CK 64136 PAID
1341-07

RECEIVED
DEC - 10 2018
ASBESTOS CONTROL & LICENSING

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 6:16)

Date of Notification (1): 11 / 30 / 2018	Name of Building Owner/Operator (2): Janssen Pharmaceuticals, Inc	
Agencies Notified: ☐ EPA ☑ DOLWP ☑ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☑ Initial ☐ Amended Amendment # ☑ Emergency (Including Justification) ☐ Cancellation	Street Address: 1000 Route 202
		City, State, Zip Code: Raritan, NJ
		Name of Contact: Harold Marsan — Telephone Number: 908 927-6912

FACILITY INFORMATION

Name of Facility Where Abatement Is Taking Place (3): JANSSEN PHARMACEUTICAL, INC		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1000 ROUTE 202		
City (5): RARITAN		Square Feet / # of Floors / Bldg. Age
County (6): Hunterdon	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): Environmental Health Investigations	ASCM No.	Name of Abatement Contractor (9): Delta/BJDS, Inc
Street Address: 655 West Shore Trail		Street Address: 1345 Industrial Blvd
City, State, Zip Code: Sparta, NJ 07871		City, State, Zip Code: Southampton, Pa 18966
Project Manager for Monitoring Firm	Telephone No.: 973 729-5649	Telephone No.: 215 322-2900 — License No.: 00783
Start Date (10): 12 / 04 / 2018	Scheduled Completion Date (11): 12 / 18 / 2018	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address / City, State, Zip Code

Scope of Work (Check all that apply): ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf ☑ Renovation ☐ Demolition ☑ Full Containment w/ Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
3rd fl Bldg B Room B 339E	☐	☒	☐	Ceiling Tiles	200 SF	☒	☐	☐	☐
3rd Fl Bldg B	☐	☒	☐	Interior Window panel caulking	400 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Service Transport Group Inc	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: Type text here	Name of Registered Landfill
City, State: 58 Pyles Lane New Castle DE		Disposal Date	City, State: Waynesburg, Ohio
Completed By (Print or Type): Christine Del Vischio	Title: Asst. Admin	Signature: Christine Del Vischio	Date: 11-30-2018

ASB-41
JAN 13

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

1341-02-

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

RECEIVED
DEC 3 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11 / 30 / 2018		Name of Building Owner/Operator (2): Janssen Pharmaceuticals, Inc
Agencies Notified: ☐ EPA ☑ DOLWD ☑ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: [X] Initial [ ] Amended Amendment # [X] Emergency (including justification) [ ] Cancellation	Street Address: 1000 Route 202
		City, State, Zip Code: Raritan, NJ
		Name of Contact: Harold Marsan — Telephone Number: 908 927-6912

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): JANSSEN PHARMACEUTICAL, INC		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1000 ROUTE 202		
City (5): RARITAN		Square Feet: — # of Floors: — Bldg. Age: —
County (6): Hunterdon	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): Environmental Health Investigations	ASCM No.:	Name of Abatement Contractor (9): Delta/BJDS, Inc
Street Address: 655 West Shore Trail		Street Address: 1345 Industrial Blvd
City, State, Zip Code: Sparta, NJ 07871		City, State, Zip Code: Southampton, Pa 18966
Project Manager for Monitoring Firm: —	Telephone No.: 973 729-5649	Telephone No.: 215 322-2900 — License No.: 00783
Start Date (10): 12 / 04 / 2018	Scheduled Completion Date (11): 12 / 18 / 2018	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address: — City, State, Zip Code: —

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☑ ≥160 sf or ≥260 lf

☑ Renovation
☐ Demolition

☑ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☑ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
3rd fl Bldg B Room B339E	☐	☒	☐	Ceiling Tiles	200 SF	☒	☐	☐	☐
3rd Fl Bldg B	☐	☒	☐	Interior Window panel caulking	400 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Service Transport Group Inc	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: Type text here	Name of Registered Landfill:
City, State: 58 Pyles Lane New Castle DE		Disposal Date:	City, State: Waynesburg, Ohio
Completed By (Print or Type): Christine Del Viscio	Title: Asst. Admin	Signature: Christine Del Viscio	Date: 11-30-2018

ASB-41
JAN 13

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

CKS194 PAID

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11 / 30 / 18	Name of Building Owner/Operator (2): Louise Rzepka / Job #1811-2382 Chk. #5194	
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: [redacted]
		City, State, Zip Code: Trenton, NJ, 08638
		Name of Contact: John Rzepka / Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: [redacted]		
City (5): Trenton		Square Feet: 1,113 / # of Floors: 2 / Bldg. Age: 105
County (6): Mercer	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Residential
Name of Monitoring Firm Hired by Building Owner (8): Finog Enviromental	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.
Street Address: 617 Stokes Road		Street Address: 3859 Sylon Boulevard
City, State, Zip Code: Medford, NJ 08055		City, State, Zip Code: Hainesport, NJ 08036
Project Manager for Monitoring Firm: Rebecca Rubnitz	Telephone No.: 856-596-9994	Telephone No.: 609-702-0400 / License No.: 00862
Start Date (10): 12 / 3 / 18	Scheduled Completion Date (11): 12 / 5 / 18	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address: 200 U.S. Route 130 North
		City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement	☐	☐	☒	Pipe Insulation	64 LF	☒	☐	☐	☐
	☐	☐	☒			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Waste Management	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central
City, State: Lafayette, NJ		Disposal Date: 12/5/18	City, State: Penn Argyle, PA

Completed By (Print or Type): Kaysi Gruner	Title: Adminstration Assistant	Signature: Kaysi G	Date: 11/30/18

ASB-41
MAY 11

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CK 5202 PAID

RECEIVED DEC 3 2018 / Job #1811-2378 Chk. #5202 ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 11 / 27 / 18	Name of Building Owner/Operator (2): Turnkey 131 Kings Highway, LLC	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 9 Tanner Street
		City, State, Zip Code: Haddonfield, NJ, 08003
		Name of Contact: Nora Jones — Telephone Number: 856-685-1450

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial Property		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 131 Kings Highway		
City (5): Haddonfield		Square Feet: 4,800 — # of Floors: 3 — Bldg. Age: 64
County (6): Burlington	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): Residential & Chicken Coop
Name of Monitoring Firm Hired by Building Owner (8): Horizon Environmental	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.
Street Address: P.O. Box 316		Street Address: 3859 Sylon Boulevard
City, State, Zip Code: Thorofare, NJ 08086		City, State, Zip Code: Hainesport, NJ 08036
Project Manager for Monitoring Firm: Dave or Steve Flanigan	Telephone No.: 856-848-0800	Telephone No.: 609-702-0400 — License No.: 00862
Start Date (10): 12 / 17 / 18	Scheduled Completion Date (11): 12 / 28 / 18	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address: 200 U.S. Route 130 North
		City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
2nd Floor	☐	☐	☒	Floor tile	2,880 SF	☒	☐	☐	☐
1st Floor	☐	☐	☒	Floor tile/Mastic	2,480/2,250 SF	☒	☐	☐	☐
5 Locations	☐	☐	☒	Duct Virbration Cloth	5 SF	☒	☐	☐	☐
2nd Floor	☐	☐	☒	Ceiling Material	2,000 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: Waste Management	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central
City, State: Lafayette, NJ		Disposal Date: 12/28/18	City, State: Penn Argyle, PA

Completed By (Print or Type): Kaysi Gruner	Title: Admin. Asst.	Signature: Kaysi G	Date: 11/30/18

ASB-41
MAY 11

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CK10796, 10797

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 11 / 29 / 18	Name of Building Owner/Operator (2): Cresskill School District/ Job #1810-5102 Check #10796, 10797	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1 Lincoln Drive
		City, State, Zip Code: Cresskill, NJ
		Name of Contact: Frank Bennett — Telephone Number: 973-472-1578

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Bryan ES		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 1 Lincoln Drive		
City (5): Creskill, NJ		Square Feet / # of Floors / Bldg. Age
County (6): Bergen	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): School
Name of Monitoring Firm Hired by Building Owner (8): Karl & Associates	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: P Box 645		Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Shillington, PA 19607		City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Mike Krisher	Telephone No.: 610-856-7700	Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 12 / 26 / 18	Scheduled Completion Date (11): 12 / 29 / 18	Name of OSHA Monitor: EMSL Analytical
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Room 102	☐	☒	☐	Floor tile & Mastic	670 SF	☒	☐	☐	☐
Room 102	☐	☒	☐	Cove Base	100 LF	☒	☐	☐	☐
Room 203	☐	☒	☐	Double later floor tile & Mastic	670 SF	☒	☐	☐	☐
Room 203	☐	☒	☐	Cove Base	100 LF	☒	☐	☐	☐

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: 12/31/18	City, State: Tullytown, PA
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: [signature]	Date: 11-29-18

ASB-41
MAY 11

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

Print Form

CK 01160116 PAID

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 10-26-18	Name of Building Owner/Operator (2): PSEG	
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [x] Amended Amendment #1 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 4000 Hadley Rd.
		City, State, Zip Code: South Plainfield NJ
		Name of Contact: Damond Speights — Telephone Number: 843-598-8015

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Trenton		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 1401 Klockner Rd		
City (5): Hamilton		Square Feet: N/A — # of Floors: N/A — Bldg. Age: N/A
County (6): Mercer	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Control House
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	Telephone No.: 631-924-8111 — License No.: 01136
Start Date (10): 11-05-18	Scheduled Completion Date (11): 12-23-18	Name of OSHA Monitor: WRS Environmental Services, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: Electrical circuit cabinet		Street Address: 17 Old Dock Rd — City, State, Zip Code: Yaphank, NY 11980

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Control House			x	roof	1175 SF	x			
Control House			x	Transite based panels	300 SF	x			
Oil House			x	Door caulk	10 lf	x			
Oil House			x	Exterior Window caulk	120 lf	x			

Name of Registered Waste Hauler: Waste Management	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste: TBD	Name of Registered Landfill: Fairless landfill
City, State: Elizabeth, NJ 07201		Disposal Date: TBD	City, State: Morrisville PA 19067
Completed by: Raymond Tutiven	Title: Supervisor	Signature: Raymond Tutiven	Date: 10-26-18

ASB-41 (R-06-08)

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

Print Form

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1)	10-26-18
Name of Building Owner/Operator (2)	PSEG
Agencies Notified	[ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA
Type Notification	[ ] Initial [x] Amended Amendment #1 [ ] Emergency (including justification) [ ] Cancellation
Street Address	4000 Hadley Rd.
City, State, Zip Code	South Plainfield NJ
Name of Contact	Damond Speights
Telephone Number	843-598-8015

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)	PSEG Trenton
Street Address	1401 Klockner Rd
City (5)	Hamilton
County (6)	Mercer
County Code (7) *(STATE USE ONLY)*	
Type of Facility (4)	[ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Square Feet	N/A
# of Floors	N/A
Bldg. Age	N/A
Current Use (Prior if being demolished)	Control House
Name of Monitoring Firm Hired by Building Owner (8)	N/A
ASCM No.	N/A
Street Address	N/A
City, State, Zip Code	N/A
Project Manager for Monitoring Firm	N/A
Telephone No.	N/A
Name of Abatement Contractor (9)	WRS Environmental Services, Inc.
Street Address	17 Old Dock Rd
City, State, Zip Code	Yaphank, NY 11980
Telephone No.	631-924-8111
License No.	01136
Start Date (10)	11-05-18
Scheduled Completion Date (11)	12-23-18
Name of OSHA Monitor	WRS Environmental Services, Inc.
Street Address	17 Old Dock Rd
City, State, Zip Code	Yaphank, NY 11980

Occupancy Status During Abatement (Check Only One)

[ ] Facility Closed/Vacated During Entire Period of Abatement
[ ] Abatement Performed Outside of Normal Facility Hours
[x] Other – Describe: Electrical circuit cabinet

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Oil House			x	roof	610 SF	x			
Oil House			x	Flashing	200SF	X			
Oil House			x	Exterior ledge Plaster	500 lf	x			
Control House			X	ARC tape	25 lf	x			

