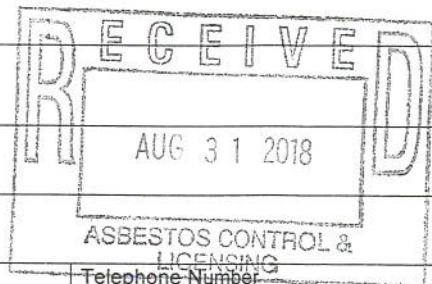


NOCK

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



| | | | |
|---|---|--|---|
| Date of Notification (1) <u>08</u> / <u>28</u> / <u>18</u> | | Name of Building Owner/Operator (2) Triple C Development | |
| 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 200 Armory Road City, State, Zip Code Centre, AL 35960 | |
| | | Name of Contact Jay Machleit | Telephone Number 256-927-1550 |

FACILITY INFORMATION

| | | | |
|---|---|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Red Eagle Tavern | | 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 1503 West Chapel Avenue | | | |
| City (5) Cherry Hill | | Square Feet 10,000 | # of Floors 2 |
| County (6) Camden | | County Code (7) (STATE USE ONLY) | Bldg. Age 70 |
| Name of Monitoring Firm Hired by Building Owner (8) Atlas Environmental Inspections | | Name of Abatement Contractor (9) Shade Environmental, LLC | |
| Street Address PO Box 11645 | | Street Address 623 Cutler Avenue | |
| City, State, Zip Code Philadelphia, PA 19116 | | City, State, Zip Code Maple Shade, NJ 08052 | |
| Project Manager for Monitoring Firm Jason Dua | Telephone No. 267-784-4693 | Telephone No. 856-755-0099 | License No. 00842 |
| Start Date (10) <u>08</u> / <u>28</u> / <u>18</u> | Scheduled Completion Date (11) <u>08</u> / <u>31</u> / <u>18</u> | Name of OSHA Monitor EMSL Analytical, Inc. | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077 | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|-------------------------------------|--------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Transite Siding | 1,830 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 Freehold Cartage | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 10 | Name of Registered Landfill Fairless Landfill |
| City, State Freehold, NJ | | Disposal Date 08/31/2018 | City, State Morrisville, PA |
| Completed By (Print or Type) Christina Lynch | Title Vice President of Operations | Signature | Date 8/28/18 |

OK 3/6/91

| | | | |
|--|--|---|--|
| Date of Notification (1) August 28, 2018 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | | Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | |
| Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS | | City, State, Zip Code PISCATAWAY, NJ 08854 | |
| Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY | | Telephone Number 848-445-2550 | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) WRIGHT REIMAN CHEMISTRY, BLDG# 3556 | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years | |
| Street Address BUSCH CAMPUS | | Current Use (prior if being demolished): ACADEMIC | |
| City (5) PISCATAWAY | County (6) MIDDLESEX | County Code (7) (State Use Only) | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC | | ASCM No. 00098 | |
| Street Address 3 TERRI LANE | | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | Street Address 511 MAIN STREET | |
| Project Manager for Monitoring Firm BRIAN R. KEARNEY | | City, State, Zip Code BUTLER, NJ 07405 | |
| Telephone Number 609-386-8800 | | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) 09/07/18 | | Scheduled Completion Date (11) 09/10/18 | |
| Name of OSHA Monitor ENVIROVISION, INC. | | Street Address 20-21 WARGARAW ROAD, BLDG# 35E | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 3PM – 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) | | City, State, Zip Code FAIRLAWN, NJ 07410 | |
| 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 Demolition | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | |
| Location of Asbestos-Containing Material (ACM) in Facility (13) Room 126 | Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT | Amount (Specify SF or LF) 2000 SF |
| Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose | | | |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | |
| Cubic Yards of Waste: 30 CY | | Name of Registered Landfill G.R.O.W.S. North Landfill | |
| Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | Disposal Date 09/10/2018 | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |
| Completed by (Print or Type) RAYMOND C. PEDALINO | | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> |
| | | Date August 28, 2018 | |

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

OK 3/6/8

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

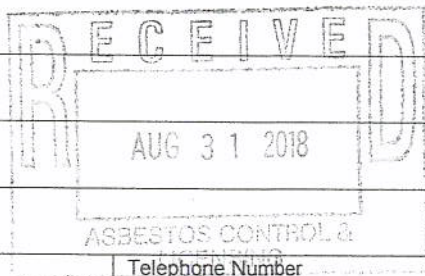
GAC Project # 060-18

| | | | | | |
|---|--|---|--|--|--|
| <u>Date of Notification (1)</u> August 28, 2018 | | | <u>Name of Building Owner/Operator (2)</u> RUTGERS, THE STATE UNIVERSITY OF NJ | | |
| <u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH | | <u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled | | <u>Street Address</u> ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS | |
| | | | | <u>City, State, Zip Code</u> PISCATAWAY, NJ 08854 | |
| | | | | <u>Name of Contact</u> MICHAEL F. SMITH, ENV. HEALTH & SAFETY | |
| | | | | <u>Telephone Number</u> 848-445-2550 <div style="text-align: right;">AUG 31 2018</div> | |
| FACILITY INFORMATION | | | | | |
| <u>Name of Facility Where Abatement is Taking Place (3)</u> MARTIN HALL, BLDG# 6006 | | | <u>Type of Facility (4)</u> <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.) <u>Sq. Feet:</u> N/A <u># of Floors:</u> 4 <u>Bldg. Age:</u> 80+ years | | |
| <u>Street Address</u> COOK CAMPUS | | | <u>Current Use (prior if being demolished):</u> ACADEMIC | | |
| <u>City (5)</u> NEW BRUNSWICK | <u>County (6)</u> MIDDLESEX | <u>County Code (7) (State Use Only)</u> | | | |
| <u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> ATC | | <u>ASCM No.</u> 00098 | <u>Name of Contractor (9)</u> GREENWOOD ABATEMENT CONSULTANTS, INC. | | |
| <u>Street Address</u> 3 TERRI LANE | | <u>Street Address</u> 511 MAIN STREET | | | |
| <u>City, State, Zip Code</u> BURLINGTON, NJ 08016 | | <u>City, State, Zip Code</u> BUTLER, NJ 07405 | | | |
| <u>Project Manager for Monitoring Firm</u> BRIAN R. KEARNEY | | <u>Telephone Number</u> 609-386-8800 | <u>Telephone Number</u> 973-492-0477 | <u>License Number</u> 00840 | |
| <u>Scheduled Start Date (10)</u> 09/06/18 | | <u>Scheduled Completion Date (11)</u> 09/09/18 | | <u>Name of OSHA Monitor</u> ENVIROVISION, INC. | |
| <u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 5PM – 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) | | | <u>Street Address</u> 20-21 WARGARAW ROAD, BLDG# 35E | | |
| | | | <u>City, State, Zip Code</u> FAIRLAWN, NJ 07410 | | |
| <u>Scope of Work (Check all that apply)</u> | | | | | |
| <input type="checkbox"/> ≥ 3 sf or >3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| <u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> | <u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA | <u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> | <u>Amount (Specify SF or LF)</u> | <u>Abatement Type</u> Remove Repair Encap Enclose | |
| Room 109 | <input checked="" type="checkbox"/> | Plaster | 20 SF | <input checked="" type="checkbox"/> | |
| | | | | | |
| <u>Name of Reg. Waste Hauler</u> See Hauler Below #1 & 2 | <u>NJDEP Waste Hauler ID #</u> See Below | <u>Cubic Yards of Waste:</u> 5 CY | <u>Name of Registered Landfill</u> G.R.O.W.S. North Landfill | | |
| <u>Hauler #1) Greenwood Abatement Consultants, Inc. – Butler, NJ 07405</u> NJDEP # 12561 <u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJ DEP # 4509 | | | <u>Disposal Date</u> 09/09/2018 | <u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 | |
| <u>Completed by (Print or Type)</u> RAYMOND C. PEDALINO | <u>Title</u> SENIOR PROJECT MANAGER | <u>Signature</u> <i>Raymond C. Pedalino</i> | <u>Date</u> August 28, 2018 | | |

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

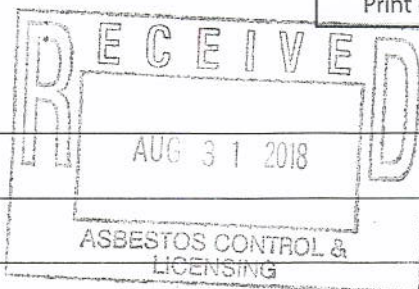
CK 1303

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



| Date of Notification (1) 8/26/2018 | | Name of Building Owner/Operator (2) David DeNunzio | | | | | | | |
|--|---|---|----------------------|---|---|-------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Montclair NJ 07042 | | | | | | | |
| | | Name of Contact David DeNunzio | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) David DeNunzio | | 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) Montclair NJ 07042 | | Square Feet | # of Floors | | | | | | |
| County (6) Essex | | Bldg. Age | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Name of Abatement Contractor (9) | | | | | | | |
| Street Address | | MKD Property Maintenance LLC | | | | | | | |
| City, State, Zip Code | | Street Address 105 Van Riper Avenue | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Clifton NJ 07011 | | | | | | | |
| Telephone No. | | Telephone No. 201-899-9008 | License No. 01336 | | | | | | |
| Start Date (10) 9/15/2018 | Scheduled Completion Date (11) 10/1/2018 | 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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input 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 |
| Basement | | X | | Pipe Insulation | LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler TBD | | NJDEP Waste Hauler ID No. TBD | | Cubic Yards of Waste 1 YD | Name of Registered Landfill 110 Sand Company | | | | |
| City, State | | | | Disposal Date | City, State Melville NY 11747 | | | | |
| Completed by Darko Raloski | | Title Project Manager | | Signature | | Date 8/26/2018 | | | |

