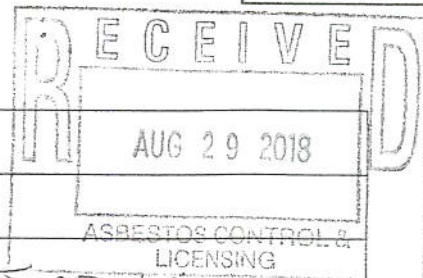


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Print Form

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

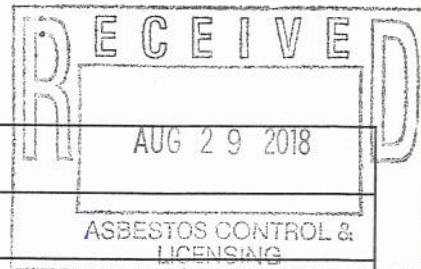


Date of Notification (1) 8/27/18		Name of Building Owner/Operator (2) Levin Management							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 975 US. 22 West		City, State, Zip Code North Plainfield, NJ 07060							
Name of Contact George		Telephone Number 908-804-5719							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Levin Management Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 365 Rte. 206 Space 14		Square Feet 1000							
City (5) Bridgewater		# of Floors 2							
County (6) Somerset		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) store front							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ace Insulation Co., Inc.							
City, State, Zip Code		Street Address 95 Montrose Rd							
Project Manager for Monitoring Firm		City, State, Zip Code Caldwell, NJ 07002							
Telephone No.		Telephone No. (732) 294-1757							
Start Date (10) 9/5/18		License No. 00029							
Scheduled Completion Date (11) 9/21/18		Name of OSHA Monitor							
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 Other - Describe: Jan - Jan		Street Address							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
upstairs			X	floor tile	3,000 sf	X			
downstairs			X	floor tile	3,000 sf	X			
Name of Registered Waste Hauler Ace Insulation Co., Inc.		NJDEP Waste Hauler ID No. 17086		Cubic Yards of Waste 15		Name of Registered Landfill Chris			
City, State Caldwell, NJ 07002		Disposal Date 9/21/18		City, State Caldwell, NJ					
Completed by Bacim G. re		Title Secretary Treasurer		Signature Ron		Date 8/27/18			

051541

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120) Check # 1541



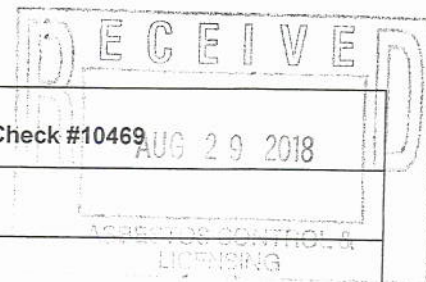
Date of Notification (1) 8/27/2018			Name of Building Owner/Operator (2) THE PENNINGTON SCHOOL					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		STREET ADDRESS 112 WEST DELAWARE AVENUE City, State, Zip Code PENNINGTON, NJ 08534 Name of Contact DAVID D'ANDREA				
				Telephone Number 609-890-7110				
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) THE PENNINGTON SCHOOL/KITCHEN Street Address 112 MWEST DELAWARE AVENUE City (5) PENNINGTON, NJ 08534				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)				
County MERCER		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) CREAM RIDGE ENVIRONMENTAL INC.				
Street Address		Street Address 15 BLACK FOREST ROAD						
City, State, Zip Code		City, State, Zip Code Hamilton, NJ 08691						
Project Manager for Monitoring Firm		Telephone No. 609-890-7110		License No. 00676				
Start Date (10) 8/28/2018		Scheduled Completion Date (11) 8/28/2018		Name of OSHA Monitor MECS				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours 5 pm-12 am		Street Address P.O. BOX 341 City, State, Zip Code CROSSWICKS, NJ 08515						
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) & 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
KITCHEN		X	TRANSITE SOFFIT	400 S.F.	X			
Name of Registered Waste Hauler J. Vinch		NJDEP Waste Hauler ID No. NJ-09590		Cubic Yards of Waste 10	Name of Registered Landfill GROWS			
City, State TRENTON, NJ		Disposal Date 8/29/2018		City, State MORRISVILLE, PA.				
Completed By DAVID D'ANDREA		Title PRESIDENT		Signature 27-Mar <i>David D'Andrea</i>		Date 8/27/2018		

