contact Paul Mordetsky							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Hightstown, NJ 08520		Square Feet 3000	# of Floors 2						
		Bldg. Age 90 +/-							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 9/11/2019	Scheduled Completion Date (11) 9/16/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am - 4 pm		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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/Crawl space		X		Thermal Pipe Insulation	100 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 9/16/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 8/21/2019			



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

Inv# 13926 **PAID**

chk # 3625

Date of Notification (1) 8 / 20 / 19		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; margin: 0 auto; width: 150px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin: 5px auto; width: 150px;">AUG 22 2019</div> <div style="border: 1px solid black; padding: 2px; margin: 5px auto; width: 150px; font-size: 10px;">ASBESTOS CONTROL &amp; LICENSING</div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 15 East Montgomery Street		City, State, Zip Code Pittsburgh PA 15212							
Name of Contact Anthony Porta		Telephone Number 412-633-4021							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Dennisville Central Office				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 1021 Fiddler Road				Square Feet +10,000					
City (5) Woodbine				# of Floors 2					
County (6) Cape May				Bldg. Age +50					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental, Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8436 Enterprise Ave		Street Address 1123 BEAVER STREET							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		License No. 00509					
Start Date (10) 9 / 3 / 19		Scheduled Completion Date (11) 9 / 6 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-1:30AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	145 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Caulk	30 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outside Generator Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12x12 VAT/Mastic	25 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL			
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / JDC		Date 8-20-19			



Inv # 13928

CK 138312 PAID

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



Date of Notification (1) 8-19-19		Name of Building Owner/Operator (2) HRP Hudson, LLC						
Agencies Notified	Type Notification	Street Address 401 N Michigan Ave, Suite 1630						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input 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 Chicago, IL 60611						
		Name of Contact Genaro Holguin	Telephone Number 312-796-6593					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station		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 Dutfield Avenue		Square Feet 627,470	# of Floors 10					
City (5) Jersey City		Bldg. Age 55						
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Power Plant						
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Precision Environmental Company					
Street Address		Street Address 5500 Old Brecksville Rd						
City, State, Zip Code		City, State, Zip Code Independence, Ohio 44131						
Project Manager for Monitoring Firm		Telephone No.	License No.					
		216-642-6040	01212					
Start Date (10) 9-3-19	Scheduled Completion Date (11) 12-20-19	Name of OSHA Monitor Precision Environmental Company						
Occupancy Status During Abatement (Check Only One)		Street Address 5500 Old Brecksville Rd						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Independence, Ohio 44131						
Scope of Work (Check All That Apply)								
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition						
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
SEE ATTACHED LIST					<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Delaware Valley Container		NJDEP Waste Hauler ID No. 12838	Cubic Yards of Waste 900	Name of Registered Landfill Cumberland County Landfill				
City, State Redding, PA			Disposal Date	City, State Newburg, PA				
Completed by John Savage		Title Vice President	Signature <i>John Savage</i>		Date 8-19-19			



## Hudson Generating Station

Building	Square Feet	No. of Floors
Bottom Ash Transport	720	1
Intake Structure	900	1
Barge Unloader	300	1
Conveyor & Transfer House	150	1
P1 - Storage Building	1,900	1
P2 - Coal Conveyor	7,500	1
P2 - Coal Handling Structure	2,000	1
P3 - Service / Office Building	15,500	2
P3 - Locker Room Building	7,500	2
P3 - Turbine Building	6,000	1
P3 - Unit 1	215,000	10
P3 - Unit 2	370,000	10

<b>Bottom Ash Transport</b>	<b>QTY</b>	<b>Category</b>
No Asbestos Reported		

**Intake Structure**  
No Asbestos Reported

**Barge Unloader**  
No Asbestos Reported

**Conveyor & Transfer House**  
No Asbestos Reported

**P1 - Storage Building**  
No Asbestos Reported

**P2 - Coal Conveyor**  
No Asbestos Reported

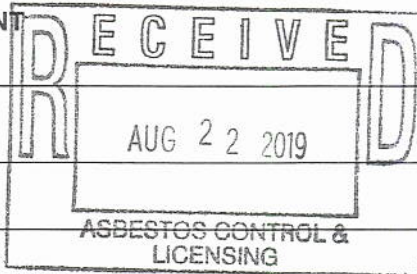
**P2 - Coal Handling Structure**  
No Asbestos Reported

**P3 - Service / Office Building**

Duct Insulation	200 SF	RACM
Floor Tile & Mastic	1,800 SF	Cat I
Pipe Fittings	460 LF	RACM
Galbestos Siding	12,600 SF	Cat II
Pipe Insulation	3,600 LF	RACM
Cement Board	16 SF	Cat II



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



Date of Notification (1) 07 / 03 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202 City, State, Zip Code Raritan, NJ Name of Contact Harold Marsan Telephone Number 908 927-6912	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC (Johnson & Johnson)		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 1000 ROUTE 202		Square Feet >50,000	
City (5) RARITAN		# of Floors 6	Bldg. Age
County (6) Hunterdon	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		Name of Abatement Contractor (9) Delta/BJDS, Inc	
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd	
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966	
Project Manager for Monitoring Firm	Telephone No. 973 729-5649	Telephone No. 215 322-2900	License No. 00783
Start Date (10) 7 / 18 / 2019	Scheduled Completion Date (11) 9 / 30 / 2019	Name of OSHA Monitor N/A	
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: 7:00 AM-4:00 PM/ PM- AM		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"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> 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
Bldg B Floors 1-3	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Panel Caulking	3,500LF	<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 Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva landfill	
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio	
Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin	Signature <i>Christine Del Viscio</i>	Date 8/21/2019		