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



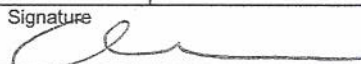
| | | | | | | | | | |
|--|---|--|--|---|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 8/29/18 | | Name of Building Owner/Operator (2) Seminole Construction | | | | | | | |
| Agencies Notified | Type Notification | Street Address 128 Bartlett Ave | | | | | | | |
| <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 West Creek, NJ 08092 | | | | | | | |
| | | Name of Contact Seminole Construction | Telephone Number 609-296-0700 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) 133 E Raritan Dr, Little Egg Harbor | | 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 133 E Raritan Dr | | Square Feet 864 | # of Floors Bldg. Age | | | | | | |
| City (5) Little Egg Harbor | | | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS | | | | | | |
| Street Address | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 732-668-9078 | License No. 1200 | | | | | | |
| Start Date (10) 9/9/18 | Scheduled Completion Date (11) 9/16/18 | Name of OSHA Monitor AAA LEAD PROFESSIONALS | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____ | | Street Address 6 WHITE DOVE COURT | | | | | | | |
| | | City, State, Zip Code LAKEWOOD, NJ 08701 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| EXTERIOR | | | | SIDING | 2000SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 8 | Name of Registered Landfill IESI | | | | | |
| City, State NEWARK, NJ | | Disposal Date 9/16/18 | | City, State BETHLEHEM PA | | | | | |
| Completed by JOSEPH PERLSTEIN | | Title OWNER | | Signature | | | Date 8/29/18 | | |

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

CK 6695

PAID

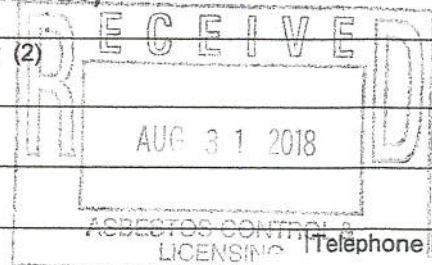
RECEIVED
AUG 31 2018
ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|--|---|---|---|--|---------------------------|----------------|-----------------|-------------|-----------|
| Date of Notification (1) 8/28/18 | | Name of Building Owner/Operator (2) Catherine Mooney Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Barnegat Light NJ 08006 | | | | | | | |
| | | Name of Contact Shawn | Telephone Number _____ | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Catherine Mooney Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) Barnegat Light NJ 08006 | | Square Feet 1000 + | # of Floors 2 | | | | | | |
| | | Bldg. Age 50+ | | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. _____ | Name of Abatement Contractor (9) Pernaco Inc | | | | | | |
| Street Address _____ | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code _____ | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm _____ | | Telephone No. _____ | Telephone No. 856-753-9800 | | | | | | |
| | | License No. 00727 | | | | | | | |
| Start Date (10) 9/7/18 | Scheduled Completion Date (11) 9/14/18 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address _____ | | | | | | | |
| | | City, State, Zip Code _____ | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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 | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 1450 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Containers | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 3 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 9/14/18 | | City, State Morrisville PA 1960 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 8/28/18 | | |

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

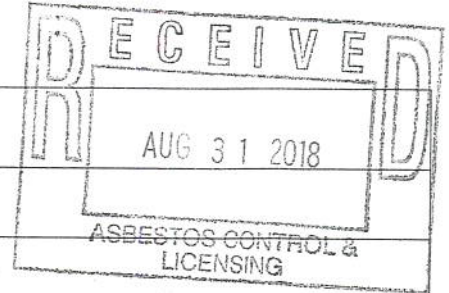
Check **2361**

| | | | |
|---|--|---|--|
| Date of Notification (1) 8/20/2018 | | Name of Building Owner / Operator (2) Virginia Mcceig | |
| 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"/> Emergency <input type="checkbox"/> Cancellation | City, State & Zip Code Greenwich | |
| | | Name of Contact Virginia Mcceig | |
| | | Telephone Number [REDACTED] | |



| FACILITY INFORMATION | | | | | | | | | | | | | |
|---|--|--|---|--|---|---|-------------------------|--|--------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Name of Facility Where Abatement is Taking Place (3) Residence | | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | |
| Street Address [REDACTED] | | | | | Square Feet 2000 | | # of Floors 2 | | Bldg. Age 50+ | | | | |
| City (5) Greenwich | | County (6) Cumberland | | County Code (7) | | Current Use (Prior if being demolished) Residential | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | ASCM No. | | Name of Abatement Contractor (9) Alpha Environmental Services | | | | | | | |
| Street Address | | | | | Street Address 3525 Quakerbridge Road | | | | | | | | |
| City, State & Zip Code | | | | | City, State & Zip Code Hamilton, NJ 08619 | | | | | | | | |
| Project Manager for Monitoring Firm | | | Telephone Number | | Telephone Number 609-847-2956 | | | License Number 01222 | | | | | |
| Scheduled Start Date (10) 8/29/2018 | | Scheduled Completion Date (11) 8/30/2018 | | | 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 Hours – 7am to 3pm Describe: <input checked="" type="checkbox"/> Facility Occupied During Abatement | | | | | Street Address 107 Haddon Ave. | | | | | | | | |
| | | | | | City, State & Zip Code Westmont, NJ 08108 | | | | | | | | |
| 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 checked="" type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13) Basement | | | Is Location Normally Used Solely by Maintenance or Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> | | | Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous) Duct (Wrap and Cut) | | Amount (Specify SF or LF) 80sf | | Abatement Type | | | |
| | | | | | | | | | | Removal | Repair | Encapsulate | Enclosure |
| | | | | | | | | | | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler ALPHA ENVIRONMENTAL | | | | NJDEP Waste Hauler ID No. 00033330 | | Cubic Yards of Waste 1 | | Name of Registered Landfill Grows Landfill | | | | | |
| City, State Trenton, NJ | | | | Disposal Date Various | | City, State Morrisville, PA | | | | | | | |
| Completed By (Print or Type) Rod Richardson | | | | Title Project Manager | | Signature <i>Rod Richardson</i> | | | Date 8/20/2018 | | | | |

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



| | | | |
|--|--|--|---|
| Date of Notification (1) <u>7</u> / <u>11</u> / <u>18</u> | | Name of Building Owner/Operator (2) Verizon Communications | |
| 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 checked="" type="checkbox"/> Amended Amendment # <u>5-8/27/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 71 Madison Ave | |
| | | City, State, Zip Code Jersey City, NJ 07034 | |
| | | Name of Contact Brian Kingsbury | Telephone Number 201 356 5166 |

FACILITY INFORMATION

| | | | |
|---|--|--|-----------------------------|
| Name of Facility Where Abatement is Taking Place (3) Verizon Bergen 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 71 Madison Ave | | | |
| City (5) Jersey City | | Square Feet 113,347 | # of Floors 7 |
| | | Bldg. Age +50 | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Verizon Communications | |
| Name of Monitoring Firm Hired by Building Owner (8) ESIS | | ASCM No. | |
| Street Address 10 Exchange Place, 13th Floor | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | |
| City, State, Zip Code Jersey City | | Street Address 1123 BEAVER STREET | |
| Project Manager for Monitoring Firm Brian Kingsbury | | Telephone No. 201 356 5166 | License No. 00509 |
| Start Date (10) <u>7</u> / <u>23</u> / <u>18</u> | Scheduled Completion Date (11) <u>8</u> / <u>27</u> / <u>18</u> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u>5:00</u> PM - <u>2:00</u> AM | | Street Address 1123 BEAVER STREET | |
| | | City, State, Zip Code BRISTOL, PA 19007 | |

Scope of Work (Check all that apply)

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

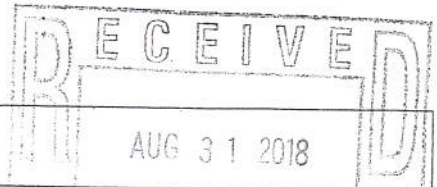
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Elevator Cab Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 40 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Shaft | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 140 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Machine Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 40 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 38 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|---|--|---|--------------------------------------|--|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 3 | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | City, State WAYNESBURG, OH | | |

| | | | |
|--|---------------------------|-----------------------------------|------------------------|
| Completed By (Print or Type) Dillan DeCaro | Title Estimator | Signature <i>Dillan DeCaro</i> | 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) 7 / 11 / 18 | | Name of Building Owner/Operator (2) Verizon Communications | |
| 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 checked="" type="checkbox"/> Amended Amendment #4-8/23/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 71 Madison Ave | |
| | | City, State, Zip Code Jersey City, NJ 07034 | |
| | | Name of Contact Brian Kingsbury | Telephone Number 201-356-5166 |

| FACILITY INFORMATION | | | |
|---|--|--|---|
| Name of Facility Where Abatement is Taking Place (3) Verizon Bergen 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 71 Madison Ave | | Square Feet 113,347 | # of Floors 7 |
| City (5) Jersey City | | Bldg. Age +50 | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Verizon Communications | |
| Name of Monitoring Firm Hired by Building Owner (8) ESIS | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. |
| Street Address 10 Exchange Place, 13 th Floor | | Street Address 1123 BEAVER STREET | |
| City, State, Zip Code Jersey City | | City, State, Zip Code BRISTOL, PA 19007 | |
| Project Manager for Monitoring Firm Brian Kingsbury | | Telephone No. 201-356-5166 | License No. 00509 |
| Start Date (10) 7 / 23 / 18 | Scheduled Completion Date (11) 9 / 5 / 18 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM/5:00PM-2:00AM | | Street Address 1123 BEAVER STREET | |
| | | City, State, Zip Code BRISTOL, PA 19007 | |

Scope of Work (Check all that apply)