Name of Registered Waste Hauler	Waste Management
NJDEP Waste Hauler ID No.	17273
Cubic Yards of Waste	TBD
Name of Registered Landfill	Fairless landfill
City, State	Elizabeth, NJ 07201
Disposal Date	TBD
City, State	Morrisville PA 19067
Completed by	Raymond Tutiven
Title	Supervisor
Signature	Raymond Tutiven
Date	10-26-18

ASB-41 (R-06-08)

* 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)

Chk # 3474

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11 / 29 / 18		Name of Building Owner/Operator (2) The College of New Jersey	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☒ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 2000 Pennington Rd.	
		City, State, Zip Code: Ewing, NJ 08628	
		Name of Contact: Amanda Radosti	Telephone Number: 609-771-2881

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): TCNJ-Green Hall		Type of Facility (4): ☐ School (K-12) ☒ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 2000 Pennington Rd.			
City (5): Ewing		Square Feet: 66,000	# of Floors: 2 / Bldg. Age: 88
County (6): MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8): Pennoni Assoicates, Inc.	ASCM No.: 00102	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 515 Grove St., Suite 1E		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Haddon Heights, NJ 08035		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Brian Clark	Telephone No.: 856-656-2944	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 12 / 20 / 18	Scheduled Completion Date (11): 12 / 31 / 18	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/3:30PM-12:00AM * see attached		Street Address: 1123 BEAVER STREET	
		City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Suite 206	☐	☒	☐	Tar paper	154 SF	☒	☐	☐	☐
Suite 206	☐	☒	☐	Floor leveler	800 SF	☒	☐	☐	☐
Suite 206	☐	☒	☐	Pipe Insulation	100 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: BRISTOL ENVIRONMENTAL, INC.	NJDEP Waste Hauler ID No.: 18706	Cubic Yards of Waste	Name of Registered Landfill: FAIRLESS LANDFILL
City, State: BRISTOL, PA 19007		Disposal Date	City, State: FAIRLESS HILLS, PA 19047

Completed By (Print or Type)	Title	Signature	Date
Brian Scafiro	Estimator	Brian Scafiro /JM	11-29-18

ASB-41
MAY 11 BS18141

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

CK1480

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

RECEIVED
DEC 3 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11 / 30 / 18	Name of Building Owner/Operator (2): Metro Real Estate Companies	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 2 Broad Street, Suite 400
		City, State, Zip Code: Bloomfield, NJ 07003
		Name of Contact: Warren Sprake — Telephone Number: 973-429-7900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 169 Minnisink Road			
City (5): Totowa		Square Feet	# of Floors / Bldg. Age
County (6): Passaic	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 / 04 / 18	Scheduled Completion Date (11): 12 / 19 / 18	Name of OSHA Monitor: ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ 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)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Auditorium	☐	☐	☒	Pipe Insulation - Wrap & Cut	50 LF	☒	☐	☐	☐
Meese Building	☐	☐	☒	Pipe Insulation- Wrap & Cut	50 LF	☒	☐	☐	☐
Behind Meese Building	☐	☐	☒	Transite Pipe	80 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste, LLC	NJDEP Waste Hauler ID No. 32797	Cubic Yards of Waste: As Needed	Name of Registered Landfill: GROWS North Landfill/ Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA
Completed By (Print or Type): Allen Monchik	Title: Project Manager	Signature: Allen Monchik	Date: 11/30/18

ASB-41
JAN 13

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/28/18	Name of Building Owner/Operator (2): Joseph Cipoletti	
Agencies Notified: [x] EPA [ ] DEP [x] DOL [ ] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: [redacted]
	City, State, Zip Code: Saddle Brook, NJ 07663	
	Name of Contact: Joseph Cipoletti	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: [redacted]		
City (5): Saddle Brook	Square Feet: 1900	# of Floors: 2 / Bldg. Age: 70 +/-
County (6): Bergen / 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.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 12/7/18 / Scheduled Completion Date (11): 12/9/18	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8 A.M. - 4 P.M.	Street Address	
	City, State, Zip Code	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[x] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe Wrap	47 LF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 1	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: 11/28/18

ASB-41 (R-06-08)

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11-29-18		Name of Building Owner/Operator (2) PSEG	
Agencies Notified ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address 4000 Hadley Rd City, State, Zip Code South Plainfield, NJ	
		Name of Contact Andrea Coniglio	Telephone Number 862-233-5650

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Van Winkle Substation		Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 206 Van Winkle St			
City (5) East Rutherford		Square Feet N/A	# of Floors N/A	Bldg. Age N/A
County (6) Bergen	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished) Control House	
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	Telephone No. 631-924-8111	License No. 01136
Start Date (10) 12-18-18	Scheduled Completion Date (11) 01-18-19	Name of OSHA Monitor WRS Environmental Services, Inc.	
Occupancy Status During Abatement (Check Only One) ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Electrical circuit cabinet		Street Address 17 Old Dock Rd City, State, Zip Code Yaphank, NY 11980	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ 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			X	door caulk	15 LF	X			
Control House			X	roof caulk	5 LF	X			
Control House			X	plaster roof	11 SF	X			

Name of Registered Waste Hauler Veolia ES Technical Solution	NJDEP Waste Hauler ID No. 080631369	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill
City, State Flanders, NJ		Disposal Date TBD	City, State Morrisville PA 19067

Completed by Raymond Tutiven	Title Supervisor	Signature Raymond Tutiven	Date 11-29-18

ASB-41 (R-06-08)

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

Date of Notification (1): 11 / 28 / 18	Name of Building Owner/Operator (2): Pine Hill Board of Education	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 1003 Turnersville Road City, State, Zip Code: Pine Hill, NJ 08021
		Name of Contact: Grey Sawyer Telephone Number: 856-783-6900

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 1200 Turnersville Road			
City (5): Pine Hill		Square Feet:	# of Floors: / Bldg. Age:
County (6): Camden	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): 12 / 07 / 18	Scheduled Completion Date (11): 12 / 31 / 18	Name of OSHA Monitor: ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ 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): ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf	☒ Renovation ☐ Demolition	☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior	☐	☐	☒	Window Caulking	608 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Newark Carting	NJDEP Waste Hauler ID No.: 02383	Cubic Yards of Waste: As Needed	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Newark, NJ		Disposal Date: TBD	City, State: Pen Argyl, PA
Completed By (Print or Type): Allen Monchik	Title: Project Manager	Signature: Allen Monchik	Date: 11/28/18

ASB-41
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1): 11-26-18	Name of Building Owner/Operator (2): Omega Environmental Services
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation
	Street Address: 280 Huyler St
	City, State, Zip Code: South Hackensack, NJ 07606
	Name of Contact: Veronica Kero — Telephone Number: 201-489-8700

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Willowbrook Mall	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 50 Route 46	
City (5): Wayne	Square Feet: N/A — # of Floors: N/A — Bldg. Age: N/A
County (6): Passaic — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Parking Lot
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	Telephone No.: 631-924-8111 — License No.: 01136
Start Date (10): 11-28-18 — Scheduled Completion Date (11): 12-27-18	Name of OSHA Monitor: WRS Environmental Services, Inc.
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Exterior / construction area	Street Address: 17 Old Dock Rd — City, State, Zip Code: Yaphank, NY 11980

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf ☐ ≥160 sf or ≥260 lf

☒ Renovation ☐ Demolition

☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Parking lot			x	Transite pipe	100 lf	x			

Name of Registered Waste Hauler: ATC	NJDEP Waste Hauler ID No.: SW24310	Cubic Yards of Waste: 10	Name of Registered Landfill: Minerva Landfill
City, State: Shirley, NY		Disposal Date: TBD	City, State: Waynesburg, Ohio
Completed by: Raymond Tutiven	Title: Supervisor	Signature: Raymond Tutiven	Date: 11-26-18

ASB-41 (R-06-08)

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/27/2018	Name of Building Owner/Operator (2): Almian INC
Agencies Notified: [X] EPA [X] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 216 Mellon Place
	City, State, Zip Code: Elizabeth,NJ,07208
	Name of Contact: Jose — Telephone Number: 908-419-5810

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial Building	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 480 Johnston Avenue	
City (5): Jersey City	Square Feet: N/A — # of Floors: N/A — Bldg. Age: N/A
County (6): Hudson — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Commercial
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.	Name of Abatement Contractor (9): EHW ABATEMENT LLC
Street Address	Street Address: 89 Franklin Street
City, State, Zip Code	City, State, Zip Code: Paterson,NJ,07524
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 973-333-5144 — License No.: 01274
Start Date (10): 12/06/2018 — Scheduled Completion Date (11): 12/07/2018	Name of OSHA Monitor: EHW ABATEMENT LLC
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: 89 FRANKLIN STREET — City, State, Zip Code: PATERSON,NJ,07524

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
First Floor		X		VAT	500 SF	X			

Name of Registered Waste Hauler: EHW ABATEMENT LLC	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: N/A	Name of Registered Landfill: Tri State Transfer
City, State: Paterson,NJ		Disposal Date: TBD	City, State: Bronx,NY
Completed by: Victor Espíritu	Title: Project Manager	Signature:	Date: 11/27/2018

ASB-41 (R-06-08)

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

RECEIVED
DEC 3 2018
ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/21/2018		Name of Building Owner/Operator (2): La Casa Don Pedro
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment #_____ [x] Emergency (including justification) [ ] Cancellation	Street Address: 317 Roseville Avenue
		City, State, Zip Code: Newark,NJ,07107
		Name of Contact: Chris
		Telephone Number: 973-485-0701

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PRIVATE HOUSE		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]		
City (5): Newark		Square Feet: N/A; # of Floors: N/A; Bldg. Age: N/A
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): PRIVATE
Name of Monitoring Firm Hired by Building Owner (8): N/A	ASCM No.	Name of Abatement Contractor (9): EHW ABATEMENT LLC
Street Address		Street Address: 89 FRANKLIN STREET
City, State, Zip Code		City, State, Zip Code: PATERSON ,NJ,07524
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-333-5144; License No.: 01274
Start Date (10): 11/26/2018	Scheduled Completion Date (11): 11/27/2018	Name of OSHA Monitor: EHW ABATEMENT LLC
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: OCCUPIE		Street Address: 89 FRANKLIN STREET; City, State, Zip Code: PATERSON,NJ,07524

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[x] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
BASEMENT		X		PIPE INSULATION	60LF			X	

Name of Registered Waste Hauler: EHW ABATEMENT LLC	NJDEP Waste Hauler ID No.: 0037095	Cubic Yards of Waste: N/A	Name of Registered Landfill: Tri State Transfer
City, State: PATERSON,NJ		Disposal Date: TBD	City, State: Bronx,NY
Completed by: Victor Espíritu	Title: Project Manager	Signature: [signature]	Date: 11/21/2018

ASB-41 (R-06-08)

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

B & G proj. #: 2018-234 CK 9010 PAID

Check # 9010

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/26/18

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

Type Notification: ☒ Initial ☐ Amendment ☐ Cancellation

Name of Building Owner/Operator (2): Kris Blood

Street Address: [redacted]

City, State, Zip Code: Ridgewood, NJ 07450

Name of Contact: Kris Blood

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Kris Blood

Street Address: [redacted]

City (5): Ridgewood, NJ 07450

County (6): Bergen

County Code (7) (State use only):

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

Square Feet: | # of Floors: | Bldg. Age:

Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Bldg. Owner (8):

ASCM No.: n/a

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

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

Street Address: 105 Ryerson Road

City, State, Zip Code: Lincoln Park, NJ 07035

Telephone Number: (973)696-6869

License Number: 00378

Scheduled Start Date (10): 12/06/2018

Sched. Completion Date (11): 12/08/2018

Name of OSHA Monitor: B & G Restoration, Inc.

Street Address: 105 Ryerson Road

City, State, Zip Code: Lincoln Park, NJ 07035

Occupancy Status During Abatement (Check only one)
- ☐ Facility closed/vacated during entire period of abatement.
- ☐ Abatement performed outside of normal facility hours- Describe:
- ☒ Other-Describe: start 12/6/18 @ 3:30 pm

Scope of Work (check all that apply)
- ☐ Demolition
- ☒ >3 sf or >3 lf
- ☒ Renovation
- ☐ ≥160 sf or ≥260 lf
- ☒ Full Containment w/negative pressure
- ☐ Mini-enclosure
- ☐ Glovebag procedure
- ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	EncL
basement			✗	VAT/matic	650 sf	☒	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Registered Waste Hauler: B & G Restoration, Inc.

