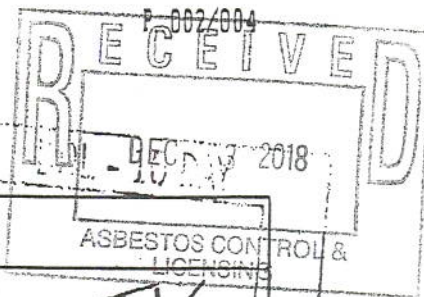


NOV/30/2018/FR1 03:15 PM Delta/BJDS

FAX No. 215-332-1316

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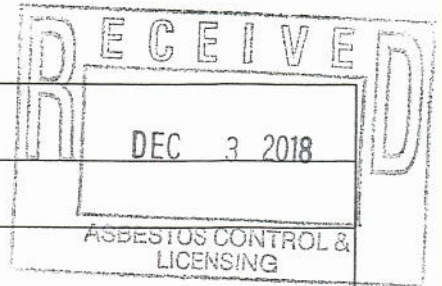
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 8:16)

Date of Notification (1) 11 / 10 / 2018		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	
Street Address 1000 ROUTE 202		City, State, Zip Code Raritan, NJ	
Name of Contact Harold Marsan		Telephone Number 908 827-6912	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC		Type of Facility (4) <input type="checkbox"/> School K-12 <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1000 ROUTE 202		Square Feet	
City (5) RARITAN		# of Floors	
County (6) Hunterdon		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Environmental Health Investigations		Name of Abatement Contractor (8) 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 18936	
Project Manager for Monitoring Firm Telephone No. 873 729-5649		Telephone No. 215 322-2900	
Start Date (10) 12 / 04 / 2018		License No. 00783	
Scheduled Completion Date (11) 12 / 18 / 2018		Name of OSHA Monitor N/A	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Street Address	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) (13) TO BE ABATED IN FACILITY		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. 20090	
City, State 58 Pyles Lane New Castle DE		Cubic Yards of Waste Type text here Disposal Date Waynesburg, Ohio	
Completed By (Print or Type) Christine Del Viscio		Title Asst. Admin	
Signature Christine Del Viscio		Date 11-30-2018	

A58-41
JAN 13

* 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)

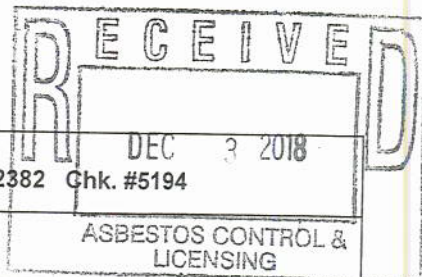


Date of Notification (1) 11 / 30 / 2018		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202					
	City, State, Zip Code Raritan, NJ						
	Name of Contact Harold Marsan						
	Telephone Number 908 927-6912						
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1000 ROUTE 202		Square Feet # of Floors Bldg. Age					
City (5) RARITAN							
County (6) Hunterdon		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		Name of Abatement Contractor (9) Delta/BJDS, Inc					
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd					
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966					
Project Manager for Monitoring Firm Telephone No. 973 729-5649		Telephone No. 215 322-2900 License No. 00783					
Start Date (10) 12 / 04 / 2018		Scheduled Completion Date (11) 12 / 18 / 2018					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Name of OSHA Monitor N/A					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
3rd fl Bldg B Room B339E	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Ceiling Tiles	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Fl Bldg B	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Interior Window panel caulking	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 		Date 11-30-2018	