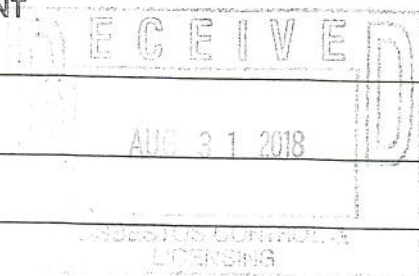
| | | |
|--|--|--|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked=""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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|--------------------------|-------------------------------------|---|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Elevator Cab Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 40 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Shaft | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 140 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Machine Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 40 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 38 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--------------------|------------------------------------|-------------------------------|---|--|
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 3 | Name of Registered Landfill MINERVA LANDFILL | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | City, State WAYNESBURG, OH | | |
| Completed By (Print or Type) Dillan DeCaro | Title Estimator | Signature Dillan DeCaro | Date 8-23-18 | | |

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



| | | | | | | | | | |
|---|---|--|---|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 7 / 11 / 18 | | Name of Building Owner/Operator (2) Verizon Communications | | | | | | | |
| 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 checked="" type="checkbox"/> Amended Amendment #3-8/6/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 71 Madison Ave | | | | | | | |
| | | City, State, Zip Code Jersey City, NJ 07034 | | | | | | | |
| | | Name of Contact Brian Kingsbury | Telephone Number 201 356 5166 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Bergen 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 71 Madison Ave | | | | | | | | | |
| City (5) Jersey City | | Square Feet 113,347 | # of Floors 7 | | | | | | |
| County (6) Hudson | | Bldg. Age +50 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Verizon Communications | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ESIS | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 10 Exchange Place, 13th Floor | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Jersey City | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Brian Kingsbury | | Telephone No. 201 356 5166 | License No. 00509 | | | | | | |
| Start Date (10) 7 / 23 / 18 | Scheduled Completion Date (11) ON HOLD | 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-3:00PM/11:30PM-AM | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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 |
| Elevator Cab Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 40 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Shaft | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 140 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Machine Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 40 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 38 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 3 | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | | Disposal Date TBD | City, State WAYNESBURG, OH | | | | | |
| Completed By (Print or Type) Dillan DeCaro | | Title Estimator | Signature Dillan DeCaro/jlc | | Date 8/6/18 | | | | |

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

RECEIVED
AUG 31 2018

| Date of Notification (1) <u>7</u> / <u>11</u> / <u>18</u> | | Name of Building Owner/Operator (2) Verizon Communications | | | | | | | |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 checked="" type="checkbox"/> Amended Amendment # <u>2-7/26/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 71 Madison Ave City, State, Zip Code Jersey City, NJ 07034 | | | | | | | |
| | | Name of Contact Brian Kingsbury | Telephone Number 201 356 5166 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Bergen 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 71 Madison Ave | | Square Feet 113,347 | # of Floors 7 | | | | | | |
| City (5) Jersey City | | Bldg. Age +50 | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Verizon Communications | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ESIS | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 10 Exchange Place, 13th Floor | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Jersey City | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Brian Kingsbury | Telephone No. 201 356 5166 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) <u>7</u> / <u>23</u> / <u>18</u> | Scheduled Completion Date (11) <u>8</u> / <u>10</u> / <u>18</u> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-3:00PM/11:30PM-</u> AM | | Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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) 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 |
| Elevator Cab Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 40 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Shaft | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 140 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Machine Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 40 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 38 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 3 | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | City, State WAYNESBURG, OH | | | | | | |
| Completed By (Print or Type) Dylan DeCaro | | Title Estimator | Signature <i>Dylan DeCaro</i> | | | | Date 7-26-18 | | |

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

Ch # 3407

| | | | | | | | | | |
|--|--|--|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 7 / 11 / 18 | | Name of Building Owner/Operator (2) Verizon Communications | | | | | | | |
| 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 checked="" type="checkbox"/> Amended Amendment #1-7/23/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 71 Madison Ave City, State, Zip Code Jersey City, NJ 07034 | | | | | | | |
| | | Name of Contact Brian Kingsbury | Telephone Number 201 356 5166 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Bergen 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 71 Madison Ave | | Square Feet 113,347 | # of Floors 7 | | | | | | |
| City (5) Jersey City | | Bldg. Age +50 | | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Verizon Communications | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ESIS | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | | |
| Street Address 10 Exchange Place, 13 th Floor | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Jersey City | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Brian Kingsbury | Telephone No. 201 356 5166 | Telephone No. 215-788-6040 | License No. 00509 | | | | | | |
| Start Date (10) 7 / 23 / 18 | Scheduled Completion Date (11) 8 / 10 / 18 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-2:00AM | | 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Elevator Cab Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 40 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Shaft | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 140 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Machine Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 40 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Basement Hallway | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 38 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 3 | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | City, State WAYNESBURG, OH | | | | | | |
| Completed By (Print or Type) Dillan DeCaro | Title Estimator | Signature Dillan DeCaro / JPK | | | | Date 7-23-18 | | | |

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

Ch # 3401

| | | | | | | | | | |
|--|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>7</u> / <u>11</u> / <u>18</u> | | Name of Building Owner/Operator (2) Verizon Communications | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 0126 <input checked="" type="checkbox"/> DOH 0096 <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 71 Madison Ave City, State, Zip Code Jersey City, NJ 07034 | | | | | | | |
| | | Name of Contact Brian Kingsbury | Telephone Number 201 356 5166 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Verizon Bergen 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 71 Madison Ave | | | | | | | | | |
| City (5) Jersey City | | Square Feet 113,347 | # of Floors 7 | | | | | | |
| County (6) Hudson | | Bldg. Age +50 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Verizon Communications | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) ESIS | | ASCM No. | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC. | | | | | | |
| Street Address 10 Exchange Place, 13th Floor | | Street Address 1123 BEAVER STREET | | | | | | | |
| City, State, Zip Code Jersey City | | City, State, Zip Code BRISTOL, PA 19007 | | | | | | | |
| Project Manager for Monitoring Firm Brian Kingsbury | | Telephone No. 201 356 5166 | License No. 00509 | | | | | | |
| Start Date (10) <u>7</u> / <u>23</u> / <u>18</u> | Scheduled Completion Date (11) <u>8</u> / <u>10</u> / <u>18</u> | Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM 5:00 PM - 2:00 AM | | 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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Elevator Cab Floor | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | VAT & Mastic | 40 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Shaft | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation (Wrap & Cut) | 140 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Elevator Machine Room | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Pipe Insulation | 40 LF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 3 | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE | | Disposal Date TBD | | City, State WAYNESBURG, OH | | | | | |
| Completed By (Print or Type) Dillian DeCaro | | Title Estimator | | Signature <i>Dillian DeCaro</i> | | Date 7/11/18 | | | |

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

Check # 9092

| | | | |
|---|--|--|---|
| Date of Notification (1) 8/27/18 | | Name of Building Owner/Operator (2) Stevens University | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type of Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Emergency <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation | Street Address 1 Castle Point on Hudson | |
| | | City, State, Zip Code Hoboken, NJ 07030 | |
| | | Name of Contact David Fernandez | Telephone Number 201-216-8705 |

FACILITY INFORMATION

| | | | | | |
|---|--|---|---|-------------------------|--------------------------------|
| Name of Facility Where Abatement is Taking Place (3) Burchard Bldg. | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private and commercial buildings, homes, etc.) | | |
| Street Address 524 River St. | | | Square Feet 5000 | # of Floors 3 | Bldg. Age ~ 60 |
| City (5) Hoboken | County (6) Hudson | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Office/lab/classroom | | |
| Name of Monitoring Firm Hired by Building Owner Briggs Associates | | ASCM No. 0004 | Name of Abatement Contractor (9) Jupiter Environmental Services, Inc. | | |
| Street Address 3 Crosswicks St. | | | Street Address 323 Changebridge Road, Suite 100 | | |
| City, State, Zip Code Bordentown, NJ 08505 | | | City, State, Zip Code Pine Brook, NJ 07058 | | |
| Project Manager for Monitoring Firm Michael Hoodak | | Telephone Number 609-298-5520 | Telephone Number 973-575-8700 | | License Number 00852 |
| Scheduled Start Date (10) 9/7/18 | Sched. Completion Date (11) 9/7/18 | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours – Describe: <input type="checkbox"/> Other – Describe: <u>partially vacated</u> | | | Street Address 2333 Route 22 West | | |
| | | | City, State, Zip Code Union, NJ 07083 | | |

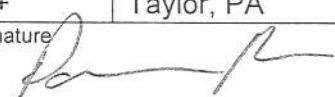
Scope of Work (Check all that apply)

- ☐ Demolition
☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation

- ☐ Full Containment with Negative Pressure
☐ Mini – Enclosure
☐ Glovebag Procedure
☒ Non – Friable Procedure

| Location of Asbestos – Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff (12) | | | Description of Asbestos – Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|--|----|-----|--|---------------------------|----------------|---|---|---|
| | Yes | No | N/A | | | R | R | E | E |
| Storage Room | X | | | Other Miscellaneous | 24 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | |
|--|--|---|---|---|------------------------|
| Name of Registered Waste Hauler Jupiter Environmental Services | | NJDEP Waste Hauler ID No. 04782 | Cubic Yards Of Waste 1 | Name of Registered Landfill Alliance Landfill | |
| City, State Pine Brook, NJ | | Disposal Date 9/14/18 + | | City, State Taylor, PA | |
| Completed By (Print or Type) Pane Repic | | Title General Manager | Signature  | | Date 8/27/18 |