NJDEP Hauler ID#: 19563

Cubic Yards of Waste: 8

Name of Registered Landfill: Grand Central Landfill

City, State: Lincoln Park, NJ

Disposal Date: 12/08/2018

City, State: Pen Argyle, PA

Completed by (Print or Type): Gordana Luna

Title: Secretary/Treasurer

Signature: Gordana Luna

Date: 11/26/2018

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

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Date of Notification (1): 11/29/2018		Name of Building Owner/Operator (2): The Chemours Company
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [ ] Initial [X] Amended Amendment #01 [ ] Emergency (including justification) [ ] Cancellation	Street Address: 1007 Market Street
		City, State, Zip Code: Wilmington, DE 19899
		Name of Contact: Jim Lacey — Telephone Number: 856-540-2394

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Chemours Chamber Works Facility - Bldg 85 Machine Shop		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: Canal Road		
City (5): Deepwater		Square Feet: 18,000 — # of Floors: 1 — Bldg. Age: 35+
County (6): Salem	County Code (7) *(STATE USE ONLY)*	Current Use (Prior if being demolished): Chemical Plant
Name of Monitoring Firm Hired by Building Owner (8): Harvard Environmental Inc.	ASCM No.	Name of Abatement Contractor (9): Brandenburg Industrial Service Company
Street Address: 760 Pulaski Highway		Street Address: 2217 Spillman Drive
City, State, Zip Code: Bear, DE 19701		City, State, Zip Code: Bethlehem, PA 18015
Project Manager for Monitoring Firm: JT Morrison	Telephone No.: 302-326-2333	Telephone No.: 610-691-1800 — License No.: 00721
Start Date (10): 10/23/2018	Scheduled Completion Date (11): 01/18/19	Name of OSHA Monitor: Brandenburg
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: DEMO - 11/30/18-04/30/19		Street Address: 2217 Spillman Drive; City, State, Zip Code: Bethlehem PA 18015

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[ ] Renovation
[X] Demolition

[X] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[X] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
B 85			X	Pipe Insulation	200 LF	X			
B 85			X	Fire Doors	1 EA	X			
B 85			X	Gaskets	80 EA	X			
B 85			X	Roof Flashing	2175 SF	X			

Name of Registered Waste Hauler: Brandenburg Industrial Service Co	NJDEP Waste Hauler ID No.: 21838	Cubic Yards of Waste: 50	Name of Registered Landfill: Salem Cty Landfill/Chemours Onsite
City, State: Bethlehem, PA		Disposal Date: 10/28/18-1/23/19	City, State: Alloway Twnship/Deepwater NJ
Completed by: Stephen Carne	Title: Environmental Manager	Signature:	Date: 11/29/2018

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

Location	Description	Amount	REMOVAL
B 85	Pipe Mastic	20 SF	X
B 85	Window Glazing	5040 LF	X
B 85	Tar Paper on Wood	300 SF	X
B 85	Floor Tile and Mastic	450 SF	X
B 85	Galbestos	700 SF	X
B 85	Transite	1150 SF	X

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

Date of Notification (1): 11-08-18	Name of Building Owner/Operator (2): PSEG	
Agencies Notified: [ ] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 4000 Hadley Rd.
		City, State, Zip Code: South Plainfield NJ
		Name of Contact: Jeffrey Gazick — Telephone Number: 856-628-2477

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSEG Essex Switching Station		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 155 Raymond Blvd		
City (5): Newark		Square Feet: N/A — # of Floors: N/A — Bldg. Age: N/A
County (6): Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished): Control House

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	Telephone No.: 631-924-8111 — License No.: 01136
Start Date (10): 11-26-18	Scheduled Completion Date (11): 12-31-18	Name of OSHA Monitor: WRS Environmental Services, Inc.
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: Electrical circuit cabinet		Street Address: 17 Old Dock Rd
		City, State, Zip Code: Yaphank, NY 11980

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Control House			x	ARC cable	260 lf	x			

Name of Registered Waste Hauler: Waste Management	NJDEP Waste Hauler ID No.: 17273	Cubic Yards of Waste: TBD	Name of Registered Landfill: Fairless landfill
City, State: Elizabeth, NJ 07201		Disposal Date: TBD	City, State: Morrisville PA 19067

Completed by: Raymond Tutiven	Title: Supervisor	Signature: Raymond Tutiven	Date: 11-08-18

ASB-41 (R-06-08)

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

Date of Notification (1): 11/29/2018	Name of Building Owner/Operator (2): Bickford	
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: [redacted]
		City, State, Zip Code: Hamilton, NJ 08619
		Name of Contact: Garrett Bickford
		Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: [redacted]			
City (5): Hamilton, NJ 08619		Square Feet: 2400	# of Floors: 2 / Bldg. Age: 60+/-
County (6): Mercer	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8): MECS	ASCM No.	Name of Abatement Contractor (9): Stevens Environmental Services, Inc.	
Street Address: PO Box 34		Street Address: PO Box 322	
City, State, Zip Code: Crosswicks, NJ 08515		City, State, Zip Code: Allentown, NJ 08501	
Project Manager for Monitoring Firm: Bill Weisgarber	Telephone No.: (609) 298-4070	Telephone No.: 609 259-9688	License No.: 00493
Start Date (10): 12/10/2018	Scheduled Completion Date (11): 12/31/2018	Name of OSHA Monitor: MECS	
Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____		Street Address: PO Box 341	
		City, State, Zip Code: Chesterfield, NJ 08515	

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		X		VAT	800 sf	X			
Kitchen		X		Vinyl Sheet Flooring	130 sf	X			

Name of Registered Waste Hauler: Stevens Environmental Services	NJDEP Waste Hauler ID No.: 18292	Cubic Yards of Waste: 3 cu	Name of Registered Landfill: Fairless Landfill
City, State: Allentown, NJ		Disposal Date: 12/31/2018	City, State: Morrisville, PA
Completed by: Mahlon E. Stevens	Title: Project Manager	Signature:	Date: 11/29/2018

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

Date of Notification (1): 11/29/2018	Name of Building Owner/Operator (2): Thoft
Agencies Notified: [x] EPA [ ] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Princeton, NJ 08540
	Name of Contact: Kristen Thoft — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): Princeton, NJ 08540	Square Feet: 2000 — # of Floors: 1 — Bldg. Age: 70+/-
County (6): Mercer — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): MECS — ASCM No.	Name of Abatement Contractor (9): Stevens Environmental Services, Inc.
Street Address: PO Box 341	Street Address: PO Box 322
City, State, Zip Code: Crosswicks, NJ 08515	City, State, Zip Code: Allentown, NJ 08501
Project Manager for Monitoring Firm: Bill Weisgarber — Telephone No.: (609) 298-4070	Telephone No.: 609 259-9688 — License No.: 00493
Start Date (10): 12/10/2018 — Scheduled Completion Date (11): 12/17/2018	Name of OSHA Monitor: MECS
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: PO Box 341 — City, State, Zip Code: Chesterfield, NJ 08515

Scope of Work (Check All That Apply)

[x] ≥3 sf or ≥3 lf
[ ] ≥160 sf or ≥260 lf

[ ] Renovation
[x] Demolition

[ ] Full Containment with Negative Pressure
[x] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Furnace Room		X		Transite Board	130 sf	X			
1st floor		X		Glue Dots	10 sf	X			
Window Chalk		X		Exterior Window	5 lf	X			

Name of Registered Waste Hauler: Stevens Environmental Services	NJDEP Waste Hauler ID No.: 18292	Cubic Yards of Waste: 2 cu	Name of Registered Landfill: Fairless Landfill
City, State: Allentown, NJ		Disposal Date: 12/18/2018	City, State: Morrisville, PA
Completed by: Mahlon E. Stevens	Title: Project Manager	Signature:	Date: 11/29/2018

ASB-41 (R-06-08)

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

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Date of Notification (1): 11/29/2018	Name of Building Owner/Operator (2): Burke
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Princeton, NJ 08540
	Name of Contact: James Burke — Telephone Number: [illegible]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): Princeton, NJ 08540	Square Feet: 2800 — # of Floors: 2 — Bldg. Age: 90+/-
County (6): Mercer — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished):
Name of Monitoring Firm Hired by Building Owner (8): MECS — ASCM No.	Name of Abatement Contractor (9): Stevens Environmental Services, Inc.
Street Address: PO Box 341	Street Address: PO Box 322
City, State, Zip Code: Crosswicks, NJ 08515	City, State, Zip Code: Allentown, NJ 08501
Project Manager for Monitoring Firm: Bill Weisgarber — Telephone No.: (609) 298-4070	Telephone No.: 609 259-9688 — License No.: 00493
Start Date (10): 12/10/2018 — Scheduled Completion Date (11): 12/31/2018	Name of OSHA Monitor: MECS
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____	Street Address: PO Box 341 — City, State, Zip Code: Chesterfield, NJ 08515

Scope of Work (Check All That Apply)

[X] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[ ] Renovation
[X] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[X] Glovebag Procedure
[X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor		X		Thermal Pipe Insulation	100 lf	X			
2ndFloor		X		Thermal Pipe Insulation	16 lf	X			

Name of Registered Waste Hauler: Stevens Environmental Services	NJDEP Waste Hauler ID No.: 18292	Cubic Yards of Waste: 2 cu	Name of Registered Landfill: Fairless Landfill
City, State: Allentown, NJ		Disposal Date: 12/31/2018	City, State: Morrisville, PA
Completed by: Mahlon E. Stevens	Title: Project Manager	Signature:	Date: 11/29/2018

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

Date of Notification (1): November 30, 2018	Name of Building Owner/Operator (2): Liberty Property Limited Partnership
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended ☐ Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 650 East Swedesford Road, Suite 400
	City, State, Zip Code: Wayne, PA 19087
	Name of Contact: John Arndt — Telephone Number: 610-235-1959

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): No Name	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 160 Dulty's Lane	
City (5): Burlington Township	Square Feet: 0 — # of Floors: 0 — Bldg. Age: N/A
County (6): Burlington — County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Commercial
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.	Name of Abatement Contractor (9): ecoservices, LLC
Street Address	Street Address: 303 B National Road
City, State, Zip Code	City, State, Zip Code: Exton, PA 19341
Project Manager for Monitoring Firm — Telephone No.	Telephone No.: 484-872-8884 — License No.: 01161
Start Date (10): 12/15/18 — Scheduled Completion Date (11): 12/15/18	Name of OSHA Monitor: EMSL
Occupancy Status During Abatement (Check Only One): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☒ Other – Describe: Saturday Work	Street Address: 200 Route 130 North — City, State, Zip Code: Cinnaminson, NJ

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Near Driveway			X	Transite drain pipe	200 LF	X			

Name of Registered Waste Hauler: Waste Management	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: 6	Name of Registered Landfill: GROWS / Fairless Hills
City, State: Trenton, NJ		Disposal Date: TBD	City, State: Morrisville, PA
Completed by: Jack Bally	Title: Sr. Project Manager	Signature: Jack Bally	Date: 11/30/18

ASB-41 (R-06-08)

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

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ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/25/18

Name of Building Owner/Operator (2): VA NJHS East Orange Engineering

Street Address: 385 Tremont Avenue

City, State, Zip Code: East Orange, NJ, 07018

Name of Contact: Esteban Rivera

Telephone Number: 973-676-1000 ext; 2375

Agencies Notified:
- [x] EPA
- [x] DEP
- [ ] DOL
- [ ] DOH
- [ ] DCA

Type Notification:
- [x] Initial
- [ ] Amended
- [ ] Amendment #
- [ ] Emergency (including justification)
- [ ] Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): VA NJHCS

Street Address: 385 Tremont ave

City (5): East Orange, NJ 07018

County (6): Essex

County Code (7) *(STATE USE ONLY)*:

Type of Facility (4):
- [ ] School (K-12)
- [ ] Subchapter 8 (Other than K-12)
- [x] Other (i.e. private & commercial buildings, homes, etc.) Hospital

Square Feet: | # of Floors: 10 | Bldg. Age: 1968

Current Use (Prior if being demolished): hospital

Name of Monitoring Firm Hired by Building Owner (8): Environmental Consulting Group, LLC

ASCM No.:

Street Address: 71 Arch Street

City, State, Zip Code: Paterson, NJ, 07522

Project Manager for Monitoring Firm: Fernando Villa

Telephone No.: 973-418-4036

Name of Abatement Contractor (9): Gotham Abt Corp

Street Address: 3210 68th St

City, State, Zip Code: Woodside - NY 11377

Telephone No.: 551-202-6986

License No.: 01382

Start Date (10): 12/10/18

Scheduled Completion Date (11): 03/31/19

Name of OSHA Monitor: Adam Raman

Street Address: 299 Market Street, Suite 470

City, State, Zip Code: Saddle Brook, NJ, 07663

Occupancy Status During Abatement (Check Only One)
- [ ] Facility Closed/Vacated During Entire Period of Abatement
- [ ] Abatement Performed Outside of Normal Facility Hours
- [x] Other – Describe: regular hours 8:00am to 4:30pm

Scope of Work (Check All That Apply)
- [x] ≥3 sf or ≥3 lf
- [ ] ≥160 sf or ≥260 lf
- [x] Renovation
- [ ] Demolition
- [ ] Full Containment with Negative Pressure
- [ ] Mini-Enclosure
- [x] Glovebag Procedure
- [ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Pipe Insulation				TSI	100LF	✓			

Name of Registered Waste Hauler: Newark Carting, Inc.