ASB-41

* Do not use this form for asbestos licensure exempted activities

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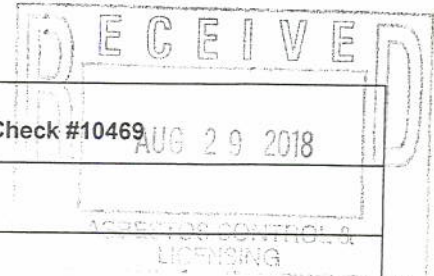
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 8 / 27 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1808-5365 Check #10469							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road						
			City, State, Zip Code South Plainfield, NJ						
		Name of Contact Ray D'Anjou	Telephone Number 856-778-6894						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Bordentown Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 410 Route 130		Square Feet	# of Floors						
City (5) Bordentown, NJ		Bldg. Age							
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Annex Building							
Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address Raritan Plaza I, 4 th Floor- 110 Fieldcrest Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Edison, NJ 08837		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm J-B Chadwick	Telephone No. 732-489-2813	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 8 / 29 / 19	Scheduled Completion Date (11) 8 / 31 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perimeter Roof Flashing	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Camden, NJ		Disposal Date 8/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/27/18			

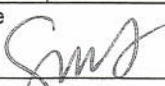
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



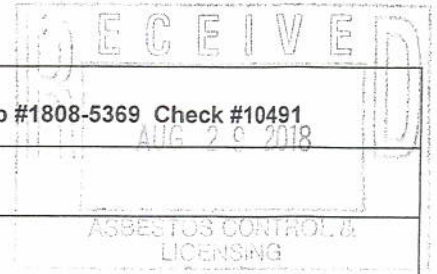
Date of Notification (1) 8 / 27 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1808-5365 Check #10469							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Ray D'Anjou Telephone Number 856-778-6894							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Bordentown Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 410 Route 130		Square Feet	# of Floors						
City (5) Bordentown, NJ		Bldg. Age							
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Annex Building							
Name of Monitoring Firm Hired by Building Owner (8) Bureau Veritas		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address Raritan Plaza I, 4 th Floor- 110 Fieldcrest Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Edison, NJ 08837		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm J-B Chadwick		Telephone No. 732-489-2813	Telephone No. 609-265-2107						
Start Date (10) 8 / 29 / 19		Scheduled Completion Date (11) 8 / 31 / 18	License No. 00529						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor EMSL Analytical							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Perimeter Roof Flashing	225 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Camden, NJ		Disposal Date 8/31/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/27/18			

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

Date of Notification (1) <div style="text-align: center;">8 / 27 / 18</div>		Name of Building Owner/Operator (2) Juvenile Justice Commission / Job #1807-5350 Check #10493							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1001 Spruce Street							
		City, State, Zip Code Trenton, NJ 08625-0107							
		Name of Contact John Davis	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JJC- Johnstone Campus- Valentine Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 99 West Burlington Street		Square Feet	# of Floors						
City (5) Bordentown		Bldg. Age							
County (6) Burlington	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Pool House							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection, Inc.	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address 120 N. Warren Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Rollie Jones	Telephone No. 609-392-4200	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <div style="text-align: center;">9 / 11 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">9 / 14 / 18</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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
Basement Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Vibration Cloth	664 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Valves & associated gaskets	4 total	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Chiller	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Gaskets assoc. with fiberglass pipe	6 total	<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 9/14/18		City, State Tullytown, PA					
Completed By (Print or Type) Jennifer Piraine		Title Operations Coordinator		Signature 			Date 8/27/18		

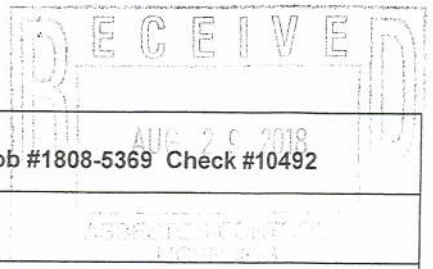
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 8 / 27 / 18		Name of Building Owner/Operator (2) Garden Spires Urban Renewal, LP Job #1808-5369 Check #10491							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 885 2 nd Avenue 31st Floor							
		City, State, Zip Code New York, NY 10017							
		Name of Contact Adam Slavitt	Telephone Number 917-952-1929						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garden Spires Apartments-Building 175		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 175 1 st Street									
City (5) Newark, NJ		Square Feet	# of Floors						
County (6) Essex		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 609-704-8850	License No. 00529						
Start Date (10) 9 / 10 / 18	Scheduled Completion Date (11) 9 / 28 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	103 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	95 SF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- repair	30 LF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Debris Clean up	70 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 9/28/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 8/27/18		