CK1798

Print Form

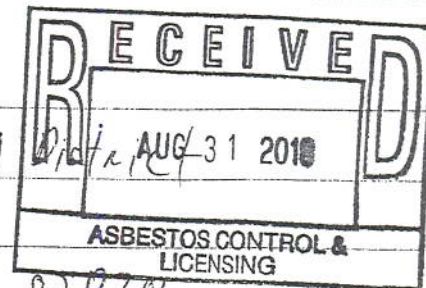
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CK # 1798

| | | | | | | | | | |
|--|---|--|---|--|---------------------------|-----------------|--------|-------------|-----------|
| Date of Notification (1) 8/24/18 | | Name of Building Owner/Operator (2) Waypoint Hackensack Renewal Owner LLC | | | | | | | |
| Agencies Notified | Type Notification | Street Address 1600 John F. Kennedy Blvd | <div style="border: 1px solid black; padding: 5px;"> AUG 31 2018 </div> | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Philadelphia, PA | | | | | | | |
| | | Name of Contact _____ | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial Building for Demo | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 435 Main St | | Square Feet 30,000 | # of Floors 2 | | | | | | |
| City (5) Hackensack | | Bldg. Age 50+ | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) Residential House | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) n/a | ASCM No. n/a | Name of Abatement Contractor (9) Harmony Contracting Inc | | | | | | | |
| Street Address n/a | | Street Address 360 Palisade Ave | | | | | | | |
| City, State, Zip Code n/a | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm n/a | Telephone No. n/a | Telephone No. 973460.6026 | License No. 01255 | | | | | | |
| Start Date (10) 9/7/18 | Scheduled Completion Date (11) 10/20/18 | Name of OSHA Monitor Harmony Contracting Inc | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>SCHEDULED FOR DEMO</u> | | Street Address 360 Palisade Ave | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 | 780 LF | < | | | |
| 1st Floor | | | x | 9x9 VAT | 1,875 SF | < | | | |
| Roof | | | x | Roofing Material | 25,000 SF | < | | | |
| Name of Registered Waste Hauler Newark Carting | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste TBD | Name of Registered Landfill IESI Landfill | | | | | |
| City, State NEwark, NJ | | Disposal Date TBD | | City, State Bethlehem, PA | | | | | |
| Completed by E. Cirovic | | Title Secretary | Signature <i>E. Cirovic</i> | | | Date 8/24/18 | | | |

CH1441

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



| | | | |
|--|---|---|----------------------------------|
| Date of Notification (1) 08.24.2018 | | Name of Building Owner/Operator (2) Hoboken Public School District | |
| Agencies Notified | Type Notification | Street Address 158 Fourth St. | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Hoboken NJ 07030 | |
| | | Name of Contact BILL | Telephone Number 201-334-6683 |

| | | | |
|---|--|---|-------------|
| Name of Facility Where Abatement is Taking Place (3) Hoboken Middle School | | Type of Facility (4) | |
| Street Address 158 4th ST #2 | | <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) HOBOKEN NJ 07030 | | Square Feet | # of Floors |
| County (6) | | Current Use (Prior if being demolished) | |

| | | | | |
|---|---|-------------------------------|---|----------------------|
| Name of Monitoring Firm Hired by Building Owner (8) ENVIRO VISION CONSULTING INC | | ASCM No. | Name of Abatement Contractor (9) DIVINE DEVELOPMENT L.L.C. | |
| Street Address 20-21 Wagon Rd. Bld: 35E | | | Street Address 572 512TH STREET Suite: 1 | |
| City, State, Zip Code Fair Lawn NJ 07410 | | | City, State, Zip Code Newark NJ 07103 | |
| Project Manager for Monitoring Firm Frederick Lanson | | Telephone No. 972-636-9145 | Telephone No. 917-216-5472 | License No. 01375 |
| Start Date (10) Aug. 25. 2018 | Scheduled Completion Date (11) Aug. 28. 2018 | | 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 type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | |
| OBM clean-up | | | |

| 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 | ✓ | | | | 7 LF | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

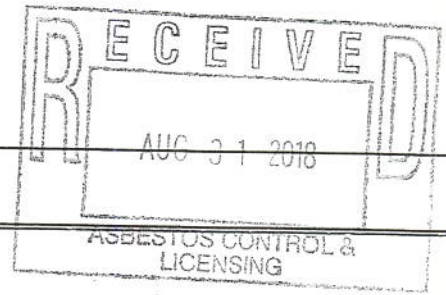
| | | | | | |
|---|--|------------------------------------|--------------------------------|--|--------------------|
| Name of Registered Waste Hauler NEWARK CARTING | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 1 YARD | Name of Registered Landfill GROW'S NORTH LANFIELD | |
| City, State NEWARK NJ 07103 | | Disposal Date TBD | City, State MORRISVILLE, PA | | |
| Completed by JOVAN SUDOSKI | | Title owner | Signature | | Date 08.24.2018 |

CK 7345

D&S Proj. #: 18-179

PAID

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



| | | | |
|--|--|---|--|
| Date of Notification (1) 10/18/12/17/1/18/ | | Name of Building Owner/Operator (2) carol chase | |
| 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 Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code montclair, nj 07042 | |
| Name of Contact debbie gilardi | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|---------------------|---|--|--|--|
| Name of facility where abatement is taking place (3) carol chase | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet # of Floors Bldg. Age | | |
| City (5) montclair | County (6) essex | County Code (7) (State use only) | Current Use (Prior if being demolished) | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | ASCM No. | Name of Abatement Contractor (9) D & S RESTORATION, INC. | | |
| Street Address | | | Street Address 20 California Ave. | | |
| City, State, Zip Code | | | City, State, Zip Code Paterson, NJ 07503 | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number 973-345-8020 | | |
| Start Date (10) 09/10/18 | | Sched. Completion Date (11) 09/30/18 | License Number 01169 | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS | | | Name of OSHA Monitor D & S Restoration, Inc. | | |
| | | | Street Address 20 California Avenue | | |
| | | | City, State, Zip Code Paterson, NJ 07503 | | |

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 w/negative pressure |
| <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-enclosure |
| | | <input checked="" type="checkbox"/> Glovebag procedure |
| | | <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure |

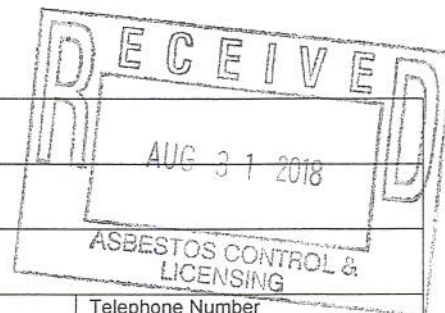
| Location of asbestos-containing material (acm) to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|-------------------------------------|-----|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| BASEMENT | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 350 l ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| basement 3 crawl spaces | | <input checked="" type="checkbox"/> | | DUCT INSULATION | 84 L FT | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| garage | | <input checked="" type="checkbox"/> | | PIPE INSULATION | 40 l ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| garage | | <input checked="" type="checkbox"/> | | furnace insulation | 35 sq ft | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | | | |
|--|--|---------------------------|-------------------------------|---|--|
| Registered Waste Hauler D & S RESTORATION, INC. | | NJDEP Hauler ID# 13506 | Cubic Yards of Waste 8 yds | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | |
| City, State PATERSON, NJ 07503 | | Disposal Date 09/12/18 | | City, State TULLYTOWN, PA | |
| Completed by (Print or Type) BOGDAN JOLDZIC | | Title PRESIDENT | | Signature | |
| | | | | Date 08/27/2018 | |

OK 3848

Print Form

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



| | | | | | | | | | |
|---|---|--|--|--|---------------------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 08/29/2018 | | Name of Building Owner/Operator (2) Newark Public Schools | | | | | | | |
| Agencies Notified | Type Notification | Street Address 2 Cedar Street | | | | | | | |
| <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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Newark, NJ 07102 | | | | | | | |
| | | Name of Contact Benjamin Olagadeyo | Telephone Number 973-938-7544 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Student Center | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 230 Broadway | | Square Feet 12,000 | # of Floors 4 | | | | | | |
| City (5) Newark | | Bldg. Age 45 | | | | | | | |
| County (6) Essex | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) High School | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Withman | | ASCM No. _____ | Name of Abatement Contractor (9) SMAC Corp. | | | | | | |
| Street Address 7 Pleasant Hill Road | | Street Address 431 North Midland Ave. | | | | | | | |
| City, State, Zip Code Cranbury, NJ 08512 | | City, State, Zip Code Saddle Brook, NJ 07663 | | | | | | | |
| Project Manager for Monitoring Firm Kevin Lovely | | Telephone No. 732 390 5858 | License No. 01110 | | | | | | |
| Start Date (10) September 17, 2018 | Scheduled Completion Date (11) October 17, 2018 | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Facility occupied during Abatement | | Street Address 1056 Shelton Ave. | | | | | | | |
| | | City, State, Zip Code Piscataway, NJ 08854 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥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 |
| Center Pipe Chase | | X | | Pipe Insulation including | 500 LF | X | | | |
| (hot and cold water lines) | | | | elbows and joints | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler SMAC Corp. | | NJDEP Waste Hauler ID No. 18590 | Cubic Yards of Waste 3 | Name of Registered Landfill Grows Landfill | | | | | |
| City, State Saddle Brook, NJ 07663 | | | Disposal Date 10/17/2018 | City, State Morrisville, PA | | | | | |
| Completed by Borce Gjorsoski | | Title President | Signature <i>Borce Gjorsoski</i> | | | Date 08/29/2018 | | | |