NJDEP Waste Hauler ID No.: 04509

Cubic Yards of Waste: 40

Name of Registered Landfill: GROWS Landfill

City, State: 609 N Union Ave, Hillside, NJ 07205

Disposal Date: 12/11/18

City, State: 1513 Bordentown Rd, Morrisville, PA 19067

Completed by: Ketsy Rodriguez

Title: Representative

Signature:

Date: 11/29/18

ASB-41 (R-06-08)

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

RECEIVED DEC 3 2018 CONTROL & LICENSING

Date of Notification (1): 9 / 12 / 18	Name of Building Owner/Operator (2): Verizon Westwood C.O.	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #3-11/28/18 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 175 Broadway City, State, Zip Code: Hillsdale, NJ 07642 Name of Contact: Renzo Contreras Telephone Number: 973-951-0542

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Westwood C.O.		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 175 Broadway			
City (5): Hillsdale		Square Feet: 32,775	# of Floors: 3 / Bldg. Age: +-50
County (6): Hillsdale	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1253 North Church Street		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 11 / 28 / 18	Scheduled Completion Date (11): 11 / 29 / 18	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Meter Storage Room	☐	☐	☒	VAT/Mastic	75 SF	☒	☐	☐	☐
Basement AC Room 2	☐	☐	☒	VAT/Mastic	420 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: NEW CASTLE, DE		Disposal Date: TBD	City, State: WAYNESBURG, OH
Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro / jl	Date: 11/28/18

ASB-41 JAN 13 DP18079

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

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RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9 / 12 / 18		Name of Building Owner/Operator (2): Verizon Westwood C.O.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #2-11/7/18 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 175 Broadway City, State, Zip Code: Hillsdale, NJ 07642 Name of Contact: Renzo Contreras Telephone Number: 973-951-0542

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Westwood C.O.		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 175 Broadway			
City (5): Hillsdale		Square Feet: 32,775	# of Floors: 3 / Bldg. Age: +-50
County (6): Hillsdale	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1253 North Church Street		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 10 / 1 / 18	Scheduled Completion Date (11): ON HOLD	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	☐	☐	☒	Exterior Boiler Insulation	90 SF	☒	☐	☐	☐
Basement Boiler Room	☐	☐	☒	Duct Insulation	90 SF	☒	☐	☐	☐
Basement Boiler Room	☐	☐	☒	Pipe Fittings	60 LF	☒	☐	☐	☐
Basement Boiler Room	☐	☐	☒	Pipe Insulation	315 LF	☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: NEW CASTLE, DE		Disposal Date: TBD	City, State: WAYNESBURG, OH
Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro /jf	Date: 11/7/18

ASB-41
JAN 13

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

pg 2

Date of Notification (1): 9 / 2 / 18		Name of Building Owner/Operator (2): Verizon Westwood C.O.
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #2 - 11/7/18 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 175 Broadway City, State, Zip Code: Hillsdale, NJ 07642 Name of Contact: Renzo Contreras Telephone Number: 973-951-0542

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION

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County (6): Hillsdale	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Verizon Communications	
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Basement Power Room	☐	☐	☒	VAT/Mastic	2,200 SF	☒	☐	☐	☐
HSB Area	☐	☐	☒	VAT/mastic	288 SF	☒	☐	☐	☐
Pad Area	☐	☐	☒	VAT/mastic	1760 SF	☒	☐	☐	☐
Meter Room	☐	☐	☒	VAT/Mastic	135 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: NEW CASTLE, DE		Disposal Date: TBD	City, State: WAYNESBURG, OH
Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillon DeCaro /jl	Date: 11/7/18

ASB-41

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

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County (6): Hillsdale	County Code (7)(STATE USE ONLY):	Current Use (Prior if being demolished): Verizon Communications
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Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040 / License No.: 00509
Start Date (10): 10 / 1 / 18	Scheduled Completion Date (11): ON HOLD	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ 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)

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Basement Sprinkler Room	☐	☐	☒	VAT/Mastic	60 SF	☒	☐	☐	☐
Basement Diesel Room	☐	☐	☒	VAT/mastic	720 SF	☒	☐	☐	☐
Hallway Power Room	☐	☐	☒	VAT/mastic	200 SF	☒	☐	☐	☐
Stairwell Landing	☐	☐	☒	VAT/Mastic	81 SF	☒	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: NEW CASTLE, DE		Disposal Date: TBD	City, State: WAYNESBURG, OH
Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillon DeCaro	Date: 11/7/18

ASB-41
JAN 13

* Do not use this form for

Pg 4

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

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Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #2 -11/7/18 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 175 Broadway City, State, Zip Code: Hillsdale, NJ 07642
		Name of Contact: Renzo Contreras — Telephone Number: 973-951-0542

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Westwood C.O.		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)
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County (6): Hillsdale	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Verizon Communications
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Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040 — License No.: 00509
Start Date (10): 10 / 1 / 18	Scheduled Completion Date (11): ON HOLD	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC
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Basement Meter Storage Room	☐	☐	☒	VAT/Mastic	75 SF	☒	☐	☐	☐
Basement AC Room 2	☐	☐	☒	VAT/Mastic	420 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: NEW CASTLE, DE		Disposal Date: TBD	City, State: WAYNESBURG, OH
Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro /jl	Date: 11/7/18

ASB-41
JAN 13

* Do not use this form for asbestos

Chk #3433, 3447,

Pg. 1

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

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Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 10 / 1 / 18	Scheduled Completion Date (11): 11 / 16 / 18	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC	
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Basement Boiler Room	☐	☐	☒	Exterior Boiler Insulation	90 SF	☒	☐	☐	☐
Basement Boiler Room	☐	☐	☒	Duct Insulation	90 SF	☒	☐	☐	☐
Basement Boiler Room	☐	☐	☒	Pipe Fittings	60 LF	☒	☐	☐	☐
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Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: NEW CASTLE, DE		Disposal Date: TBD	City, State: WAYNESBURG, OH
Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro / DD	Date: 10-9-18

ASB-41

Chk # 3435, 3447

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

Pg. 2

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HSB Area	☐	☐	☒	VAT/mastic	288 SF	☒	☐	☐	☐
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Meter Room	☐	☐	☒	VAT/Mastic	135 SF	☒	☐	☐	☐

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Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro / DD	Date: 10-9-18

ASB-41

Chk # 3447

Pg. 3

State of New Jersey
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Hallway Power Room	☐	☐	☒	VAT/mastic	200 SF	☒	☐	☐	☐
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ASB-41

Chk #
3147

State of New Jersey
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City (5): Hillsdale		Square Feet: 32,775 — # of Floors: 3 — Bldg. Age: +-50
County (6): Hillsdale	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Verizon Communications
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.
Street Address: 1253 North Church Street		Street Address: 1123 BEAVER STREET
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007
Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040 — License No.: 00509
Start Date (10): 10 / 1 / 18	Scheduled Completion Date (11): 11 / 16 / 18	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Meter Storage Room	☐	☐	☒	VAT/Mastic	75 SF	☒	☐	☐	☐
Basement AC Room 2	☐	☐	☒	VAT/Mastic	420 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: NEW CASTLE, DE		Disposal Date: TBD	City, State: WAYNESBURG, OH
Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro / JR	Date: 10-9-18

ASB-41 001[illegible]

Pg. 1

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

Chk # 3435

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 9 / 13 / 18		Name of Building Owner/Operator (2): Verizon Westwood Co	
Agencies Notified: ☒ EPA 9258 ☒ DOLWD 9241 ☒ DOH 9265 ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 175 Broadway	
		City, State, Zip Code: Hillsdale, NJ 07642	
		Name of Contact: Renzo Contreras	Telephone Number: 973-951-0542

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Westwood C.O.		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 175 Broadway			
City (5): Hillsdale		Square Feet: 32,775	# of Floors: 3 / Bldg. Age: +-50
County (6): Bergen	County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): Verizon Communications	

Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1253 North Church Street		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 10 / 1 / 18	Scheduled Completion Date (11): 11 / 2 / 18	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	☐	☐	☒	Exterior Boiler Insulation	90 SF	☒	☐	☐	☐
Basement Boiler Room	☐	☐	☒	Duct Insulation	90 SF	☒	☐	☐	☐
Basement Boiler Room	☐	☐	☒	Pipe Fittings	60 LF	☒	☐	☐	☐
Basement Boiler Room	☐	☐	☒	Pipe Insulation	315 LF	☐	☐	☐	☐

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

Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro / JK	Date: 9-13-18

ASB-41 JAN 13 001807 9

Pg. 2

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

Chk#3435

Date of Notification (1): 9 / 13 / 18		Name of Building Owner/Operator (2): Verizon Westwood Co
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 175 Broadway City, State, Zip Code: Hillsdale, NJ 07642 Name of Contact: Renzo Contreras Telephone Number: 973-951-0542

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Westwood C.O.		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 175 Broadway			
City (5): Hillsdale		Square Feet: 32,775	# of Floors: 3 / Bldg. Age: +-50
County (6): Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished): Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1253 North Church Street		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 10 / 1 / 18	Scheduled Completion Date (11): 11 / 2 / 18	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement Power Room	☐	☐	☒	VAT/Mastic	2,200 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: NEW CASTLE, DE		Disposal Date: TBD	City, State: WAYNESBURG, OH
Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro /Dc	Date: 9-13-18

ASB-41 JAN 13 0018079

NO CK

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 8 / 3 / 18	Name of Building Owner/Operator (2): Rutgers University / Job #1807-2328 Chk. #NA	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #4 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 33 Knightsbridge Road
		City, State, Zip Code: Piscataway, NJ 08854
		Name of Contact: Joan Stanton, PE — Telephone Number: 848-445-2419

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Building #3084 - Kreeger Learning Annex		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 151 College Avenue		
City (5): Piscataway		Square Feet: 14000 — # of Floors: 1 — Bldg. Age: 40
County (6): Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Vacant
Name of Monitoring Firm Hired by Building Owner (8): Criterion Laboratories	ASCM No.	Name of Abatement Contractor (9): Asbestos and Mold Services, Corp.
Street Address: 400 Street Road		Street Address: 3859 Sylon Boulevard
City, State, Zip Code: Bensalem, PA 19020		City, State, Zip Code: Hainesport, NJ 08036
Project Manager for Monitoring Firm: Mike Panepresso	Telephone No.: 215-244-1300	Telephone No.: 609-702-0400 — License No.: 00862
Start Date (10): 9 / 24 / 8	Scheduled Completion Date (11): 12 / 31 / 18	Name of OSHA Monitor: EMSL Analytical, Inc.
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address: 200 U.S. Route 130 North
		City, State, Zip Code: Cinnaminson, NJ 08077

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Exterior	☐	☐	☒	Cement Board Siding	1500 SF	☒	☐	☐	☐
Exterior	☐	☐	☒	Black Tar Paper Vapor Barrier	4500 SF	☒	☐	☐	☐
Exterior	☐	☐	☒	Roofing	14,000 SF	☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Champion	NJDEP Waste Hauler ID No.: 32707	Cubic Yards of Waste: 5	Name of Registered Landfill: Grand Central
City, State: Hainesport, NJ		Disposal Date: 12/31/18	City, State: Penn Argyle, PA
Completed By (Print or Type): Kimberly Trumbetti	Title: Office Coordinator	Signature:	Date: 11-26-18