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

Date of Notification (1) 07 / 03 / 2019		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc							
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 1000 Route 202							
		City, State, Zip Code Raritan, NJ							
		Name of Contact Harold Marsan	Telephone Number 908 927-6912						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC (Johnson & Johnson)		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 1000 ROUTE 202		Square Feet >50,000							
City (5) RARITAN		# of Floors 6	Bldg. Age						
County (6) Hunterdon	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd							
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966							
Project Manager for Monitoring Firm		Telephone No. 973 729-5649	Telephone No. 215 322-2900						
Start Date (10) 7 / 18 / 2019		Scheduled Completion Date (11) 9 / 30 / 2019	License No. 00783						
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: 7:00 AM- 4:00 PM/ PM- AM		Name of OSHA Monitor N/A							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Bldg B Floors 1-4	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Panel Caulking	3,500LF	<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 Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 214.44 Yds	Name of Registered Landfill					
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio		Title Asst. Admin		Signature <i>Christine Del Viscio</i>		Date 7/3/2019			

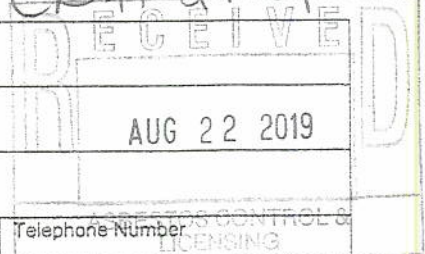


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Print Form

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

CK # 2731



Date of Notification (1) 8/18/19		Name of Building Owner/Operator (2) Kent Court Associates							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 Norwood Ave							
		City, State, Zip Code Summit, NJ							
		Name of Contact							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kent Court Apartments / Boiler Room		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 15 Norwood Ave		Square Feet 1,000							
City (5) Summit		# of Floors 1							
County (6) Union		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Apartment Complex / Garden Apartments							
Name of Monitoring Firm Hired by Building Owner (8) n/a		ASCM No. n/a							
Street Address n/a		Name of Abatement Contractor (9) Harmony Contracting Inc							
City, State, Zip Code n/a		Street Address 360 Palisade Ave							
Project Manager for Monitoring Firm n/a		City, State, Zip Code Garfield, NJ 07026							
Telephone No. n/a		Telephone No. 973460.6026							
Start Date (10) 8/19/19		License No. 01255							
Scheduled Completion Date (11) 8/25/19		Name of OSHA Monitor Harmony Contracting 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 360 Palisade Ave							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Garfield, NJ 07026							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boiler Room			x	Pipe Insulation	100 LF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 093085		Cubic Yards of Waste TBD		Name of Registered Landfill GROWS Landfill			
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 8/18/19			

Inv#-13750



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

CK5211

RECEIVED  
AUG 22 2019

Date of Notification (1) 8/19/19		Name of Building Owner/Operator (2) MS. MICHELE SAMPER					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code NUTLEY, NJ. 07110 Name of Contact MS. SAMPER	ASBESTOS CONTROL & LICENSING				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) MS. MICHELE SAMPER		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 2				
City (5) NUTLEY		Bldg. Age 65 YRS					
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 8/29/19	Scheduled Completion Date (11) 8/30/19	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION	Amount (Specify SF or LF) 55 LF	Abatement Type		
					Removal	Repair	Encapsulate
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 21207	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601		Disposal Date	City, State NEWBURGH, PA. 17240				
Completed by J. MAIORANO	Title Estimator	Signature [Signature]	Date 8/19/19				

ASB-41

\* Do not use this form for asbestos license exempted activities.

Inv. # - 13915



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

Check #2534

Date of Notification (1) <b>08/14/2019</b>		Name of Building Owner / Operator (2) <b>Bellevue Plaza Apts</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>447 Bellevue</b>	City, State & Zip Code <b>Trenton, NJ</b>
		Name of Contact <b>Gary Hofing</b>	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Bellevue Plaza Apts</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>447 Bellevue</b>			Square Feet <b>20,000</b>	# of Floors <b>6</b>	Bldg. Age <b>60+</b>
City (5) <b>Trenton</b>	County (6) <b>Mercer</b>	County Code (7) <b>08618</b>	Current Use (Prior if being demolished) <b>Apartments</b>		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Alpha Environmental, LLC</b>		
Street Address			Street Address <b>PO Box 8297</b>		
City, State & Zip Code			City, State & Zip Code <b>Trenton, NJ 08650</b>		
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-847-2956</b>	License Number <b>01222</b>	
Scheduled Start Date (10) <b>8/23/2019</b>		Scheduled Completion Date (11) <b>8/26/2019</b>		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 Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement			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"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Mechanical Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	60lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>ALPHA ENVIRONMENTAL</b>	NJDEP Waste Hauler ID No. <b>00033330</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>Grows Landfill</b>
City, State <b>Trenton, NJ</b>	Disposal Date <b>various</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Rod Richardson</b>	Title <b>Project Manager</b>	Signature <i>Rod Richardson</i>	Date <b>08/14/2019</b>