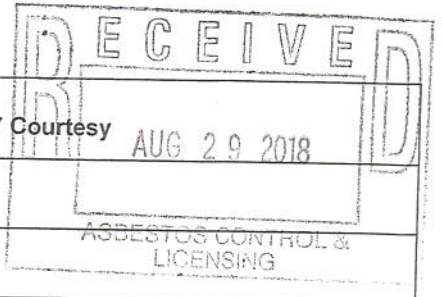
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 8 / 27 / 18		Name of Building Owner/Operator (2) Garden Spires Urban Renewal, LP / Job #1808-5369 Check #10492							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 885 2nd Avenue 31st Floor City, State, Zip Code New York, NY 10017							
		Name of Contact Adam Slavitt	Telephone Number 917-952-1929						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garden Spires Apartments-Building 195		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 195 1 st Street		Square Feet	# of Floors						
City (5) Newark, NJ		Bldg. Age							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-704-8850	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 9 / 10 / 18	Scheduled Completion Date (11) 9 / 28 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" 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) 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
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile	446 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	95 SF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- repair	332 LF	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Debris Clean up	755 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 9/28/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator		Signature 			Date 8/27/18			

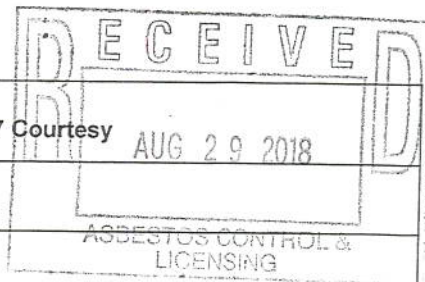
work

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



Date of Notification (1) 8 / 24 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1808-5357 Courtesy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Grady Toughill Telephone Number 732-674-1525							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Essex Switching 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 and commercial buildings, homes, etc.)							
Street Address 155 Raymond Blvd.		Square Feet	# of Floors						
City (5) Newark, NJ 07105		Bldg. Age							
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Switching Station							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 8 / 10 / 18	Scheduled Completion Date (11) 8 / 31 / 18	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Abandoned Transite on ground	2400	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste 40	Name of Registered Landfill Conestoga Landfill					
City, State Flanders, NJ		Disposal Date 8/31/18		City, State Morgantown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/24/18			

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



Date of Notification (1) 8 / 24 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1808-5357 Courtesy							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Grady Toughill Telephone Number 732-674-1525							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSE&G- Essex Switching 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 and commercial buildings, homes, etc.)							
Street Address 155 Raymond Blvd.		Square Feet							
City (5) Newark, NJ 07105		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Switching Station							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm		City, State, Zip Code Lumberton, NJ 08048							
Telephone No.		Telephone No. 609-265-2107							
Start Date (10) 8 / 10 / 18		License No. 00529							
Scheduled Completion Date (11) 8 / 31 / 18		Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Abandoned Transite on ground	2400	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group, INC.		NJDEP Waste Hauler ID No. 000692061		Cubic Yards of Waste 40	Name of Registered Landfill Conestoga Landfill				
City, State Flanders, NJ		Disposal Date 8/31/18		City, State Morgantown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/24/18			

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

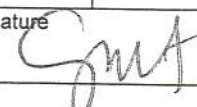
Date of Notification (1) 8 / 17 / 18		Name of Building Owner/Operator (2) Rahway Valley Sewerage Authority/ Job #1808-5363 Check #10468		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG 29 2018 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 1050 East Hazelwood Avenue			
		City, State, Zip Code Rahway, NJ 07065				Name of Contact John Buonocore			
						Telephone Number 732-388-0868 Ext. 231			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rahway Valley Sewerage Authority				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 1050 East Hazelwood Avenue				Square Feet					
City (5) Rahway, NJ 07065				# of Floors					
County (6) Union				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Public Building							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCM No.		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 3 Crosswicks Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Mike hoodak		Telephone No. 609-298-5520		License No. 00529					
Start Date (10) 8 / 21 / 18		Scheduled Completion Date (11) 9 / 7 / 18		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address 200 Route 130 North					
				City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40		Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 9/7/18		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 8/17/18			



TABLE 2.1 ASBESTOS CONTAINING MATERIALS INVENTORY / ASSESSMENT

AUG 29 2018

Name of Inspector: Michael Hoodak, AHERA # RWJ0370AA
Property Name: Rahway Valley Sewer Authority - Health and Storage Building