ASB-41
MAY 11

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Print Form

CK 1790

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/30/18	Name of Building Owner/Operator (2): Carole Lee Morrison
Agencies Notified: [x] EPA [ ] DEP [x] DOL [ ] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment #_____ [x] Emergency (including justification) [ ] Cancellation
	Street Address: [redacted]
	City, State, Zip Code: Dumont, NJ 07628
	Name of Contact: Carole Lee Morrison — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential Home		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial buildings, homes, etc.)	
Street Address: [redacted]			
City (5): Dumont		Square Feet: 2300	# of Floors: 2 — Bldg. Age: 70 +/-
County (6): Bergen	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.	Telephone No.: 201-600-3184	License No.: 01305
Start Date (10): 12/3/18	Scheduled Completion Date (11): 12/7/18	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 8 A.M to 4 P.M		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	695 SF	x			

Name of Registered Waste Hauler: All Stages Abatement	NJDEP Waste Hauler ID No.: 0036592	Cubic Yards of Waste: 3	Name of Registered Landfill: Grand Central Sanitary Landfill
City, State: Saddle Brook, NJ		Disposal Date: TBD	City, State: Pen Argyl, PA
Completed by: Richard Cristofol	Title: President	Signature:	Date: 11/30/18

ASB-41 (R-06-08)

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

B & G proj. #: 2018-238 PAID

Check # 9013

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/30/18

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

Type Notification: ☒ Initial ☐ Amendment ☐ Cancellation

Name of Building Owner/Operator (2): Jerry Ciraulo

Street Address: [redacted]

City, State, Zip Code: Ridgewood, NJ 07450

Name of Contact: Jerry Ciraulo

Telephone Number:

FACILITY INFORMATION

Name of facility where abatement is taking place (3): Jerry Ciraulo

Street Address: [redacted]

City (5): Ridgewood, NJ 07450

County (6): Bergen

County Code (7) (State use only):

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

Square Feet: | # of Floors: | Bldg. Age:

Current Use (Prior if being demolished): Residential

Name of Monitoring Firm Hired by Bldg. Owner (8):

ASCM No.: n/a

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Phone Number:

Scheduled Start Date (10): 12/10/2018

Sched. Completion Date (11): 12/11/2018

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

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

Street Address: 105 Ryerson Road

City, State, Zip Code: Lincoln Park, NJ 07035

Telephone Number: (973)696-6869

License Number: 00378

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12) Yes	No	N/A	Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encap	EncL
basement			X	VAT (no mastic)	247 sf	X			

Registered Waste Hauler	NJDEP Hauler ID#	Cubic Yards of Waste	Name of Registered Landfill
B & G Restoration, Inc.	19563	3	Grand Central Landfill
City, State: Lincoln Park, NJ		Disposal Date: 12/12/2018	City, State: Pen Argyle, PA

Completed by (Print or Type)	Title	Signature	Date
Gordana Luna	Secretary/Treasurer	Gordana Luna	11/30/2018

CK 1470

PAID

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 11 / 23 / 18	Name of Building Owner/Operator (2): Lidl U.S. Operations, LLC	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 3500 S. Clark Street City, State, Zip Code: Arlington, VA 22202
		Name of Contact: Damon Kozul — Telephone Number: 732-221-4820

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial building homes, etc.)
Street Address: 514 North Main Street		
City (5): Lacey Township		Square Feet / # of Floors / Bldg. Age
County (6): Ocean	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8): 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): 12 / 07 / 18	Scheduled Completion Date (11): 12 / 31 / 18	Name of OSHA Monitor: ALL PRO MANAGEMENT LLC
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Enclosure
Southern Hardware Section-Walkway	☐	☐	☒	VAT/Mastic	720 SF	☒	☐	☐
Main Retail Building Roof	☐	☐	☒	Miscellaneous Tar	80 SF	☒	☐	☐
	☐	☐	☐			☐	☐	☐
	☐	☐	☐			☐	☐	☐

Name of Registered Waste Hauler: Century Waste, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: As Needed	Name of Registered Landfill: GROWS North Landfill/ Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed By (Print or Type): Allen Monchik	Title: Project Manager	Signature: Allen Monchik	Date: 11/28/18

ASB-41
JAN 13

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

CK1470 PAID

RECEIVED DEC 3 2019 ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 11 / 23 / 18	Name of Building Owner/Operator (2): Lidl U.S. Operations, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 3500 S. Clark Street
	City, State, Zip Code: Arlington, VA 22202
	Name of Contact: Damon Kozul — Telephone Number: 732-221-4820

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Residential	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial building homes, etc.)
Street Address: 15 Haines Street	
City (5): Lacey Township	Square Feet: ; # of Floors: ; Bldg. Ag:
County (6): Ocean — 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): 12 / 07 / 18 — Scheduled Completion Date (11): 12 / 31 / 18	Name of OSHA Monitor: ALL PRO MANAGEMENT LLC
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ 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)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Enclosure
Kitchen	☐	☐	☒	Gray Sink Undercoat	4 SF	☒	☐	☐
Exterior- Beneath Roof Leaders	☐	☐	☒	Ground Drain Pipe	10 LF	☒	☐	☐
	☐	☐	☐			☐	☐	☐
	☐	☐	☐			☐	☐	☐

Name of Registered Waste Hauler: Century Waste, LLC	NJDEP Waste Hauler ID No.: 32797	Cubic Yards of Waste: As Needed	Name of Registered Landfill: GROWS North Landfill/ Fairless Landfill
City, State: Elizabeth, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed By (Print or Type): Allen Monchik	Title: Project Manager	Signature: Allen Monchik	Date: 11/28/18

ASB-41
JAN 13

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

CK 2068

PAID

Print Form

RECEIVED DEC 3 201 ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 11/30/18		Name of Building Owner/Operator (2): RJB Evolution, LLC
Agencies Notified: [X] EPA [ ] DEP [X] DOL [X] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: 312 Asbury Ave.
		City, State, Zip Code: Ocean City , NJ 08226
		Name of Contact: Richard Bernardini — Telephone Number: 609-866-8624

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Former store front & frame shop		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial buildings, homes, etc.)
Street Address: 310 Asbury Ave.		
City (5): Ocean City,NJ 08226		Square Feet: 1,000 — # of Floors: 1 — Bldg. Age: 50+
County (6): Cape May	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Abandoned
Name of Monitoring Firm Hired by Building Owner (8): IRIS	ASCM No.	Name of Abatement Contractor (9): Yannuzzi Environmenatal Services, inc
Street Address		Street Address: 135 Kinnelon Rd
City, State, Zip Code: Union, NJ		City, State, Zip Code: Kinnelon, NJ 07405
Project Manager for Monitoring Firm: Richard Eustaquia	Telephone No.: 973-494-3762	Telephone No.: 908-218-0880 — License No.: 01228
Start Date (10): 12/14/18	Scheduled Completion Date (11): 12/18/18	Name of OSHA Monitor: Yannuzzi Environmental Services
Occupancy Status During Abatement (Check Only One): [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 135 Kinnelon Rd
		City, State, Zip Code: Kinnelon, NJ 07405

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[ ] Renovation
[X] Demolition

[X] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[X] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Flooring throughout			x	VAT	1,000SF	x			

Name of Registered Waste Hauler: Yannuzzi Group, Inc.	NJDEP Waste Hauler ID No.: 17467	Cubic Yards of Waste: 60	Name of Registered Landfill: GROWS north/Fairless
City, State: Kinnelon, NJ 07405		Disposal Date: 12/18/18	City, State: Morrisville, PA
Completed by: John Mucha	Title: AHERA Project Designer	Signature:	Date:

ASB-41 (R-06-08)

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

CK 1479

RECEIVED
DEC 3 20
ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 12 / 3 / 18		Name of Building Owner/Operator (2): RPM Property Management, LLC
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☐ Amended Amendment #_____ ☒ Emergency (including justification) ☐ Cancellation	Street Address: 923 Huron Road City, State, Zip Code: Franklin Lakes, NJ 07417-2210 Name of Contact: Edward Easse Telephone Number: 201-788-9646

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial building homes, etc.)
Street Address: 104 Wagaraw Road		
City (5): Hawthorne		Square Feet / # of Floors / Bldg. A
County (6): Passaic	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): 12 / 01 / 18	Scheduled Completion Date (11): 12 / 31 / 18	Name of OSHA Monitor: ALL PRO MANAGEMENT LLC
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Interior	☐	☐	☒	VAT	1,500 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: Century Waste, LLC/ All Pro Management, LLC	NJDEP Waste Hauler ID No.: 32797/ 989	Cubic Yards of Waste: As Needed	Name of Registered Landfill: GROWS North Landfill/ Fairless Landfill
City, State: Elizabeth, NJ / Garfield, NJ		Disposal Date: TBD	City, State: Morrisville, PA

Completed By (Print or Type)	Title	Signature	Date
Allen Monchik	Project Manager	Allen Monchik	11/30/18

ASB-41
JAN 13

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

CK10798

PAID

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

RECEIVED DEC 3 2018 Check #10798 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11 / 28 / 18	Name of Building Owner/Operator (2): Verizon Communications / Job #1810-5387	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 100 Greenwood Avenue
		City, State, Zip Code: Jenkintown, PA 19046
		Name of Contact: Carol Soukup — Telephone Number: 856-429-2231

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon- Woodbury CO		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 24 Curtis Avenue		
City (5): Woodbury, NJ 08096		Square Feet / # of Floors / Bldg.
County (6): Gloucester	County Code (7)(*STATE USE ONLY*)	Current Use (Prior if being demolished): Offices
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: 8436 Enterprise Ave.		Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Philadelphia, PA 19153		City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Mark Jenkins	Telephone No.: 215-365-5810	Telephone No.: 609-265-2107 — License No.: 00529
Start Date (10): 11 / 5 / 18	Scheduled Completion Date (11): 12 / 7 / 18	Name of OSHA Monitor: EMSL Analytical
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Penthouse/Main Roof	☐	☒	☐	Silver Paint Roof Flashing	600 LF	☒	☐	☐	☐
Penthouse Roof	☐	☒	☐	Gravel Stop	75 SF	☒	☐	☐	☐
Main Roof	☐	☒	☐	Silver Paint Roof Flashing	1,252 SF	☒	☐	☐	☐
3rd Floor	☐	☒	☐	Drain Pipe Insulation	10 LF	☒	☐	☐	☐

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: 12/7/18	City, State: Tullytown, PA
Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature: GMT	Date: 11-28-18

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 DEC 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11 / 28 / 18	Name of Building Owner/Operator (2) PSE&G / Job #1810- 5400 Check	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☐ Initial ☒ Amended Amendment #3 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 4000 Hadley Road City, State, Zip Code: South Plainfield, NJ Name of Contact: Mark Domingues Telephone Number: 201-206-0998

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): PSE&G Metuchen Switchyard		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 234 Pierson Avenue		
City (5): Edison, NJ		Square Feet / # of Floors / Bldg. Age
County (6): Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Switchyard

Name of Monitoring Firm Hired by Building Owner (8): Health & Safety Services	ASCM No.	Name of Abatement Contractor (9): AbateTech, Inc.
Street Address: PO Box 365		Street Address: 30 Maple Ave. PO Box 25
City, State, Zip Code: Berlin, NJ 08009		City, State, Zip Code: Lumberton, NJ 08048
Project Manager for Monitoring Firm: Jim Proctor	Telephone No.: 609-839-2432	Telephone No.: 609-265-2107 / License No.: 00529
Start Date (10): 11 / 5 / 18	Scheduled Completion Date (11): 12 / 7 / 18	Name of OSHA Monitor: EMSL Analytical
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☐ 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)

☒ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Control House	☐	☐	☒	Transite Foor Panels	85 SF	☒	☐	☐	☐
Control House	☐	☐	☒	Roof Flashing	120 LF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: AbateTech, Inc.	NJDEP Waste Hauler ID No.: 18750	Cubic Yards of Waste: 20	Name of Registered Landfill: G.R.O.W.S. Landfill
City, State: Lumberton, NJ		Disposal Date: 12/7/18	City, State: Tullytown, PA