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

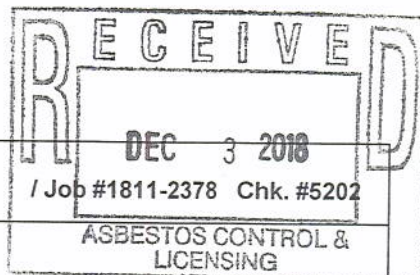


Date of Notification (1) 11 / 30 / 18		Name of Building Owner/Operator (2) Louise Rzepka / Job #1811-2382 Chk. #5194					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	Street Address [REDACTED]					
	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) Trenton		Square Feet 1,113	# of Floors 2				
County (6) Mercer	County Code (7) (STATE USE ONLY)	Bldg. Age 105					
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) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM	Street Address 200 U.S. Route 130 North						
	City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	64 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 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 [Signature]	Date 11/30/18				

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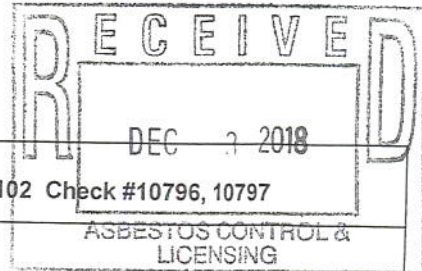
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 11 / 27 / 18		Name of Building Owner/Operator (2) Turnkey 131 Kings Highway, LLC		DEC 3 2018 / Job #1811-2378 Chk. #5202	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 131 Kings Highway			Square Feet 4,800		
City (5) Haddonfield			# 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	
Start Date (10) 12 / 17 / 18		Scheduled Completion Date (11) 12 / 28 / 18		License No. 00862	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Name of OSHA Monitor EMSL Analytical, Inc.	
				Street Address 200 U.S. Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A		Amount (Specify SF or LF)	
2 nd Floor		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor tile 2,880 SF	
1 st Floor		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floor tile/Mastic 2,480/2,250 SF	
5 Locations		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Duct Vibration Cloth 5 SF	
2 nd Floor		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Ceiling Material 2,000 SF	
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
City, State Lafayette, NJ		Disposal Date 12/28/18		Name of Registered Landfill Grand Central	
Completed By (Print or Type) Kaysi Gruner		Title Admin. Asst.		Signature 	
				Date 11/30/18	

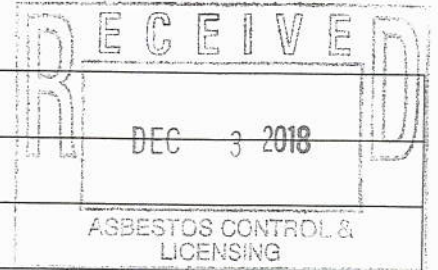
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



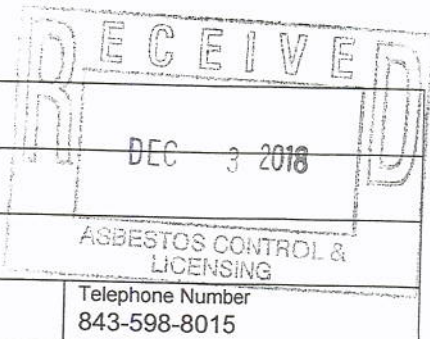
Date of Notification (1) 11 / 29 / 18		Name of Building Owner/Operator (2) Cresskill School District/ Job #1810-5102 Check #10796, 10797	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1 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) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1 Lincoln Drive		Square Feet	# of Floors
City (5) Cresskill, NJ		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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 200 Route 130 North	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		City, State, Zip Code Cinnaminson, NJ 08077	
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Room 102	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room 102	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room 203	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Room 203	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40
City, State Lumberton, NJ		Name of Registered Landfill G.R.O.W.S. Landfill	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature <i>Gwendolyn Trumbetti</i>
		Date 11-29-18	