ASBESTOS CONTROL &
Field Dates: 8/27/18, 2/8/18

Briggs Project No.: 18004

Page: 1

Bldg #	Room Description	HSA #	Material Description	Quantity Estimate	Type of ACM	Material Category	ACM Assessment				Notes
							Friability	Condition	Amount of Damage	Response Action	
Health Bldg.	Entrance Hallway	02	Joint Compound	32 sf	3.6% Ch	Misc	F	D	4 SF	3	
Health Bldg.	Manager's Office	02	Joint Compound	200 sf	3.6% Ch	Misc	F	D	0 sf	2	
Health Bldg.	Manager's Office	13	Pipe Insulation	40 lf	70% Ch	TSI	F	D	4 lf	4	Above Drop Ceiling
Health Bldg.	Main Hallway	09	12x12 Beige Floor Tile	630 sf	1.7% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Main Hallway	10	Associated Mastic	630 sf	2.6% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Main Hallway	02	Joint Compound	300 SF	3.6% Ch	Misc	F	G	0 sf	3	
Health Bldg.	Main Hallway	13	Pipe Insulation	100 lf	70% Ch	TSI	F	D	5 lf	4	Above Drop Ceiling
Health Bldg.	Storage	14	9x9 Light Brown Floor Tile	80 sf	1.3% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Storage	15	Associated Mastic	80 sf	Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Storage	02	Joint Compound	60 sf	3.6% Ch	Misc	F	G	0 sf	2	
Health Bldg.	Storage	13	Pipe Insulation	15 lf	70% Ch	TSI	F	G	0 lf	2	Above Drop Ceiling
Health Bldg.	Restrooms	09	12x12 Beige Floor Tile	150 sf	1.7% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Restrooms	10	Associated Mastic	150 SF	2.6% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Restrooms	02	Joint Compound	160 sf	3.6% Ch	Misc	F	G	0 sf	2	
Health Bldg.	Restrooms	13	Pipe Insulation	60 lf	70% Ch	TSI	F	G	2 lf	4	Above Drop Ceiling
Health Bldg.	Office	02	Joint Compound	80 sf	3.6% Ch	Misc	F	G	0 sf	2	
Health Bldg.	Office	14	9x9 Blue Floor Tile	140 sf	1.3% Ch	Misc	NF1	G	0 sf	2	

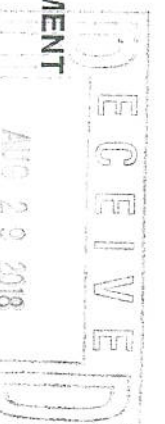
TABLE KEY:

- (1) HSA # is specific to each building
(2) sf = square feet; lf = linear feet; aa = each
(3) Ch = Chrysotile, Am = Amosite, Cr = Crocidolite, An = Anthrophyllite, Ac = Actinolite
(4) TSI = Thermal Systems Insulation, Misc = Miscellaneous

- (e) F = Friable, NF I = Non-Friable Category I, NF II = Non-Friable Category II
(f) Good = No Damage; D = Damaged = $\geq 10\%$ Damage; SD = Significantly Damaged = $\geq 25\%$ Damage
(g) Potential for Disturbance / Human Exposure - Low, Mod = Moderate, High
(h) Response Action - 1 = lowest priority, 5 = highest priority (abatement)



TABLE 2.1 ASBESTOS CONTAINING MATERIALS INVENTORY / ASSESSMENT



Name of Inspector: Michael Hoodak, AHERA # RWJ0370AA
Property Name: Rahway Valley Sewer Authority - Health and Storage Building

Field Dates: 2/7/18, 2/8/18
Briggs Project No.: 18004

Page: 2

Bidg #	Room Description	HSA #	Material Description	Quantity Estimate	Type of ACM	Material Category	ACM Assessment				Notes
							Fraility	Condition	Amount of Damage	Response Action	
Health Bldg.	Office	15	Associated Mastic	140 sf	Ch	Misc	NF1	G	0 sf	1	
Health Bldg.	Emergency Room	02	Joint Compound	80 sf	3.6% Ch	Misc	F	D	0 sf	2	
Health Bldg.	Emergency Room	14	9x9 Blue Floor Tile	320 SF	1.3% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Emergency Room	15	Associated Mastic	320 SF	Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Emergency Room	13	Pipe Insulation	90 LF	70% Ch	TSI	F	D	2 LF	3	Above Drop Ceiling
Health Bldg.	Garage	02	Joint Compound	36 sf	3.6% Ch	Misc	F	G	0 sf	3	
Health Bldg.	Physical Therapy	02	Joint Compound	160 sf	3.6% Ch	Misc	F	G	0 sf	2	
Health Bldg.	Physical Therapy	16	12x12 White with Black Dots	500 sf	1.1% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Physical Therapy	17	Associated Mastic	500 sf	Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Physical Therapy	13	Pipe Insulation	60 lf	70% Ch	TSI	F	G	0 sf	2	Above Drop Ceiling
Health Bldg.	Radiology	02	Joint Compound	60 sf	3.6% Ch	Misc	F	G	0 lf	2	
Health Bldg.	Radiology	09	12x12 Beige Floor Tile	160 sf	1.7% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Radiology	10	Associated Mastic	160 sf	2.6% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Lab	02	Joint Compound	80 sf	3.6% Ch	Misc	F	G	0 sf	2	
Health Bldg.	Lab	16	12x12 White with Black Dots	130 SF	1.1% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Lab	17	Associated Mastic	130 sf	Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Lab	13	Pipe Insulation	40 lf	70% Ch	TSI	F	G	0 sf	2	Above Drop Ceiling