OK 11668

PAID

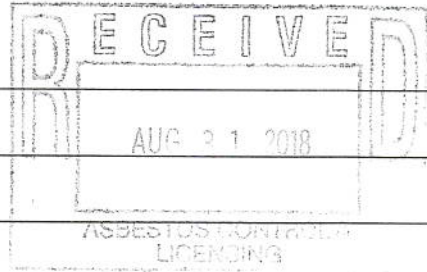
Print Form

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



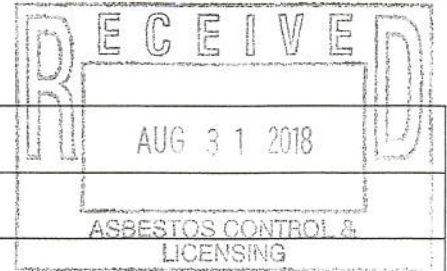
| Date of Notification (1) 8/29/18 | | Name of Building Owner/Operator (2) Joe Cali | | | | | | | |
|---|--|---|--|---|---------------------------|----------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Little Falls, NJ 07424 | | | | | | | |
| | | Name of Contact Joë Cali | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1780 | # of Floors 2 | | | | | | |
| City (5) Little Falls | | Bldg. Age 65 +/- | | | | | | | |
| County (6) Passaic | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Residential Home | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Project Manager | | ASCM No. | Name of Abatement Contractor (9) All Stages Abatement | | | | | | |
| Street Address | | Street Address 280 N. Midland Ave. | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Saddle Brook, NJ 07663 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. 201-600-3184 | License No. 01305 | | | | | | |
| Start Date (10) 8/30/18 | Scheduled Completion Date (11) 9/1/18 | Name of OSHA Monitor | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | VAT | 680 | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler All Stages Abatement | | NJDEP Waste Hauler ID No. 0036592 | Cubic Yards of Waste 2 | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | |
| City, State Saddle Brook, NJ | | Disposal Date TBD | | City, State Pen Argyl, PA | | | | | |
| Completed by Richard Cristofol | | Title President | Signature | Date 8/29/18 | | | | | |

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



| | | | | | | | | | |
|---|--|--|--|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 08-27-18 | | Name of Building Owner/Operator (2) PSEG | | | | | | | |
| Agencies Notified | Type Notification | Street Address 4000 Hadley Rd | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code South Plainfield, NJ | | | | | | | |
| | | Name of Contact Steve Pentek | Telephone Number 732-540-4838 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSEG New Milford Substation | | Type of Facility (4) | | | | | | | |
| Street Address 132 Henley Ave | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) New Milford, NJ | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) | Bldg. Age N/A | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) WRS Environmental Services, Inc. | | | | | | |
| Street Address N/A | | Street Address 17 Old Dock Rd | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code Yaphank, NY 11980 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | License No. 01136 | | | | | | |
| Start Date (10) 09-05-18 | Scheduled Completion Date (11) 10-05-18 | Name of OSHA Monitor WRS Environmental Services, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 17 Old Dock Rd | | | | | | | |
| <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: Normal Hours | | City, State, Zip Code Yaphank, NY 11980 | | | | | | | |
| 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 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 |
| Control House 230kv | | | x | Transite floor panels | 20 sf | x | | | |
| Control House 230kv | | | x | Door caulk | 42 lf | x | | | |
| Control House 230kv | | | x | Transite conduit | 5 lf | x | | | |
| Control House 230kv | | | x | Transite wall panel | 20 sf | x | | | |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 25 | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Elizabeth, NJ | | | Disposal Date TBD | City, State Morrisville, PA | | | | | |
| Completed by Raymond Tutiven | | Title Supervisor | | Signature <i>Raymond Tutiven</i> | | Date 08-27-18 | | | |

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



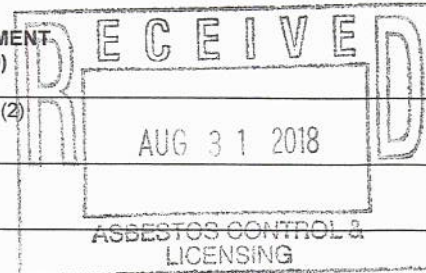
| | | | | | |
|--|---|---|--|--|--|
| Date of Notification (1) 08-27-18 | | Name of Building Owner/Operator (2) PSEG | | <div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED AUG 31 2018 ASBESTOS CONTROL & LICENSING </div> | |
| Agencies Notified | Type Notification | Street Address 4000 Hadley Rd. | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code South Plainfield, NJ | | | |
| | | Name of Contact Steve Pentek | | Telephone Number 732-540-4838 | |

| FACILITY INFORMATION | | | | | |
|---|--|--|--|---|----------------------|
| Name of Facility Where Abatement is Taking Place (3) PSEG New Milford Substation | | | | Type of Facility (4) | |
| Street Address 132 Henley Ave | | | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| City (5) New Milford, NJ | | | | Square Feet N/A | # of Floors N/A |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | | Name of Abatement Contractor (9) WRS Environmental Services, Inc. | |
| Street Address N/A | | | | Street Address 17 Old Dock Rd | |
| City, State, Zip Code N/A | | | | City, State, Zip Code Yaphank NY 11980 | |
| Project Manager for Monitoring Firm N/A | | Telephone No. | | Telephone No. 631-924-8111 | License No. 01136 |
| Start Date (10) 09-05-18 | | Scheduled Completion Date (11) 10-05-18 | | Name of OSHA Monitor WRS Environmental Services, Inc. | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 17 Old Dock Rd | |
| <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>Normal Hours</u> | | | | City, State, Zip Code Yaphank, NY 11980 | |
| Scope of Work (Check All That Apply) | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <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 |
| Control House 230 kv | | | x | Duct Bank | 120 lf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

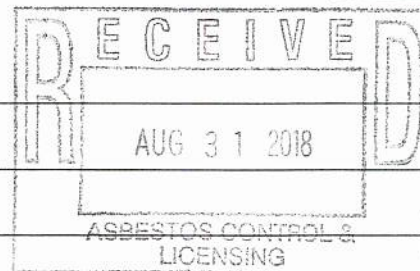
| | | | | | |
|---|--|------------------------------------|-------------------------------------|--|--|
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 25 | Name of Registered Landfill Fairless Landfill | |
| City, State Elizabeth, NJ | | | Disposal Date TBD | City, State Morrisville, PA | |
| Completed by Raymond Tutiven | | Title Supervisor | Signature <i>Raymond Tutiven</i> | Date 08-27-18 | |

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



| Date of Notification (1) 08-27-18 | | Name of Building Owner/Operator (2) PSEG | | | | | | | |
|--|--|---|--|--|--|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 4000 Hadley Rd. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code South Plainfield, NJ | | | | | | | |
| | | Name of Contact Steve Pentek | Telephone Number 732-540-4838 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSEG New Milford Substation | | Type of Facility (4) | | | | | | | |
| Street Address 132 Henley Ave | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) New Milford, NJ | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) | Bldg. Age N/A | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) WRS Environmental Services, Inc. | | | | | | |
| Street Address N/A | | Street Address 17 Old Dock Rd | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code Yaphank, NY 11980 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | License No. 01136 | | | | | | |
| Start Date (10) 09-05-18 | Scheduled Completion Date (11) 10-05-18 | Name of OSHA Monitor WRS Environmental Services, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 17 Old Dock Rd | | | | | | | |
| <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>Normal Hours</u> | | City, State, Zip Code Yaphank, NY 11980 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Control House 13kv | | | x | Transite floor panels | 125 lf | x | | | |
| Control House 13kv | | | x | Expansion Caulk exterior | 30 lf | x | | | |
| Control House 13kv | | | x | Roof Flashing | 228 sf | x | | | |
| Control House 13kv | | | x | Stucco | 1500 sf | x | | | |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | | Cubic Yards of Waste 50 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Elizabeth, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Raymond Tutiven | | Title Supervisor | | Signature <i>Raymond Tutiven</i> | | Date 08-27-18 | | | |

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



| Date of Notification (1) 08-27-18 | | Name of Building Owner/Operator (2) PSEG | | | | | | | |
|--|--|---|--|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 4000 Hadley Rd. | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code South Plainfield, NJ | | | | | | | |
| | | Name of Contact Steve Pentek | Telephone Number 732-540-4838 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) PSEG New Milford Substation | | Type of Facility (4) | | | | | | | |
| Street Address 132 Henley Ave | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) New Milford, NJ | | Square Feet N/A | # of Floors N/A | | | | | | |
| County (6) Bergen | | County Code (7) (STATE USE ONLY) | Bldg. Age N/A | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. N/A | Name of Abatement Contractor (9) WRS Environmental Services, Inc. | | | | | | |
| Street Address N/A | | Street Address 17 Old Dock Rd | | | | | | | |
| City, State, Zip Code N/A | | City, State, Zip Code Yaphank, NY 11980 | | | | | | | |
| Project Manager for Monitoring Firm N/A | | Telephone No. N/A | License No. 01136 | | | | | | |
| Start Date (10) 09-05-18 | Scheduled Completion Date (11) 10-05-18 | Name of OSHA Monitor WRS Environmental Services, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 17 Old Dock Rd | | | | | | | |
| <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>Normal Hours</u> | | City, State, Zip Code Yaphank, NY 11980 | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 |
| Control House 13kv | | | x | Duct Bank | 150 lf | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Waste Management | | NJDEP Waste Hauler ID No. 17273 | Cubic Yards of Waste 30 | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Elizabeth, NJ | | Disposal Date TBD | | City, State Morrisville, PA | | | | | |
| Completed by Raymond Tutiven | | Title Supervisor | Signature <i>Raymond Tutiven</i> | | | Date 08-27-18 | | | |