State of New Jersey

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


Date of Notification (1) 10-26-18		Name of Building Owner/Operator (2) PSEG	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1401 Klockner Rd		Square Feet N/A	
City (5) Hamilton		# of Floors N/A	
County (6) Mercer		Bldg. Age N/A	
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	
Street Address N/A		Name of Abatement Contractor (9) WRS Environmental Services, Inc.	
City, State, Zip Code N/A		Street Address 17 Old Dock Rd	
Project Manager for Monitoring Firm N/A		City, State, Zip Code Yaphank, NY 11980	
Telephone No. N/A		Telephone No. 631-924-8111	
License No. 01136		Name of OSHA Monitor WRS Environmental Services, Inc.	
Start Date (10) 11-05-18		Scheduled Completion Date (11) 12-23-18	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Electrical circuit cabinet		Street Address 17 Old Dock Rd	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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	roof	1175 SF	x
Control House	Transite based panels	300 SF	x
Oil House	Door caulk	10 lf	x
Oil House	Exterior Window caulk	120 lf	x
Name of Registered Waste Hauler		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		Signature Raymond Tutiven	
Completed by Raymond Tutiven		Date 10-26-18	

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



Date of Notification (1) 10-26-18		Name of Building Owner/Operator (2) PSEG					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Name of Facility Where Abatement is Taking Place (3) PSEG Trenton		Street Address 4000 Hadley Rd. City, State, Zip Code South Plainfield NJ Name of Contact Damond Speights Telephone Number 843-598-8015					
FACILITY INFORMATION							
Street Address 1401 Klockner Rd		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
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 N/A	ed 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 Yaphank, NY 11980				
City, State, Zip Code N/A	Telephone No. N/A		License No. 01136				
Project Manager for Monitoring Firm N/A	Scheduled Completion Date (11) 12-23-18		Name of OSHA Monitor WRS Environmental Services, Inc.				
Start Date (10) 11-05-18	Street Address 17 Old Dock Rd		City, State, Zip Code Yaphank, NY 11980				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Electrical circuit cabinet	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf							
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			
				Removal	Repair	Encapsulate	Enclosure
Oil House	Yes	No	N/A				
Oil House			roof	610 SF	x		
Oil House			Flashing	200SF	x		
Oil House			Exterior ledge Plaster	500 lf	x		
Control House			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 <i>Raymond Tutiven</i>	Date 10-26-18				

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

CHK # 3474

Date of Notification (1) 11 / 29 / 18		Name of Building Owner/Operator (2) The College of New Jersey		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 3 2018 <small>PHASE II CONTROL & LICENSING</small> </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 2000 Pennington Rd.	
		City, State, Zip Code Ewing, NJ 08628				Name of Contact Amanda Radosti	
<div style="text-align: center;">FACILITY INFORMATION</div>							
Name of Facility Where Abatement is Taking Place (3) TCNJ-Green Hall		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2000 Pennington Rd.		Square Feet 66,000		# of Floors 2	Bldg. Age 88		
City (5) Ewing		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
County (6) MERCER		Name of Monitoring Firm Hired by Building Owner (8) Pennoni Associates, Inc.		ASCM No. 00102			
Street Address 515 Grove St., Suite 1E		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
City, State, Zip Code Haddon Heights, NJ 08035		Street Address 1123 BEAVER STREET					
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-656-2944		Telephone No. 215-788-6040			
Start Date (10) 12 / 20 / 18		Scheduled Completion Date (11) 12 / 31 / 18		License No. 00509			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/3:30PM-12:00AM *		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) 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)			
		Yes No N/A		Amount (Specify SF or LF)			
Suite 206		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Tar paper 154 SF			
Suite 206		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Floor leveler 800 SF			
Suite 206		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Pipe Insulation 100 LF			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					
Name of Registered Waste Hauler BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste			
City, State BRISTOL, PA 19007		Disposal Date		Name of Registered Landfill FAIRLESS LANDFILL			
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / JS			
				Date 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)