TABLE KEY:

- (a) HSA # is specific to each building
(b) sf = square feet, lf = linear feet, ea = each
(c) Ch = Chrysotile, Am = Amosite, Cr = Crocidolite, An = Anthrophyllite, Ac = Actinolite
(d) TSI = Thermal Systems Insulation, Misc = Miscellaneous
(e) F = Friable, NF I = Non-Friable Category I, NF II = Non-Friable Category II
(f) Good = No Damage, D = Damaged $\geq 10\%$ Damage, SD = Significantly Damaged $\geq 25\%$ Damage
(g) Potential for Disturbance / Human Exposure - Low, Mod = Moderate, High
(h) Response Action - 1 = lowest priority, 5 = highest priority (abatement)



TABLE 2.1 ASBESTOS CONTAINING MATERIALS INVENTORY / ASSESSMENT

Aug 20 2018

Name of Inspector: Michael Hoodak, AHERA # RWJ0370AA
Property Name: Rahway Valley Sewer Authority - Health and Storage Building

Field Dates: 2/7/18, 2/8/18
Briggs Project No.: 18004

Page: 3

Bldg #	Room Description	HSA #	Material Description	Quantity Estimate	Type of ACM	Material Category	ACM Assessment			Notes
							Fraility	Condition	Amount of Damage	Response Action
Health Bldg.	Lab Bathroom	02	Joint Compound	30 sf	3.6% Ch	Misc	F	G	0 sf	2
Health Bldg.	Lab Bathroom	02	Joint Compound	80 sf	3.6% Ch	Misc	F	D	0 sf	2
Health Bldg.	Physical Therapy Bath.	02	Joint Compound	40 sf	3.6% Ch	Misc	F	G	0 sf	2
Health Bldg.	Doctor's Office	02	Joint Compound	40 sf	3.6% Ch	Misc	F	G	0 sf	2
Health Bldg.	Doctor's Office	16	12x12 White with Black Dots	150 sf	1.1% Ch	Misc	NF	D	1 sf	2
Health Bldg.	Doctor's Office	17	Associated Mastic	150 sf	Ch	Misc	NF	G	0 sf	1
Health Bldg.	Doctor's Office	13	Pipe Insulation	30 lf	70% Ch	TSI	F	D	1 lf	3
Health Bldg.	Hallway by Exam Rms.	02	Joint Compound	20 sf	3.6% Ch	Misc	F	G	0 sf	2
Health Bldg.	Hallway by Exam Rms.	09	12x12 Beige Floor Tile	180 sf	1.7% Ch	Misc	NF1	G	0 sf	2
Health Bldg.	Hallway by Exam Rms.	10	Associated Mastic	180 sf	2.6% Ch	Misc	NF1	G	0 sf	2
Health Bldg.	Lab Office	02	Joint Compound	30 sf	3.6% Ch	Misc	F	G	0 lf	2
Health Bldg.	Lab Office	09	12x12 Beige Floor Tile	60 sf	1.7% Ch	Misc	NF1	G	0 sf	2
Health Bldg.	Lab Office	10	Associated Mastic	60 sf	2.6% Ch	Misc	NF1	G	0 sf	2
Health Bldg.	Exam Rooms 1 to 3	02	Joint Compound	100 sf	3.6% Ch	Misc	F	G	0 sf	2
Health Bldg.	Exam Rooms 1 to 3	09	12x12 Beige Floor Tile	180 sf	1.7% Ch	Misc	NF1	G	0 sf	2
Health Bldg.	Exam Rooms 1 to 3	10	Associated Mastic	180 sf	2.6% Ch	Misc	NF1	G	0 sf	2
Health Bldg.	BAT Room	02	Joint Compound	30 sf	3.6% Ch	Misc	F	G	0 sf	2