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

PAID

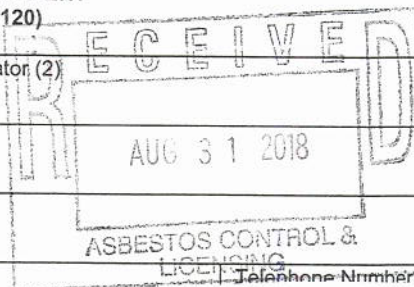
chk# 3429

| Date of Notification (1) 8/28/18 | | Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS | | | | | | | |
|---|---|--|---|---|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation | Street Address 107 5TH STREET City, State & Zip Code SURF CITY, NJ 08008 Name of Contact RAFAEL LEONARDO Telephone Number 732-593-4166 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) VERIZON - SURF CITY 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 & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 107 5TH STREET | | Square Feet 7000 | # of Floors 1 | | | | | | |
| City (5) SURF CITY | County (6) OCEAN | Bldg. Age 75 | | | | | | | |
| County Code (7) | | Current Use (Prior if being demolished) COMMUNICATIONS | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC. | | ASCM No. | | | | | | | |
| Street Address 8436 ENTERPRISE AVE | | Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC | | | | | | | |
| City, State & Zip Code PHILADELPHIA PA 19153 | | Street Address 1123 BEAVER STREET | | | | | | | |
| Project Manager for Monitoring Firm MARK JENKINS | | City, State & Zip Code BRISTOL, PA 19007 | | | | | | | |
| Telephone Number 215-365-5810 | | Telephone Number 215-788-6040 | License Number 00509 | | | | | | |
| Scheduled Start Date (10) 9/12/18 | Scheduled Completion Date (11) 9/15/18 | Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement | | Street Address 1123 BEAVER STREET | | | | | | | |
| | | City, State & Zip Code BRISTOL, PA 19007 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input type="checkbox"/> Non-Exempted and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) <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 Collocation Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | VAT/Mastic | 270 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"/> |
| Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC. | | NJDEP Waste Hauler ID No. 20990 | Cubic Yards of Waste 4 | Name of Registered Landfill MINERVA LANDFILL | | | | | |
| City, State NEW CASTLE, DE 19720 | | Disposal Date TBD | | City, State WAYNESBURG, OH 44688 | | | | | |
| Completed By (Print or Type) PATRICK T. DeCARO | | Title Estimator | Signature <i>Patrick T. DeCaro / JTC</i> | | | Date 8/28/18 | | | |

CK #1125

PAID

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



| Date of Notification (1) 08/29/2018 | | Name of Building Owner/Operator (2) EREZ ELISHA | | | | | | | |
|--|---|---|--|--|--|----------------|--------------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Short Hills, NJ 07078 | | | | | | | |
| | | Name of Contact Marcello | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | | | | | | | | |
| City (5) New Providence | | Square Feet | # of Floors | | | | | | |
| | | Bldg. Age | | | | | | | |
| County (6) Union | 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) Removal Safety LLC | | | | | | |
| Street Address | | Street Address 8 Crosby Ave | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Paterson, NJ 07502 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Telephone No. 973-400-8711 | | | | | | |
| | | License No. 01332 | | | | | | | |
| Start Date (10) 09/07/2018 | Scheduled Completion Date (11) 09/10/2018 | Name of OSHA Monitor Same as (9) | | | | | | | |
| 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: 7:30am-3:30pm | | Street Address | | | | | | | |
| | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input checked="" type="checkbox"/> WRAP AND CUT <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) <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 |
| First Floor | | | x | Tiles | 324 SF | x | | x | |
| Garage | | | x | Duct Work | 10 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Removal Safety LLC | | NJDEP Waste Hauler ID No. 0037007 | | Cubic Yards of Waste 2 | Name of Registered Landfill GROWS North | | | | |
| City, State Paterson, NJ | | | | Disposal Date TBD | City, State Morrisville, PA | | | | |
| Completed by Lasko Veskov | | Title President | | Signature | | | Date 08/29/2018 | | |

B & G proj. #: 2018-175

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

Check # 9172

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/18/2019 | | Name of Building Owner/Operator (2) Tom Lawson | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code Madison, NJ 07940 | |
| Name of Contact Tom Lawson | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3) Tom Lawson | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet | | |
| City (5) Madison, NJ 07940 | | | County (6) Morris | | County Code (7) (State use only) |
| Name of Monitoring Firm Hired by Bldg. Owner (8) | | | Name of Abatement Contractor (9) B & G Restoration, Inc. | | |
| Street Address | | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code | | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm | | | Telephone Number (973)696-6869 | | |
| Phone Number | | | License Number 00378 | | |
| Scheduled Start Date (10) 09/11/2018 | | | Sched. Completion Date (11) 09/12/2018 | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | | | |
| Name of OSHA Monitor B & G Restoration, Inc. | | | | | |
| Street Address 105 Ryerson Road | | | | | |
| City, State, Zip Code Lincoln Park, NJ 07035 | | | | | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Basement | | | <input checked="" type="checkbox"/> | pipe insulation | 105 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"/> |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler E & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 2 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 09/12/2018 | City, State Pen Argyle, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 08/29/2018 |

B & G proj. #: 2018-174

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

Check # 9171

| | | | |
|---|--|---|--|
| Date of Notification (1) 08/12/18 | | Name of Building Owner/Operator (2) Anthony Guselnikov | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code Montclair, NJ 07043 | |
| Name of Contact Anthony Guselnikov | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|--|--|--|--|--|-------------------------------------|
| Name of facility where abatement is taking place (3) Anthony Guselnikov | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet | | |
| City (5) Montclair, NJ 07042 | | | County (6) Essex | | County Code (7) (State use only) |
| Current Use (Prior if being demolished) Residential | | | # of Floors | | |
| Bldg. Age | | | | | |

| | | | | |
|--|--|---|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED] | | ASCM No. n/a | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| Street Address [REDACTED] | | Street Address 105 Ryerson Road | | |
| City, State, Zip Code | | City, State, Zip Code Lincoln Park, NJ 07035 | | |
| Project Manager for Monitoring Firm | | Phone Number | Telephone Number (973)696-6869 | License Number 00378 |
| Scheduled Start Date (10) 09/10/2018 | | Sched. Completion Date (11) 09/11/2018 | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | | | |
| Name of OSHA Monitor B & G Restoration, Inc. | | | | |
| Street Address 105 Ryerson Road | | | | |
| City, State, Zip Code Lincoln Park, NJ 07035 | | | | |

Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-------------------------------------|---|---------------------------|-------------------------------------|----------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | | | | |
| Gas meter room, boiler room | | | <input checked="" type="checkbox"/> | pipe insulation | 53 lf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| laundry room, main room | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 1 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 09/11/2018 | City, State Pen Argyle, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 08/29/2018 |

OK 9170

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26-7 and 12:120-7)

B & G Proj. #: 2018-172

Emergency

| | | | | |
|---|---|---|--|---|
| Date of Notification (1) 08/28/18 | | Name of Building Owner/Operator (2) Bergenfield Board of Education | | Check # 9170 DOL - 10 DAY ASBESTOS CONTROL LICENSING WAIVER APPROVED Telephone Number (201)385-8202 |
| Agencies Notified | Type Notification | Street Address 25 West Clinton Avenue | | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial | City, State, Zip Code Bergenfield, NJ 07621 | | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amendment | Name of Contact Christopher Tully | | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Cancellation | | | |
| <input checked="" type="checkbox"/> DOH | | | | |
| <input type="checkbox"/> DCA | | | | |

FACILITY INFORMATION

| | | | |
|---|----------------------|-------------------------------------|--|
| Name of facility where abatement is taking place (3) Bergenfield High School (NON SUB B) | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) |
| Street Address 80 S. Prospect Avenue | | | |
| City (5) Bergenfield, NJ | County (6) Bergen | County Code (7) (State use only) | Square Feet 50,000 |
| | | | # of Floors 2 |
| | | | Bldg. Age 90 |
| | | | Current Use (Prior if being demolished) Elementary School |

| | | | | |
|--|--|---|---|-------------------------|
| Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental LLC | | ASCM No. 127 | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| Street Address 1248 Wrights Lane | | | Street Address 105 Ryers Road | |
| City, State, Zip Code Westchester, PA 19380 | | | City, State, Zip Code Lincoln Park, NJ 07035 | |
| Project Manager for Monitoring Firm Matthew Abraham | | Phone Number 610-998-3515 | Telephone Number (973)698-8869 | License Number 00375 |
| Scheduled Start Date (10) 08/29/2018 | | Sched. Completion Date (11) 09/01/2018 | | |
| Occupancy Status During Abatement (Check only one) | | | | |
| <input checked="" type="checkbox"/> Facility closed/Vacated during entire period of abatement. | | | | |
| <input type="checkbox"/> Abatement performed outside of normal facility hours. | | | | |
| Describe: | | | | |
| <input type="checkbox"/> Other-Describe: | | | | |

| | | | | | | | | | |
|---|--|----|-----|---|---|-------------------------------------|---|--------------------------|--------------------------|
| Scope of Work (check all that apply) | | | | | <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Non-friable procedure | | | | |
| <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> ≥150 sf or ≥260 lf | | | | | | | | | |
| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | Remove | Repair | Encap | Encl |
| Band Room | Yes | No | N/A | VAT & Mastic | 2500 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Choir Room | Yes | No | N/A | VAT & mastic | 1400 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"/> |
| Registered Waste Hauler B & G Restoration, Inc. | | | | | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 6 | Name of Registered Landfill Grand Central Landfill | | |
| City, State Lincoln Park, NJ | | | | | Disposal Date 08/31/18 | City, State Pennsylv, PA | | | |
| Completed by (Print or Type) Gordana Luna | | | | | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 08/28/2018 | | |

CK 9170

B & G proj. #: 2018-172

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

Emergency

Check # 9170

| | | | |
|---|--|---|--|
| Date of Notification (1) 10/8/12/18/11/18/ | | Name of Building Owner/Operator (2) Bergenfield Board of Education | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation | |
| Street Address 25 West Clinton Avenue | | City, State, Zip Code Bergenfield, NJ 07621 | |
| Name of Contact Christopher Tully | | Telephone Number (201)385-8202 | |