Completed By (Print or Type): Gwendolyn Trumbetti	Title: Operations Coordinator	Signature:	Date: 11-28-18

ASB-41
MAY 11

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Print Form

CK 00098

PAID

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/27/2018 check#98	Name of Building Owner/Operator (2) ED FLEMMING
Agencies Notified: [x] EPA [ ] DEP [x] DOL [ ] DOH [ ] DCA	Type Notification: [x] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 302 NORTH FRANKLIN TURNPIKE
	City, State, Zip Code: HO HO KUS NJ,07423
	Name of Contact: ED FLEMMING
	Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): SAINT LUKE"S CHURCH	Type of Facility (4): [x] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial building, homes, etc.)
Street Address: 302 NORTH FRANKLIN TURNPIKE	
City (5): HO HO KUS NJ,07423	Square Feet: 150 X300 / # of Floors: 2FL / Bld Age: 60 YEARS
County (6): BERGEN COUNTY	County Code (7) *(STATE USE ONLY)* _____ / Current Use (Prior if being demolished): EMPTY
Name of Monitoring Firm Hired by Building Owner (8): / ASCM No.:	Name of Abatement Contractor (9): ALL SOLUTIONS CONTRACTING INC
Street Address:	Street Address: 24 CHURCH ST
City, State, Zip Code:	City, State, Zip Code: ELMWOOD NJ,07407
Project Manager for Monitoring Firm: / Telephone No.:	Telephone No.: 201- 873 9418 / License No.: 01301
Start Date (10): 12/22/2018 / Scheduled Completion Date (11): 12/24/2018	Name of OSHA Monitor: ALL SOLUTIONS CONTRACTING INC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [x] Other – Describe: 7:30 AM TO 3:30PM	Street Address: 24 CHURCH ST / City, State, Zip Code: ELMWOOD NJ,07407

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[x] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
1ST FLOOR HALLWAY		X		FLOOR TILE	450 SF	X		

Name of Registered Waste Hauler: ATLANTIC CARTING	NJDEP Waste Hauler ID No.:	Cubic Yards of Waste: TDB	Name of Registered Landfill: GRAND CENTRAL
City, State: PEN ARGYL		Disposal Date: TDB	City, State: PEN ARGYL PA 18072
Completed by: LUIS ARCILA	Title: PRESIDENT	Signature:	Date: 11/27/2018

CK 5728 PAID

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

RECEIVED DEC 3 18 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/27/18	Name of Building Owner/Operator (2) Pineland Construction
Agencies Notified: ☑ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA	Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address 300 77th Street
	City, State, Zip Code Sea Isle City NJ 08234
	Name of Contact Frank
	Telephone Number 609 405 93

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence	Type of Facility (4) ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, hom etc.)
Street Address [redacted]	
City (5) Sea Isle	Square Feet / # of Floors / Bldg. Age
County (6) Cape May	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) AMI Joe Abatement Demolition LLC
Street Address	Street Address 1212 Burlington Ave
City, State, Zip Code	City, State, Zip Code Delaware NJ 08105
Project Manager for Monitoring Firm	Telephone No. / Telephone No. 609-346-6916 / License No. 01070
Start Date (10) 12/7/18	Scheduled Completion Date (11) 1/17/19 / Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____	Street Address / City, State, Zip Code

Scope of Work (Check All That Apply)

☐ ≥3 sf or ≥3 lf
☑ ≥160 sf or ≥260 lf

☐ Renovation
☑ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☑ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Out Side			✓	Siding	450 SF	✓			

Name of Registered Waste Hauler: AMI JOE LLC	NJDEP Waste Hauler ID No. 20547	Cubic Yards of Waste	Name of Registered Landfill: WM of PA
City, State: Delaware NJ		Disposal Date: TBD	City, State: Tullytown PA
Completed by: Joseph T Hall	Title: V President	Signature: [signature]	Date: 11/27/18

ASB-41 (R-06-08)

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CK 5328 PAID

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

RECEIVED DEC 3 18 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/27/18

Name of Building Owner/Operator (2): Pineland Construction

Street Address: 300 77th Street

City, State, Zip Code: Sea Isle City NJ 08234

Name of Contact: Frank

Telephone Number: 609 495 9397

Agencies Notified: ☑ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA

Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Resident

Street Address: [redacted]

City (5): Sea Isle

County (6): Cape May

County Code (7) (STATE USE ONLY): _____

Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes,)

Square Feet | # of Floors | Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Telephone No.

Name of Abatement Contractor (9): Ani Joe Abatement Demolition LLC

Street Address: 1212 Burlington Ave

City, State, Zip Code: Delaico NJ 08105

Telephone No.: 609-346-0916

License No.: 01070

Start Date (10): 12/7/18

Scheduled Completion Date (11): 1/17/19

Name of OSHA Monitor

Street Address

City, State, Zip Code

Occupancy Status During Abatement (Check Only One): ☑ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other – Describe: _____

Scope of Work (Check All That Apply): ☐ ≥3 sf or ≥3 lf ☑ ≥160 sf or ≥260 lf ☐ Renovation ☑ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☑ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
Out Side Garage			✓	Siding	1000 SF	✓			

Name of Registered Waste Hauler: Ani Joe LLC

NJDEP Waste Hauler ID No.: 20547

Cubic Yards of Waste: _____

Name of Registered Landfill: KM of PA

Disposal Date: TBD

City, State: Tullytown Pa

City, State: Delaico NJ

Completed by: Joseph T Hill

Title: V President

Signature: [signature]

Date: 11/27/18

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

CK 4858

PAID

RECEIVED DEC 2018 ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 11/23/18

Name of Building Owner/Operator (2): MR ROBERT PALERMO

Agencies Notified: ☐ EPA ☐ DEP ☑ DOL ☑ DOH ☐ DCA

Type Notification: ☑ Initial ☐ Amended Amendment #_____ ☑ Emergency (including justification) ☐ Cancellation

Street Address: [redacted]

City, State, Zip Code: WEST ORANGE, NJ 07052

Name of Contact: MR. PALERMO

Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): MR ROBERT PALERMO

Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☑ Other (i.e. private & commercial buildings, homes, etc.)

Street Address: [redacted]

City (5): WEST ORANGE

Square Footage: 1900 | # of Floors: 2 | Bldg. Age: 1940

County (6):

County Code (7) (STATE USE ONLY): _____

Current Use (Prior if being demolished): RESIDENCE

Name of Monitoring Firm Hired by Building Owner (8):

ASCM No.

Street Address:

City, State, Zip Code:

Project Manager for Monitoring Firm:

Telephone No.

Name of Abatement Contractor (9): Best Removal Inc.

Street Address: 450 South River Street

City, State, Zip Code: Hackensack, NJ 07601

Telephone No.: 201-320-[illegible]444

License No.: 00388

Start Date (10): 11/26/18

Scheduled Completion Date (11): 11/26/18

Name of OSHA Monitor: Omega Environmental

Street Address: 280 Huyler Street

City, State, Zip Code: South Hackensack, NJ 07606

Occupancy Status During Abatement (Check Only One)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☑ Other – Describe: 8:00 AM TO 5:00 PM

Scope of Work (Check All That Apply)
☑ ≥3 sf or ≥3 lf
☐ ≥160 sf or ≥260 lf
☑ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☑ Mini-Containment
☑ Glovebag Procedure
☐ Non-Friable Exempted (*) and Non-Friable Procedure

Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulation
BASEMENT			J	THERMAL SYSTEMS INSULATION	15LF	X		

Name of Registered Waste Hauler: Best Removal Inc

NJDEP Waste Hauler ID No.: 17109

Cubic Yards of Waste: 1 1/2 cy

Disposal Date: 11/26/18

Name of Registered Landfill: Minerva Enterprises, LLC

City, State: Jaynesburg, OH 44688

City, State: Hackensack, NJ 07601

Completed by: J. Maiorano

Title: Estimator

Signature: [signature]

Date: 11/23/18

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

ASB-41 (R-06-08)

Check#3219

PAID

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

RECEIVED DEC 3 201 ASBESTOS CONTF LICENSING

Date of Notification (1): 11 / 2 / 18	Name of Building Owner/Operator (2): Debonaire Noel	
Agencies Notified: ☐ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment # ____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: [redacted]
		City, State, Zip Code: Hillside, NJ 07205
		Name of Contact: Charlie Holmes — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Private house		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: [redacted]		
City (5): Hillside, NJ 07205		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): Gr Tech LLC
Street Address		Street Address: 576 Valley Rd #283
City, State, Zip Code		City, State, Zip Code: Wayne, NJ 07470
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 973-638-1777 — License No.: 01127
Start Date (10): 12 / 08 / 8	Scheduled Completion Date (11): 12 / 09 / 18	Name of OSHA Monitor: Envirovision Consultants,Inc
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM_ ____ AM		Street Address: 20-21 Wagaraw Road, Bldg .# 35E; City, State, Zip Code: Fair Lawn, NJ 07410

Scope of Work (Check all that apply):
☒ >3 sf or >3 lf
☐ ≥ 160 sf or ≥260 lf
☒ Renovation
☐ Demolition

☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure ☐ Tent with Negative Pressure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
Basement	☐	☐	☒	Pipe insulation	75 LF	☒	☐	☐
Basement	☐	☐	☒	Boiler insulation	50 SF	☒	☐	☐
	☐	☐	☐			☐	☐	☐
	☐	☐	☐			☐	☐	☐

Name of Registered Waste Hauler: Gr Tech LLC	NJDEP Waste Hauler ID No.: 0033785	Cubic Yards of Waste: TBD	Name of Registered Landfill: T.R.R.F. Inc
City, State: Wayne, NJ 07470		Disposal Date: TBD	City, State: Tullytown, PA

Completed By (Print or Type)	Title	Signature	Date
N.Jevtic	Owner	Jevtic Nenad	11/28/18

ASB-41

Print Form

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

RECEIVED DEC 3 2 18 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/20/2018 check#90		Name of Building Owner/Operator (2): ANNE WALSH
Agencies Notified: [X] EPA [ ] DEP [X] DOL [ ] DOH [ ] DCA	Type Notification: [X] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation	Street Address: [redacted]
		City, State, Zip Code: NUTLEY,NJ 07110
		Name of Contact: ANNE WALSH — Telephone Number: [redacted]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e. private & commercial building, homes, etc.)
Street Address: [redacted]		
City (5): NUTLEY,NJ 07110		Square Feet: 50X100 — # of Floors: 2FL — Bldg Age: 60 YEARS
County (6): ESSEX	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): EMPTY
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9): ALL SOLUTIONS CONTRACTING INC
Street Address		Street Address: 24 CHURCH ST
City, State, Zip Code		City, State, Zip Code: ELMWOOD NJ,07407
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: 201- 873 9418 — License No.: 01301
Start Date (10): 12/07/2018	Scheduled Completion Date (11): 12/08/2018	Name of OSHA Monitor: ALL SOLUTIONS CONTRACTING INC
Occupancy Status During Abatement (Check Only One): [ ] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [X] Other – Describe: 7:30 AM TO 3:30PM		Street Address: 24 CHURCH ST — City, State, Zip Code: ELMWOOD NJ,07407

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[X] ≥160 sf or ≥260 lf

[X] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[X] Mini-Enclosure
[X] Glovebag Procedure
[ ] Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type: Removal	Repair	Encapsulate	Enclosure
BASEMENT			X	PIPE INSULATION	25LF	X			

Name of Registered Waste Hauler: ATLANTIC CARTING	NJDEP Waste Hauler ID No.	Cubic Yards of Waste: TDB	Name of Registered Landfill: GRAND CENTRAL
City, State: PEN ARGYL		Disposal Date: TDB	City, State: PEN ARGYL PA 18072
Completed by: LUIS ARCILA	Title: PRESIDENT	Signature:	Date: 11/20/201

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/26/18 **EMERGENCY NOTIFICATION**		Name of Building Owner/Operator (2) **Pine Hill Board of Education**
Agencies Notified ☒ EPA ☐ DCA ☒ DOL ☐ DEP ☒DOH	Notification Type ☒ Initial Notification ☐ Amended # ☒ Emergency notification (including justification) ☐ Cancelled	Street Address **1003 Turnerville Road** City, State, Zip Code Pine Hill, NJ 08021 Name of Contact Zipporah Daniels-Browne President BOE Telephone Number **856-783-6900**