TABLE KEY:

- (a) HSA # is specific to each building
(b) sf = square feet; lf = linear feet; ea = each
(c) Ch = Chrysotile, Am = Amosite, Cr = Crocidolite, An = Anthophyllite, Ac = Actinolite
(d) TSI = Thermal Systems Insulation; Misc = Miscellaneous
(e) F = Friable, NF1 = Non-Friable Category I, NF II = Non-Friable Category II
(f) Good = No Damage; D = Damaged $\geq 10\%$ Damage; SD = Significantly Damaged $\geq 25\%$ Damage
(g) Potential for Disturbance / Human Exposure - Low, Mod = Moderate, High
(h) Response Action - 1 = lowest priority, 5 = highest priority (abatement)



TABLE 2.1 ASBESTOS CONTAINING MATERIALS INVENTORY / ASSESSMENT

Name of Inspector: Michael Hoodak, AHERA # RWJ0370AA
Property Name: Rahway Valley Sewer Authority - Health and Storage Building

Field Dates: 2/7/18, 2/8/18
Briggs Project No.: 18004

Page: 4

Bldg #	Room Description	HSA #	Material Description	Quantity Estimate	Type of ACM	Material Category	ACM Assessment				Notes
							Friability	Condition	Amount of Damage	Response Action	
Health Bldg.	BAT Room	09	12x12 Beige Floor Tile	60 sf	1.7% Ch	Misc	NF1	G	0 sf	2	Under Carpet
Health Bldg.	BAT Room	10	Associated Mastic	60 sf	2.6% Ch	Misc	F	D	0 sf	2	
Health Bldg.	Office by Exam Rooms	02	Joint Compound	70 sf	3.6% Ch	Misc	F	G	0 sf	2	
Health Bldg.	Office by Exam Rooms	20	Floor Tile under carpet	140 sf	1.6% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Office by Exam Rooms	13	Pipe Insulation	30 LF	70% Ch	TSI	F	D	1 sf	2	Above Drop Ceiling
Health Bldg.	Office Bathroom	02	Joint Compound	20 sf	3.6% Ch	Misc	F	G	0 sf	2	
Health Bldg.	Office	02	Joint Compound	30 sf	3.6% Ch	Misc	F	D	0 sf	0	
Health Bldg.	Office	13	Pipe Insulation	10 lf	70% Ch	TSI	F	G	0 sf	2	Above Drop Ceiling
Health Bldg.	Office Closet by Exam R	22	12x12 Beige w/Brown Floor Tile	10 sf	1.3% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Office Closet by Exam R	02	Joint Compound	10 sf	3.6% Ch	Misc	F	G	0 sf	2	
Health Bldg.	Doctor's Office	02	Joint Compound	40 sf	3.6% Ch	Misc	F	G	0 lf	2	
Health Bldg.	Doctor's Office	13	Pipe Insulation	15 lf	70% Ch	TSI	F	G	0 sf	2	Above Drop Ceiling
Health Bldg.	Doctor's Office	20	Floor Tile under carpet	120 sf	1.6% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Audiometry	02	Joint Compound	40 sf	3.6% Ch	Misc	F	G	0 sf	2	
Health Bldg.	Waiting Room/Storage	02	Joint Compound	140 sf	3.6% Ch	Misc	F	G	0 sf	2	
Health Bldg.	Waiting Room/Storage	13	Pipe Insulation	25 lf	70% Ch	TSI	F	G	0 sf	2	
Health Bldg.	Waiting Room/Storage	14	9x9 Light Brown Floor Tile	420 sf	1.3% Ch	Misc	F	G	0 sf	2	

TABLE KEY:

- (a) HSA # is specific to each building
(b) sf = square feet; lf = linear feet; ea = each
(c) Ch = Chrysotile; Am = Amosite; Cr = Crocidolite; An = Anthophyllite; Ac = Actinolite
(d) TSI = Thermal Systems Insulation; Misc = Miscellaneous
(e) F = Friable; NF1 = Non-Friable Category I; NF2 = Non-Friable Category II
(f) Good = No Damage; D = Damaged $\geq 10\%$ Damage; SD = Significantly Damaged $\geq 25\%$ Damage
(g) Potential for Disturbance / Human Exposure - Low, Mod = Moderate, High
(h) Response Action - 1 = lowest priority; 5 = highest priority (abatement)