FACILITY INFORMATION

| | | | | | |
|---|--|---|--|---|--|
| Name of facility where abatement is taking place (3) Bergenfield High School (NON SUB 8) | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address 80 S. Prospect Avenue | | | Square Feet 50,000 | | |
| City (5) Bergenfield, NJ | | | # of Floors 2 | | |
| County (6) Bergen | | | Bldg. Age 90 | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) Elementary School | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) Westchester Environmental LLC | | ASCM No. 127 | | Name of Abatement Contractor (9) B & G Restoration, Inc. | |
| Street Address 1248 Wrights Lane | | Street Address 105 Ryerson Road | | City, State, Zip Code Lincoln Park, NJ 07035 | |
| City, State, Zip Code Westchester, PA 19380 | | Telephone Number (973)696-6869 | | License Number 00378 | |
| Project Manager for Monitoring Firm Matthew Abraham | | Phone Number 610-996-3515 | | Name of OSHA Monitor B & G Restoration, Inc. | |
| Scheduled Start Date (10) 08/29/2018 | | Sched. Completion Date (11) 09/01/2018 | | Street Address 105 Ryerson Road | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____ | | City, State, Zip Code Lincoln Park, NJ 07035 | | | |

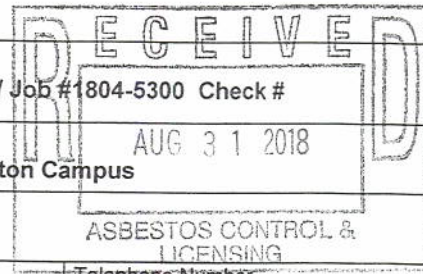
Scope of Work (check all that apply)

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

| Location of asbestos-containing material to be abated in facility (13) | Is location normally used solely by maintenance/custodial staff (12) | | | Description of asbestos-containing material (ACM) | Amount (Specify SF or LF) | R e m o v e | R e p a i r | E n c a p | E n c l |
|--|--|----|-----|---|---------------------------|----------------------------|----------------------------|-----------------------|------------------|
| | Yes | No | N/A | | | | | | |
| Band Room | | | X | VAT & Mastic | 2500 sf | X | | | |
| Choir Room | | | X | VAT & mastic | 1400 sf | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

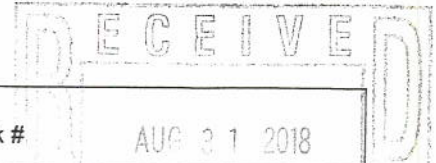
| | | | |
|--|------------------------------|----------------------------------|---|
| Registered Waste Hauler B & G Restoration, Inc. | NJDEP Hauler ID# 19563 | Cubic Yards of Waste 6 | Name of Registered Landfill Grand Central Landfill |
| City, State Lincoln Park, NJ | Disposal Date 08/31/18 | City, State Pen Argyle, PA | |
| Completed by (Print or Type) Gordana Luna | Title Secretary/Treasurer | Signature <i>Gordana Luna</i> | Date 08/28/2018 |

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



| Date of Notification (1) 8 / 29 / 18 | | Name of Building Owner/Operator (2) Rutgers, The State University of NJ / Job #1804-5300 Check # | | | | | | | |
|--|--|--|----------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 REHS, 27 Road 1, Bldg. 4086 Livingston Campus | | | | | | | |
| | | City, State, Zip Code Piscataway, NJ 08854 | | | | | | | |
| | | Name of Contact Michael F. Smith | Telephone Number 848-445-2550 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Rutgers- Livingston Campus- Bldgs. 4086, 4087 & 4155 | | 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 27 Road #1 | | | | | | | | | |
| City (5) Piscataway, NJ 08854 | | Square Feet 4 | Bldg. Age 60+ | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Academic | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services | ASCM No. 117 | 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 James Proctor | Telephone No. 856-452-1311 | Telephone No. 609-265-2107 | License No. 00529 | | | | | | |
| Start Date (10) 7 / 25 / 18 | Scheduled Completion Date (11) 10 / 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 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 checked="" type="checkbox"/> | <input 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 Fairless Landfill | | | | | |
| City, State Lumberton, NJ | | Disposal Date 10/31/18 | | City, State Tullytown, PA | | | | | |
| Completed By (Print or Type) Gwendolyn Trumbetti | | Title Operations Coordinator | | Signature | | | Date 8/29/18 | | |

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



| Date of Notification (1) 8 / 29 / 18 | | Name of Building Owner/Operator (2) IEP AC Plaza, LLC / Job #1804-5295 Check # | | AUG 21 2018 | | | | | |
|--|---|---|--|--|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| 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 PO Box 147 | | ASBESTOS CONTROL | | | | | |
| | | City, State, Zip Code Atlantic City, NJ 08401 | | | | | | | |
| | | Name of Contact Alan Rivin | | Telephone Number 609-340-4000 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Former Trump Plaza | | | 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 2225 Boardwalk | | | | | | | | | |
| City (5) Atlantic City, NJ | | | Square Feet | # of Floors | Bldg. Age | | | | |
| County (6) Atlantic | | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Casino | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Health & Safety | | 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. 609-839-2432 | Telephone No. 609-265-2107 | License No. 00529 | | | | | |
| Start Date (10) 4 / 16 / 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"/> ≥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 |
| Throughout | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Glue Dots | 70,000 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Theatre | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Fire Curtain | 400 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler 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 8/29/18 | | | |

RECEIVED
0495
AUG 31 2018
ASBESTOS CONTROL &
LICENSING

ASB-41
MAY 11

* 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)**

RECEIVED
AUG 31 2018

| Date of Notification (1) <div style="display: flex; justify-content: space-around;">08/28/18</div> | | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, 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 Broad Street, Suite 400 | | | | | |
| | | | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | |
| | | | Name of Contact Warren Sprake | | Telephone Number 908-670-5711 | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | |
| Street Address 1200 Randolph Road- Building 23 | | | | | | | | | |
| City (5) Plainfield | | | | Square Feet | # of Floors | | | | |
| | | | | Bldg. Age | | | | | |
| County (6) Union | | County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | |
| Street Address P.O. Box 1224 | | | | Street Address 27 Outwater Lane | | | | | |
| City, State, Zip Code Union, NJ | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | | Telephone No. 973-928-4888 | License No. 1188 | | | | |
| Start Date (10) <div style="display: flex; justify-content: space-around;">09/06/18</div> | | Scheduled Completion Date (11) <div style="display: flex; justify-content: space-around;">02/28/19</div> | | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | | | Street Address 27 Outwater Lane | | | | | |
| | | | | City, State, Zip Code Garfield, NJ 07026 | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature <i>Allen Monchik</i> | | Date 8/28/18 | | | |

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

| Date of Notification (1) 08 / 28 / 18 | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, 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 Broad Street, Suite 400 | | | | | | | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | | | |
| | | Name of Contact Warren Sprake | Telephone Number 908-670-5711 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1200 Randolph Road- Building 19 | | Square Feet | | | | | | | |
| City (5) Plainfield | | # of Floors | | | | | | | |
| County (6) Union | | Bldg. Age | | | | | | | |
| County Code (7)(STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCN No. | | | | | | | |
| Street Address P.O. Box 1224 | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | | |
| City, State, Zip Code Union, NJ | | Street Address 27 Outwater Lane | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Telephone No. 973-494-3762 | | Telephone No. 973-928-4888 | License No. 1188 | | | | | | |
| Start Date (10) 09 / 06 / 18 | Scheduled Completion Date (11) 02 / 28 / 19 | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 27 Outwater Lane | | | | | | | |
| 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 checked="" type="checkbox"/> Demolition | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| <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 |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature Allen Monchik | | Date 8/28/18 | | | |

work

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

RIVER
AUG 31 2018

| Date of Notification (1) 08 / 28 / 18 | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, 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 Broad Street, Suite 400 | | | | | | | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | | | |
| | | Name of Contact Warren Sprake | Telephone Number 908-670-5711 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1200 Randolph Road- Building 17 | | Square Feet | # of Floors | | | | | | |
| City (5) Plainfield | | Bldg. Age | | | | | | | |
| County (6) Union | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | License No. 1188 | | | | | | |
| Start Date (10) 09 / 06 / 18 | Scheduled Completion Date (11) 02 / 28 / 19 | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 27 Outwater Lane | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/ GROWS North Landfill/ Fairless Landfill | | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | City, State Waynesburg, OH/ Morrisville, PA | | | | | | |
| Completed By (Print or Type) Allen Monchik | Title Project Manager | Signature Allen Monchik | Date 8/28/18 | | | | | | |

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;">08 / 28 / 18</div> | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, 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 Broad Street, Suite 400 | | | | | | | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | | | |
| | | Name of Contact Warren Sprake | Telephone Number 908-670-5711 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1200 Randolph Road- Building 16 | | | | | | | | | |
| City (5) Plainfield | | Square Feet | # of Floors | | | | | | |
| County (6) Union | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | Telephone No. 973-494-3762 | Telephone No. 973-928-4888 | License No. 1188 | | | | | | |
| Start Date (10) <div style="text-align: center;">09 / 06 / 18</div> | Scheduled Completion Date (11) <div style="text-align: center;">02 / 28 / 19</div> | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 27 Outwater Lane | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input 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 |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | Title Project Manager | | Signature <i>Allen Monchik</i> | | | Date 08/28/18 | | | |

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;">08 / 28 / 18</div> | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, 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 Broad Street, Suite 400 City, State, Zip Code Bloomfield, NJ 07003 Name of Contact Warren Sprake | | | | | | | |
| | | Telephone Number 908-670-5711 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1200 Randolph Road- Building 15 | | Square Feet # of Floors Bldg. Age | | | | | | | |
| City (5) Plainfield | | | | | | | | | |
| County (6) Union | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | License No. 1188 | | | | | | |
| Start Date (10) <div style="text-align: center;">09 / 06 / 18</div> | Scheduled Completion Date (11) <div style="text-align: center;">02 / 28 / 19</div> | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input 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 |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature <i>Allen Monchik</i> | | | Date 08/28/18 | | |