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) **Overbrook Highschool**			Type of Facility (4) ☒ School (K-12) ☐ **Subchapter 8 (other than K-12)** Other (i.e. private & commercial buildings., homes, etc.) Sq. Feet: # of Floors:1 Bldg. Age: 1960's Current Use (prior if being demolished): **School**
Street Address **1200 Turnerville Road**			
City (5) **Pine Hill**	County (6) **Camden**	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) Epic Environmental Services, LLC	ASCM No. **N/A**		Name of Contractor (9) **Panoramic Window & Door Systems, Inc.**
Street Address **1930 Brown Road**			Street Address **712 Sergeantsville Road**
City, State, Zip Code **Newfield, NJ 08344**			City State, Zip Code **Stockton, NJ 08559**
Project Manager for Monitoring Firm **James Eberts**	Telephone Number 856-205-1077		Telephone Number **P (732)926-0900** License Number **01237**
Scheduled Start Date (10) **12/3/18**	Scheduled Completion Date (11) **12/4/18**		Name of OSHA Monitor **IAQ GURU LLC**
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒Abatement Performed Outside of Normal Facility Hours – 3:00-11:00pm Describe ☐Other – Describe:			Street Address **87 Main Street** City, State, Zip Code **Lincoln Park, NJ 07035**

Source of Work (Check all that apply)

☒ ≥ 3 sf or ≥ 3 lf ☒ Renovation ☐ Mini-Enclosure
☐ **≥ 160 sf or ≥ 260 lf** ☐ Demolition ☐Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES	NO	NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type: Remove	Repair	Encapsulate	Enclose
Exterior of School			☒	**Transite panels above Visitors Doorway**	**20 SF**	☒ ☒			

Name of Reg. Waste Hauler **Panoramic Window & Door Sys Inc**	NJDEP Waste Hauler ID # **0036057**	Cubic Yards of Waste	Name of Registered Landfill Chrin Brothers Sanitary Landfill
		Disposal Date	City, State Easton, PA
Completed by (Print or Type) **Mark M Jovic**	Title **Environmental Projects Manager**	Signature	Date **11/28/18**

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RECEIVED DEC 3 018 ASBESTOS CO TROL & LICENSI

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

Date of Notification (1): 11 / 2 / 18	Name of Building Owner/Operator (2): Borough of Stone Harbor Board of Education	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #____ ☐ Emergency (including justification) ☐ Cancellation	Street Address: 275 93rd Street City, State, Zip Code: Stone Harbor, NJ 08247 Name of Contact: Marc DeBlasio Telephone Number: 609-854-3311

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Stone Harbor Museum		Type of Facility (4): ☐ School (K12) ☐ Subchapter 8 (Other than K12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 235 93rd Street			
City (5): Stone Harbor		Square Feet: 2,000	# of Floors: 2 / Bld Age: 7
County (6): Cape May	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Museum	
Name of Monitoring Firm Hired by Building Owner (8): Environmental Testing Consultants, LLC	ASCM No.	Name of Abatement Contractor (9): Shade Environmental, LLC	
Street Address: 413 N. Black Horse Pike		Street Address: 623 Cutler Avenue	
City, State, Zip Code: Runnemede, NJ 08078		City, State, Zip Code: Maple Shade, NJ 08052	
Project Manager for Monitoring Firm: Heather McKeever	Telephone No.: 856-482-1311	Telephone No.: 856-755-0099	License No.: 00842
Start Date (10): 12 / 10 / 18	Scheduled Completion Date (11): 12 / 14 / 18	Name of OSHA Monitor: EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ 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)

☒ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ MiniEnclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
Exterior	☐	☒	☐	Transite Siding	2,000 SF	☒	☐	☐
	☐	☐	☐			☐	☐	☐
	☐	☐	☐			☐	☐	☐
	☐	☐	☐			☐	☐	☐

Name of Registered Waste Hauler: Freehold Cartage	NJDEP Waste Hauler ID No.: 15939	Cubic Yards of Waste: 20	Name of Registered Landfill: Cape May County Utilities Authority
City, State: Freehold, NJ		Disposal Date: 12/14/2018	City, State: Woodbine, NJ

Completed By (Print or Type): Christina Lynch	Title: Vice President of Operations	Signature:	Date: 11/26/18

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

RECEIVED DEC 3 2 8 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11/16/2018	Name of Building Owner/Operator (2): 673 South 21st Street LLC	
Agencies Notified: [x] EPA [x] DEP [x] DOL [x] DOH [ ] DCA	Type Notification: [ ] Initial [ ] Amended [ ] Amendment #_____ [ ] Emergency (including justification) [x] Cancellation	Street Address: 1420 E Linden Avenue City, State, Zip Code: Linden, NJ 07036 Name of Contact: Mr. Joseph Kahn (owner's rep) Telephone Number: (732) 597-2046

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Commercial Building		Type of Facility (4): [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [x] Other (i.e. private & commercial building, homes, etc.)
Street Address: 671 South 21st Street		
City (5): Irvington		Square Feet: 50,000 / # of Floors: 1 / Bldg. Age: 70
County (6): Essex	County Code (7) *(STATE USE ONLY)* _____	Current Use (Prior if being demolished): Warehouse Building
Name of Monitoring Firm Hired by Building Owner (8): TBD	ASCM No.	Name of Abatement Contractor (9): Sky Contracting, LLC
Street Address		Street Address: 1385 Valley Road, Suite K
City, State, Zip Code		City, State, Zip Code: Wayne, New Jersey 07470
Project Manager for Monitoring Firm	Telephone No.	Telephone No.: (973) 928-5040 / License No.: 00874
Start Date (10): 11/19/2018	Scheduled Completion Date (11): 12/15/2018	Name of OSHA Monitor: Sky Contracting, LLC
Occupancy Status During Abatement (Check Only One): [x] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours [ ] Other – Describe: _____		Street Address: 1385 Valley Road, Suite K City, State, Zip Code: Wayne, New Jersey 07470

Scope of Work (Check All That Apply)

[ ] ≥3 sf or ≥3 lf
[x] ≥160 sf or ≥260 lf

[x] Renovation
[ ] Demolition

[ ] Full Containment with Negative Pressure
[ ] Mini-Enclosure
[ ] Glovebag Procedure
[x] Non-Exempted (*) and Non-Friable Procedures

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

Name of Registered Waste Hauler: Service Transport Group, Inc.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste: TBD	Name of Registered Landfill: Minerva Enterprises, LLC
City, State: New Castle, Delaware		Disposal Date: TBD	City, State: Waynesburg, Ohio
Completed by: Predrag Sarcev	Title: Vice President	Signature:	Date: 11/16/2018

ASB-41 (R-06-08)

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RECEIVED DEC 2018

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

Date of Notification (1) 11-25-18	Name of Building Owner/Operator (2) EARTHTECH CONTRACTING
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address: 155 RT 50
	City, State, Zip Code: GREENFIELD NJ 08230
	Name of Contact: BRUCE — Telephone Number:

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address: [redacted]	
City (5): OCEAN CITY	Square Feet: 2000 — # of Floors: 2 — Bldg Age: 50+
County (6): CAPE MAY — County Code (7) (STATE USE ONLY):	Current Use (Prior if being demolished): VACANT
Name of Monitoring Firm Hired by Building Owner (8): N/A — ASCM No.:	Name of Abatement Contractor (9): KLEMCO INC
Street Address:	Street Address: 369 S SPRUCE ALE
City, State, Zip Code:	City, State, Zip Code: MAPLE SHADE NJ 08052
Project Manager for Monitoring Firm: — Telephone No.:	Telephone No.: 856-779-0472 — License No.: 01371
Start Date (10): 12-5-18 — Scheduled Completion Date (11): 12-15-18	Name of OSHA Monitor: N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address: City, State, Zip Code:

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☐ Renovation
☒ Demolition

☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
SIDING			X	TRANSITE	2500 SF	X		

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No.: 17904	Cubic Yards of Waste:	Name of Registered Landfill: C.M.C. M.U.A
City, State: MAPLE SHADE NJ		Disposal Date:	City, State: WOODBINE
Completed By: MICHAEL KLEMM	Title: SUP.	Signature:	Date: 11-25-18

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RECEIVED DEC 2018 ASBESTOS CONTROL & LICENSING

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

Date of Notification (1): 11-25-18

Name of Building Owner/Operator (2): TRANSFORMATION ENT

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

Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation

Street Address: 601 W. CLARKS LANDING RD

City, State, Zip Code: EGG HARBOR N.J 08218

Name of Contact: TOM

Telephone Number: 609-965-7498

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): RESIDENCE

Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)

Street Address: [redacted]

City (5): OCEAN CITY

Square Feet: 1500 # of Floors: 1 Building Age: 70+

County (6): CAPE MAY

County Code (7) (STATE USE ONLY):

Current Use (Prior if being demolished): VACANT

Name of Monitoring Firm Hired by Building Owner (8): N/A

ASCM No.:

Name of Abatement Contractor (9): KLEMCO INC.

Street Address: 369 S. SPRUCE AVE

City, State, Zip Code: MAPLE SHADE N.J 08052

Project Manager for Monitoring Firm:

Telephone No.:

Telephone No.: 856-779-0472

License No.: 0137

Start Date (10): 12-5-18

Scheduled Completion Date (11): 12-15-18

Name of OSHA Monitor: N/A

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☐ Other - Describe:

Street Address:

City, State, Zip Code:

Scope of Work (Check all that apply)
☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf
☐ Renovation
☒ Demolition
☐ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☒ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
SIDING			X	TRANSITE	2250 SF	X			

Name of Registered Waste Hauler: KLEMCO INC

NJDEP Waste Hauler ID No.: 17984

Cubic Yards of Waste: 70

Name of Registered Landfill: ACUA

City, State: MAPLE SHADE N.J.

Disposal Date:

City, State: PLEASANTVILLE N.J

Completed By: MICHAEL KLEMM

Title: SUPERVISOR

Signature:

Date: 11-25-18

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... form for asbestos licensure exempted activities.

CK#4681

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RECEIVED DEC 3 018 ASBESTOS CONTROL & LICENSING

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

Date of Notification (1) 11-25-18	Name of Building Owner/Operator (2) D. K. C CONTRACTORS
Agencies Notified: ☐ EPA ☐ DEP ☒ DOL ☒ DOH ☐ DCA	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
	Street Address 661 RT 9
	City, State, Zip Code CAPE MAY N.J 08204
	Name of Contact KIEZ / Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENCE	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private & commercial buildings, homes, etc.)
Street Address [redacted]	
City (5) WILDWOOD	Square Feet 1500 / # of Floors 2 / Bldg Age 2+
County (6) CAPE MAY / County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT
Name of Monitoring Firm Hired by Building Owner (8) N/A / ASCM No.	Name of Abatement Contractor (9) KLEMCO INC
Street Address	Street Address 369 S. SPRUCE AVE
City, State, Zip Code	City, State, Zip Code MAPLE SHADE N.J 0052
Project Manager for Monitoring Firm / Telephone No.	Telephone No. 856-779-0472 / License No. 01371
Start Date (10) 12-5-18 / Scheduled Completion Date (11) 12-15-18	Name of OSHA Monitor N/A
Occupancy Status During Abatement (Check only one): ☒ Facility Closed/Vacated During Entire Period of Abatement ☐ Abatement Performed Outside of Normal Facility Hours ☐ Other - Describe:	Street Address / City, State, Zip Code

Scope of Work (Check all that apply): ☐ ≥3 sf or ≥3 lf ☒ >160 sf or ≥260 lf ☐ Renovation ☒ Demolition ☐ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
SIDING			X	TRANSITE	2750 SF	X		

Name of Registered Waste Hauler: KLEMCO INC	NJDEP Waste Hauler ID No. 17904	Cubic Yards of Waste 2 YDS	Name of Registered Landfill: C.M.C.M.U. 4
City, State: MAPLE SHADE N.J		Disposal Date	City, State: WOODBINE
Completed By: MICHAEL KLEMM	Title: SUP.	Signature: [signature]	Date: 11-25-18