TABLE 2.1 ASBESTOS CONTAINING MATERIALS INVENTORY / ASSESSMENT

RECEIVED
AUG 29 2018

ASBESTOS CONTROL &

Name of Inspector: Michael Hoodak, AHERA # RWJ0370AA
Property Name: Rahway Valley Sewer Authority - Health and Storage Building

Field Dates: 2/7/18 - 2/8/18
Briggs Project No.: 18004

Page: 5

Page: 5											
Bldg #	Room Description	HSA #	Material Description	Quantity Estimate	Type of ACM	Material Category	ACM Assessment				Notes
							Friability	Condition	Amount of Damage	Response Action	
Health Bldg.	Waiting Room/Storage	15	Associated Mastic	420 sf	Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Reception	02	Joint Compound	160 sf	3.6% Ch	Misc	F	D	0 sf	2	
Health Bldg.	Reception	13	Pipe Insulation	15 lf	3.6% Ch	TSI	F	G	0 sf	2	Above Drop Ceiling
Health Bldg.	Reception	14	9x9 Light Brown Floor Tile	300 sf	1.3% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Reception	15	Associated Mastic	300 sf	Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Closet Main Hallway	02	Joint Compound	20 sf	3.6% Ch	Misc	F	G	0 sf	2	
Health Bldg.	Closet Main Hallway	16	12x12 White with Black Dots Floor Tile	40 sf	1.1% Ch	Misc	F	D	0 sf	0	
Health Bldg.	Closet Main Hallway	17	Associated Mastic	40 sf	Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Office Closet by Exam R	22	12x12 Beige w/Brown Floor Tile	10 sf	1.3% Ch	Misc	NF1	G	0 sf	2	
Health Bldg.	Windows	25	Window Caulk	360 sf	2.3% Ch	Misc	F	D	10 sf	3	30 Single Windows
Health Bldg.	Windows	26	Window Glazing	360 sf	1.1% Ch	Misc	F	D	5 sf	2	30 Single Windows
Storage Bldg.	Windows	06	Window Glazing	150 sf	1.3% Ch	Misc	F	D	4 sf	2	9 Single Windows

TABLE KEY:

- (a) HSA # is specific to each building
(b) sf = square feet; lf = linear feet; ea = each
(c) Ch = Chrysotile, Am = Amosite, Cr = Crocidolite, An = Anthrophyllite, Ac = Actinolite
(d) TSI = Thermal Systems Insulation; Misc = Miscellaneous

- (e) F = Friable, NF 1 = Non-Friable Category I; NF II = Non-Friable Category II
(f) Good = No Damage; D = Damaged = $\geq 10\%$ Damage, SD = Significantly Damaged = $\geq 25\%$ Damage
(g) Potential for Disturbance / Human Exposure - Low, Mod = Moderate, High
(h) Response Action - 1 = lowest priority, 5 = highest priority (abatement)

CK100052731

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

Date of Notification (1) 8/27/18		Name of Building Owner/Operator (2) Ortho Clinical Diagnostics		<div style="border: 2px solid black; padding: 10px; display: inline-block;"> RECEIVED AUG 29 2018 ASBESTOS CONTROL & REMEDIATION Telephone Number 908-218-8630 </div>	
Agencies Notified	Type Notification	Street Address 1001 US-202			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Raritan, NJ 08869			
		Name of Contact Rodica Niculescu			

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Ortho Clinical Diagnostics			Type of Facility (4)		
Street Address 1001 US-202			<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) Raritan, NJ 08869			Square Feet 87000	# of Floors 3	Bldg. Age 75 yrs
County (6) Somerset		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pharmaceutical		
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors, LLC		
Street Address NA		Street Address 2400 Main Street Extension, Suite 10			
City, State, Zip Code NA		City, State, Zip Code Sayreville, NJ 08872			
Project Manager for Monitoring Firm NA		Telephone No.	Telephone No. 732-525-0100	License No. 00750	
Start Date (10) 8/15/18		Scheduled Completion Date (11) 8/29/18		Name of OSHA Monitor Environmental Tactics, Inc	
Occupancy Status During Abatement (Check Only One)			Show Desktop.scf		
<input 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 64 Broad St		
			City, State, Zip Code Matawan, NJ 07747		

Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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			oval	Rem	air	late	Encapsu
Pipe on top of roof of Bldg A	X			Thermal insulation on Steam and	15 LF	x				
Pipe on top of roof of Bldg A	X			Thermal insulation on Steam and	50 sf			X		
Pipe on top of roof of Bldg A	X			Insulation on Chilled Water Pipe	100 LF	x				
Pipe fittings on roof	X			Thermal insulation on steam	2	x				