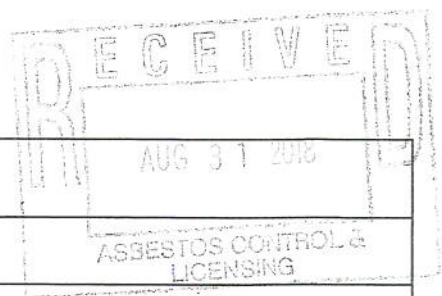
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED
AUG 31 2018

| | | | | | | | | | |
|---|--|--|--|---|---|--------------------------|--------------------------|--------------------------|-----------|
| Date of Notification (1) <u>08</u> / <u>28</u> / <u>18</u> | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, 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 Broad Street, Suite 400 | | | | | | | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | | | |
| | | Name of Contact Warren Sprake | Telephone Number 908-670-5711 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1200 Randolph Road- Building 14 | | Square Feet # of Floors Bldg. Age | | | | | | | |
| City (5) Plainfield | | County Code (7)(STATE USE ONLY) | | | | | | | |
| County (6) Union | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | License No. 1188 | | | | | | |
| Start Date (10) <u>09</u> / <u>06</u> / <u>18</u> | Scheduled Completion Date (11) <u>02</u> / <u>28</u> / <u>19</u> | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 27 Outwater Lane | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input 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) TBD | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature <i>Allen Monchik</i> | | | Date 08/28/18 | | |

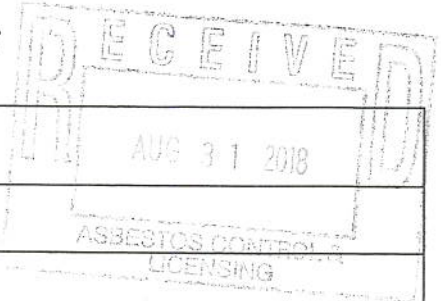
no ok

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



| | | | | | | | | | |
|---|--|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 08 / 28 / 18 | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, 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 Broad Street, Suite 400 | | | | | | | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | | | |
| | | Name of Contact Warren Sprake | Telephone Number 908-670-5711 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1200 Randolph Road- Building 13 | | Square Feet | # of Floors | | | | | | |
| City (5) Plainfield | | Bldg. Age | | | | | | | |
| County (6) Union | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | License No. 1188 | | | | | | |
| Start Date (10) 09 / 06 / 18 | Scheduled Completion Date (11) 02 / 28 / 19 | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM | | Street Address 27 Outwater Lane | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature Allen Monchik | | Date 08/28/18 | | | |

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;">08 / 28 / 18</div> | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, 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 Broad Street, Suite 400 | | | | | | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | | |
| | | Name of Contact Warren Sprake | Telephone Number 908-670-5711 | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 1200 Randolph Road- Building 12 | | Square Feet | | | | | | |
| City (5) Plainfield | | # of Floors | | | | | | |
| County (6) Union | | Bldg. Age | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | | | | | | |
| Street Address P.O. Box 1224 | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| City, State, Zip Code Union, NJ | | Street Address 27 Outwater Lane | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Telephone No. 973-494-3762 | | Telephone No. 973-928-4888 | License No. 1188 | | | | | |
| Start Date (10) <div style="text-align: center;">09 / 06 / 18</div> | Scheduled Completion Date (11) <div style="text-align: center;">02 / 28 / 19</div> | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 27 Outwater Lane | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature <i>Allen Monchik</i> | | Date 08/28/18 | | |

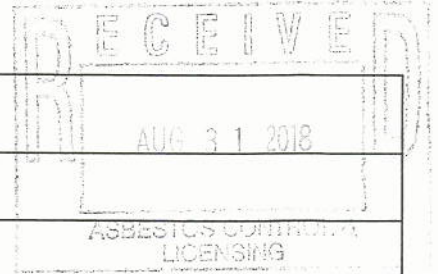
no ok

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

RECEIVED
APR 30 2018

| | | | | | | | | |
|---|--|--|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) <u>08</u> / <u>28</u> / <u>18</u> | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, 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 Broad Street, Suite 400 | | | | | | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | | |
| | | Name of Contact Warren Sprake | Telephone Number 908-670-5711 | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 1200 Randolph Road- Building 11 | | | | | | | | |
| City (5) Plainfield | | Square Feet | # of Floors | | | | | |
| | | Bldg. Age | | | | | | |
| County (6) Union | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | License No. 1188 | | | | | |
| Start Date (10) <u>09</u> / <u>06</u> / <u>18</u> | Scheduled Completion Date (11) <u>02</u> / <u>28</u> / <u>19</u> | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 27 Outwater Lane | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
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| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature <i>Allen Monchik</i> | | Date 08/28/18 | | |

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



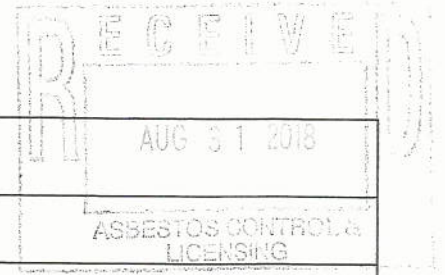
| | | | | | | | | | |
|---|---|--|--|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 08 / 28 / 18 | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC | | | | | | | |
| 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 Broad Street, Suite 400 | | | | | | | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | | | |
| | | Name of Contact Warren Sprake | Telephone Number 908-670-5711 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address 1200 Randolph Road- Building 9 | | | | | | | | | |
| City (5) Plainfield | | Square Feet | # of Floors Bldg. Age | | | | | | |
| County (6) Union | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | License No. 1188 | | | | | | |
| Start Date (10) 09 / 06 / 18 | Scheduled Completion Date (11) 02 / 28 / 19 | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 27 Outwater Lane | | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input 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 |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature Allen Monchik | | Date 08/28/18 | | | |

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



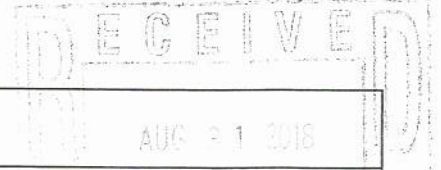
| | | | | | | | | |
|---|--|--|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 08 / 28 / 18 | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC | | | | | | |
| Agencies Notified <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 Broad Street, Suite 400 | | | | | | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | | |
| | | Name of Contact Warren Sprake | Telephone Number 908-670-5711 | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 1200 Randolph Road- Building 8 | | | | | | | | |
| City (5) Plainfield | | Square Feet | # of Floors | | | | | |
| County (6) Union | | Bldg. Age | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | License No. 1188 | | | | | |
| Start Date (10) 09 / 06 / 18 | Scheduled Completion Date (11) 02 / 28 / 19 | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 27 Outwater Lane | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input 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 |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature Allen Monchik | | Date 08/28/18 | | |

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



| | | | | | | | | | |
|--|--|---|--|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 08 / 28 / 18 | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC | | AUG 31 2018 | | | | | |
| 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 Broad Street, Suite 400 | | ASBESTOS CONTROL & LICENSING | | | | | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | | | |
| | | Name of Contact Warren Sprake | | Telephone Number 908-670-5711 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 1200 Randolph Road- Building 5 | | | Square Feet | | | | | | |
| City (5) Plainfield | | | # of Floors | | Bldg. Age | | | | |
| County (6) Union | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | ASCM No. | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | | Telephone No. 973-928-4888 | License No. 1188 | | | | |
| Start Date (10) 09 / 06 / 18 | | Scheduled Completion Date (11) 02 / 28 / 19 | | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | | Street Address 27 Outwater Lane | | | | | | |
| | | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature <i>Allen Monchik</i> | | Date 08/28/18 | | | |

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



| | | | | | | | | |
|---|---|--|--|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 08 / 28 / 18 | | Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, 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 Broad Street, Suite 400 | | | | | | |
| | | City, State, Zip Code Bloomfield, NJ 07003 | | | | | | |
| | | Name of Contact Warren Sprake | Telephone Number 908-670-5711 | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | |
| Street Address 1200 Randolph Road- Building 4 | | Square Feet # of Floors Bldg. Age | | | | | | |
| City (5) Plainfield | | County Code (7) (STATE USE ONLY) | | | | | | |
| County (6) Union | | Current Use (Prior if being demolished) | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions | | Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC | | | | | | |
| Street Address P.O. Box 1224 | | Street Address 27 Outwater Lane | | | | | | |
| City, State, Zip Code Union, NJ | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Project Manager for Monitoring Firm Rick Eustaquio | | Telephone No. 973-494-3762 | License No. 1188 | | | | | |
| Start Date (10) 09 / 06 / 18 | Scheduled Completion Date (11) 02 / 28 / 19 | Name of OSHA Monitor ALL PRO MANAGEMENT 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 - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 27 Outwater Lane | | | | | | |
| | | City, State, Zip Code Garfield, NJ 07026 | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate |
| TBD | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | TBD | <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 ATC/ Century Waste, LLC | | NJDEP Waste Hauler ID No. SW-24310/32797 | Cubic Yards of Waste As Needed | Name of Registered Landfill Minerva Enterprises/GROWS North Landfill/ Fairless Landfill | | | | |
| City, State Shirley, NY/ Elizabeth, NJ | | Disposal Date TBD | | City, State Waynesburg, OH/ Morrisville, PA | | | | |
| Completed By (Print or Type) Allen Monchik | | Title Project Manager | | Signature <i>Allen Monchik</i> | | Date 08/28/18 | | |