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

RECEIVED DEC 3 018 ASBESTOS CON ROL & LICENSIN

Date of Notification (1): 11 / 1 / 18	Name of Building Owner/Operator (2): Verizon	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #1-11/28/18 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 15 East Montgomery Place, Lower Level
		City, State, Zip Code: Pittsburgh, PA 15212
		Name of Contact: Anthony Porta — Telephone Number: 412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Cedarville C.O.		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 89 Maple Avenue			
City (5): Cedarville		Square Feet	# of Floors / Bld Age
County (6): Cumberland	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Office	
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 8436 Enterprise Ave		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Philadelphia, PA 19153		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Mark Jenkins	Telephone No.: 215-365-5810	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 12 / 3 / 18	Scheduled Completion Date (11): 12 / 7 / 18	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/5:00PM-1:30AM		Street Address: 1123 BEAVER STREET; City, State, Zip Code: BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
1st Floor Generator Room	☐	☒	☐	Floor tile and mastic	160 SF	☒	☐	☐
1st Floor Outside Generator Room	☐	☒	☐	Floor tile and mastic	14 SF	☒	☐	☐
1st Floor New Generator Area	☐	☒	☐	Floor tile and mastic	200 SF	☒	☐	☐
1st Floor generator room	☐	☒	☐	Vibration Cloth	2 SF	☒	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: YARDLEY, PA 19067		Disposal Date	City, State: WAYNESBURG, OH 44688
Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro / jl	Date: 11/28/18

ASB-41
MAY 11 B 518126

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

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT

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

RECEIVED DEC 3 20 ASBESTOS CONTR LICENSING

Date of Notification (1): 11 / 1 / 18	Name of Building Owner/Operator (2): Verizon	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #1-11/28/18 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 15 East Montgomery Place, Lower Level
		City, State, Zip Code: Pittsburgh, PA 15212
		Name of Contact: Anthony Porta — Telephone Number: 412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Cedarville C.O.		Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 89 Maple Avenue		Square Feet / # of Floors / Bldg Age
City (5): Cedarville		
County (6): Cumberland	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Office
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.
Street Address: 8436 Enterprise Ave		Street Address: 1123 BEAVER STREET
City, State, Zip Code: Philadelphia, PA 19153		City, State, Zip Code: BRISTOL, PA 19007
Project Manager for Monitoring Firm: Mark Jenkins	Telephone No.: 215-365-5810	Telephone No.: 215-788-6040 — License No.: 00509
Start Date (10): 12 / 3 / 18	Scheduled Completion Date (11): 12 / 7 / 18	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ___AM-___PM/5:00PM-1:30AM		Street Address: 1123 BEAVER STREET — City, State, Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply): ☐ ≥3 sf or ≥3 lf ☒ ≥160 sf or ≥260 lf ☒ Renovation ☐ Demolition ☒ Full Containment with Negative Pressure ☐ Mini-Enclosure ☐ Glovebag Procedure ☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Repair	Encapsulate	Enclosure
1st Floor Electrical Area	☐	☒	☐	Floor tile and mastic	65 SF	☒	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐
	☐	☐	☐			☐	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: YARDLEY, PA		Disposal Date	City, State: WAYNESBURG, OH 44688

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro / jl	Date: 11/8/18

ASB-41 MAY 11 B 51 8/2

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

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Chk #34 4

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

RECEIVED DEC 3 18 ASBESTOS CONTROL & LICENSING

Date of Notification (1): 11 / 1 / 18	Name of Building Owner/Operator (2): Verizon
Agencies Notified: ☒ EPA 9731 ☒ DOLWD 9786 ☒ DHSS 9779 ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☐ Amended Amendment #_____ ☐ Emergency (including justification) ☐ Cancellation
Street Address: 15 East Montgomery Place, Lower Level	
City, State, Zip Code: Pittsburgh, PA 15212	
Name of Contact: Anthony Porta	Telephone Number: 412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Cedarville C.O.	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 89 Maple Avenue	
City (5): Cedarville	Square Feet / # of Floors / Bldg Age
County (6): Cumberland	County Code (7)(STATE USE ONLY) / Current Use (Prior if being demolished): Office
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management	ASCM No.
Street Address: 8436 Enterprise Ave	
City, State, Zip Code: Philadelphia, PA 19153	
Project Manager for Monitoring Firm: Mark Jenkins	Telephone No.: 215-365-5810
Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1123 BEAVER STREET	
City, State, Zip Code: BRISTOL, PA 19007	
Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 11 / 26 / 18	Scheduled Completion Date (11): 11 / 30 / 18
Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/5:00PM-1:30AM	Street Address: 1123 BEAVER STREET City, State, Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
1st Floor Generator Room	☐	☒	☐	Floor tile and mastic	160 SF	☒	☐	☐
1st Floor Outside Generator Room	☐	☒	☐	Floor tile and mastic	14 SF	☒	☐	☐
1st Floor New Generator Area	☐	☒	☐	Floor tile and mastic	200 SF	☒	☐	☐
1st Floor generator room	☐	☒	☐	Vibration Cloth	2 SF	☒	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: YARDLEY, PA 19067		Disposal Date	City, State: WAYNESBURG, OH 44688

Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro /gk	Date: 11-1-18

ASB-41
MAY 11 BS18126

* 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 DEC 2018 ASBESTOS CONTROL LICENSING

Date of Notification (1): 11 / 1 / 18	Name of Building Owner/Operator (2): Verizon
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DHSS ☐ DCA (NJAC 5:23-8)	Type Notification: [X] Initial [ ] Amended Amendment #_____ [ ] Emergency (including justification) [ ] Cancellation
	Street Address: 15 East Montgomery Place, Lower Level
	City, State, Zip Code: Pittsburgh, PA 15212
	Name of Contact: Anthony Porta — Telephone Number: 412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Cedarville C.O.	Type of Facility (4): ☐ School (K-12) ☐ Subchapter 8 (Other than K-12) ☒ Other (i.e., private and commercial buildings, homes, etc.)
Street Address: 89 Maple Avenue	
City (5): Cedarville	Square Feet / # of Floors / Bldg Age
County (6): Cumberland — County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Office
Name of Monitoring Firm Hired by Building Owner (8): USA Environmental Management — ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.
Street Address: 8436 Enterprise Ave	Street Address: 1123 BEAVER STREET
City, State, Zip Code: Philadelphia, PA 19153	City, State, Zip Code: BRISTOL, PA 19007
Project Manager for Monitoring Firm: Mark Jenkins — Telephone No. 215-365-5810	Telephone No. 215-788-6040 — License No. 00509
Start Date (10): 11 / 26 / 18 — Scheduled Completion Date (11): 11 / 30 / 18	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC.
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/5:00PM-1:30AM	Street Address: 1123 BEAVER STREET; City, State, Zip Code: BRISTOL, PA 19007

Scope of Work (Check all that apply)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
1st Floor Electrical Area	☐	☒	☐	Floor tile and mastic	65 SF	☒	☐	☐
	☐	☐	☐			☐	☐	☐
	☐	☐	☐			☐	☐	☐
	☐	☐	☐			☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: YARDLEY, PA		Disposal Date	City, State: WAYNESBURG, OH 44688
Completed By (Print or Type): Brian Scafiro	Title: Estimator	Signature: Brian Scafiro/Jr	Date: 11-1 18

ASB-41 MAY 11 BS18126

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

NO CK

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

RECEIVED DEC 3 20 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9 / 1 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #3-11/28/18 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 175 Broadway	
		City, State, Zip Code: Hillsdale, NJ 07642	
		Name of Contact: Renzo Contreras	Telephone Number: 973-951-0542

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Westwood C.O.		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 175 Broadway			
City (5): Hillsdale		Square Feet: 32,775	# of Floors: 3 / Bldg Age: +
County (6): Hillsdale	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1253 North Church Street		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 11 / 28 / 18 ***	Scheduled Completion Date (11): 11 / 29 / 18 ***	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
Basement Boiler Room	☐	☐	☒	Exterior Boiler Insulation	90 SF	☒	☐	☐
Basement Boiler Room	☐	☐	☒	Duct Insulation	90 SF	☒	☐	☐
Basement Boiler Room	☐	☐	☒	Pipe Fittings	60 LF	☒	☐	☐
Basement Boiler Room	☐	☐	☒	Pipe Insulation	315 LF	☐	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: NEW CASTLE, DE		Disposal Date: TBD	City, State: WAYNESBURG, OH
Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro /jl	Date: 11/28/1

ASB-41 00180 79

* Do not use this form for asbestos licensure, example, demolition

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

RECEIVED DEC 3 2018 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.	
Agencies Notified ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification ☒ Initial ☒ Amended Amendment #3-11/28/18 ☐ Emergency (including justification) ☐ Cancellation	Street Address 175 Broadway	
		City, State, Zip Code Hillsdale, NJ 07642	
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 175 Broadway			
City (5) Hillsdale		Square Feet 32,775	# of Floors 3 / Bldg Age 60
County (6) Hillsdale	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Kris Smith	Telephone No. 609-313-8218	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 11 / 28 / 18	Scheduled Completion Date (11) 11 / 29 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
Basement Power Room	☐	☐	☒	VAT/Mastic	2,200 SF	☒	☐	☐
HSB Area	☐	☐	☒	VAT/mastic	288 SF	☒	☐	☐
Pad Area	☐	☐	☒	VAT/mastic	1760 SF	☒	☐	☐
Meter Room	☐	☐	☒	VAT/Mastic	135 SF	☒	☐	☐

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillon DeCaro / jl	Date 11/2 /18

ASB-41 nn 18 nta

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

RECEIVED DEC 3 2018 LICENSING

Date of Notification (1): 9 / 1 / 18	Name of Building Owner/Operator (2): Verizon Westwood C.O.	
Agencies Notified: ☒ EPA ☒ DOLWD ☒ DOH ☐ DCA (NJAC 5:23-8)	Type Notification: ☒ Initial ☒ Amended Amendment #3-11/28/18 ☐ Emergency (including justification) ☐ Cancellation	Street Address: 175 Broadway City, State, Zip Code: Hillsdale, NJ 07642 Name of Contact: Renzo Contreras Telephone Number: 973-951-0542

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3): Verizon Westwood C.O.		Type of Facility (4): ☒ School (K-12) ☐ Subchapter 8 (Other than K-12) ☐ Other (i.e., private and commercial buildings, homes, etc.)	
Street Address: 175 Broadway			
City (5): Hillsdale		Square Feet: 32,775	# of Floors: 3 / Bld Age: + 0
County (6): Hillsdale	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished): Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8): TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9): BRISTOL ENVIRONMENTAL, INC.	
Street Address: 1253 North Church Street		Street Address: 1123 BEAVER STREET	
City, State, Zip Code: Moorestown, NJ 08057		City, State, Zip Code: BRISTOL, PA 19007	
Project Manager for Monitoring Firm: Kris Smith	Telephone No.: 609-313-8218	Telephone No.: 215-788-6040	License No.: 00509
Start Date (10): 11 / 28 / 18	Scheduled Completion Date (11): 11 / 29 / 18	Name of OSHA Monitor: BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one): ☐ Facility Closed/Vacated During Entire Period of Abatement ☒ 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)

☐ ≥3 sf or ≥3 lf
☒ ≥160 sf or ≥260 lf

☒ Renovation
☐ Demolition

☒ Full Containment with Negative Pressure
☐ Mini-Enclosure
☐ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12) Yes	No	N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type: Removal	Encapsulate	Enclosure
Basement Sprinkler Room	☐	☐	☒	VAT/Mastic	60 SF	☒	☐	☐
Basement Diesel Room	☐	☐	☒	VAT/mastic	720 SF	☒	☐	☐
Hallway Power Room	☐	☐	☒	VAT/mastic	200 SF	☒	☐	☐
Stairwell Landing	☐	☐	☒	VAT/Mastic	81 SF	☒	☐	☐

Name of Registered Waste Hauler: SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No.: 20990	Cubic Yards of Waste	Name of Registered Landfill: MINERVA LANDFILL
City, State: NEW CASTLE, DE		Disposal Date: TBD	City, State: WAYNESBURG, OH
Completed By (Print or Type): Dillan DeCaro	Title: Estimator	Signature: Dillan DeCaro / jl	Date: 11/28/18

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