Name of Registered Waste Hauler Freehold Cartage Inc		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S.	
City, State Freehold NJ		Disposal Date 8/27/18		City, State Morrisville, PA	
Completed by Michael Migliore		Title Sr Account Manager	Signature <i>Michael Migliore</i>		Date 8/27/18

Added 2 fittings and two

OK 3425

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

CHK # 3425

Date of Notification (1) 8/24/18		Name of Building Owner / Operator (2) Wells Fargo Bank					
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 100 Park Ave 14th Floor		City, State & Zip Code New York, New York 10017					
Name of Contact Joseph Rappa		Telephone Number 212-703-3989					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Wells Fargo		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 1 Johnson Ave		Square Feet 75,000					
City (5) Hackensack		# of Floors 2					
County (6) Bergen		Bldg. Age 45+					
County Code (7)		Current Use (Prior if being demolished) Banking Offices					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.					
Street Address 120 North Warren Street		Name of Abatement Contractor (9) Bristol Environmental, Inc.					
City, State & Zip Code Trenton, NJ 08010		Street Address 1123 Beaver Street					
Project Manager for Monitoring Firm Rollie Jones		City, State & Zip Code Bristol, PA 19007					
Telephone Number 609-392-4200		Telephone Number (215)788-6040					
Scheduled Start Date (10) 9/8/18		License Number 00509					
Scheduled Completion Date (11) 10/8/18		Name of OSHA Monitor Bristol Environmental Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: Saturday 2:00 PM - Sunday 10:00 PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure		City, State & Zip Code Bristol, PA 19007					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance 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			
				Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Ceiling Tile	2,956 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20 Cu yds	Name of Registered Landfill Minerva Landfill			
City, State New Castle, DE		Disposal Date 10/8/18	City, State Waynesburg, Ohio				
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni</i>		Date 8/24/18		

GF18180

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

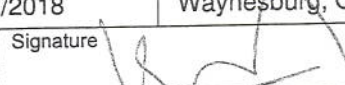
PAID

Chk # 3426

Date of Notification (1) 8/24/18		Name of Building Owner / Operator (2) Macys Inc.							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	<div style="float: right; border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED AUG 29 2018 ASBESTOS CONTROL & LICENSING </div> Street Address 7 West Seventh Street City, State & Zip Code Cincinnati, OH 45202 Name of Contact Tia Wenrich							
		Telephone Number 513-579-7241							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Macys Store		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 South Orange Ave & Walnut Ave.		Square Feet	# of Floors						
City (5) Livingston	County (6) Essex	Bldg. Age							
County Code (7)		Current Use (Prior if being demolished) Retail							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		Name of Abatement Contractor (9) Bristol Environmental, Inc.							
Street Address 24 Commerce Street, Suite 300		Street Address 1123 Beaver Street							
City, State & Zip Code Newark, NJ 07102		City, State & Zip Code Bristol, PA 19007							
Project Manager for Monitoring Firm Ralph Coppola		Telephone Number 973-265-9763	License Number 00509						
Scheduled Start Date (10) 9/6/18	Scheduled Completion Date (11) 9/7/18	Name of OSHA Monitor Bristol Environmental Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – Describe: 10:00PM to 7:00AM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 1123 Beaver Street							
		City, State & Zip Code Bristol, PA 19007							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Valve Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<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 Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 1 cu yd	Name of Registered Landfill Minerva Landfill					
City, State New Castle, Delaware		Disposal Date 9/7/18		City, State Waynesburg, OH					
Completed By (Print or Type) Gino Pizzigoni		Title Project Manager	Signature <i>Gino Pizzigoni / gm</i>				Date 8/24/18		

GI18181

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

Date of Notification (1) 08/27/2018		Name of Building Owner/Operator (2) Jackie Bischoff							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rivervale, NJ Name of Contact Ms. Jackie Bischoff							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Rivervale		Square Feet 2,000	# of Floors 2						
County (6) Bergen		Bldg. Age 90							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address		Street Address 1360 Clifton Avenue, PMB Suite 218							
City, State, Zip Code		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm		Telephone No. 973-389-0089	License No. 00693						
Start Date (10) 9/6/2018	Scheduled Completion Date (11) 9/7/2018	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Avenue, PMB Suite 218							
<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 Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Closet		X		9" X 9" Floor Tiles	20 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 2 CY	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE 19720		Disposal Date 9/7/2018		City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager		Signature 		Date 08/27/2018			