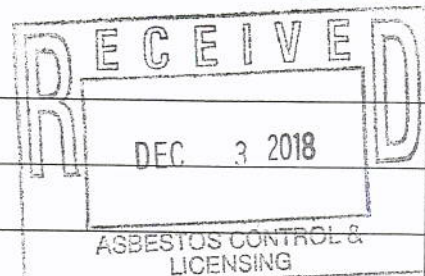


Date of Notification (1) 11 / 30 / 18		Name of Building Owner/Operator (2) Metro Real Estate Companies	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 169 Minnisink Road		Square Feet	
City (5) Totowa		# of Floors	
County (6) Passaic		Bldg. Age	
		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Bio Terra Solutions		Current Use (Prior if being demolished)	
Street Address P.O. Box 1224		Hired by Building Owner (8) ASCM No.	
City, State, Zip Code Union, NJ		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Project Manager for Monitoring Firm Rick Eustaquio		Street Address 27 Outwater Lane	
Start Date (10) 09 / 04 / 18		City, State, Zip Code Garfield, NJ 07026	
Scheduled Completion Date (11) 12 / 19 / 18		Telephone No. 973-928-4888	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		License No. 1188	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Street Address 27 Outwater Lane	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code Garfield, NJ 07026	
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	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation - Wrap & Cut	50 LF
Meese Building	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation - Wrap & Cut	50 LF
Behind Meese Building	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Transite Pipe	80 LF
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		
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 <i>Allen Monchik</i>	Date 11/30/18

CK 1787

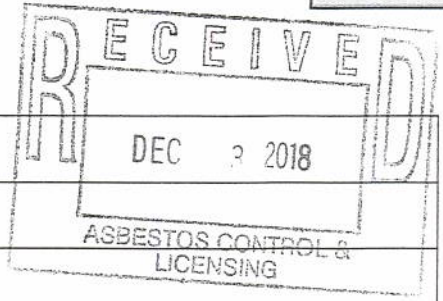
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/28/18		Name of Building Owner/Operator (2) Joseph Cipoletti							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Name of Facility Where Abatement is Taking Place (3) Residential Home		Street Address [REDACTED] City, State, Zip Code Saddle Brook, NJ 07663 Name of Contact Joseph Cipoletti Telephone Number							
FACILITY INFORMATION									
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Saddle Brook	County (6) Bergen	Square Feet 1900 County Code (7) (STATE USE ONLY)	# of Floors 2 Bldg. Age 70 +/- 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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.			Street Address City, State, Zip Code						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		x		Pipe 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		

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

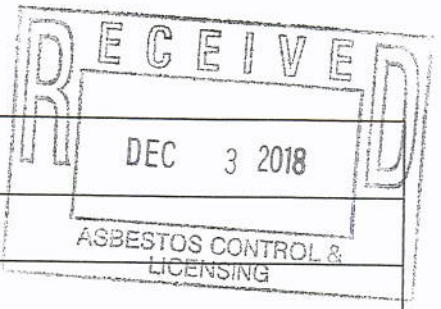


Date of Notification (1) 11-29-18		Name of Building Owner/Operator (2) PSEG					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 206 Van Winkle St		Square Feet N/A	# of Floors N/A				
City (5) East Rutherford		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				
Start Date (10) 12-18-18		Scheduled Completion Date (11) 01-18-19	License No. 01136				
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Electrical circuit cabinet		Name of OSHA Monitor WRS Environmental Services, Inc.					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) 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		door caulk	15 LF	<input checked="" type="checkbox"/>			
Control House		roof caulk	5 LF	<input checked="" type="checkbox"/>			
Control House		plaster roof	11 SF	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Veolia ES Technical Solutions		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 <i>Raymond Tutiven</i>	Date 11-29-18			

CK1471

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

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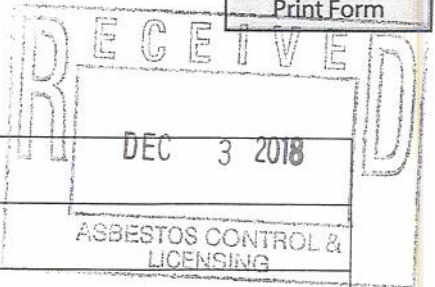


Date of Notification (1) 11 / 28 / 18		Name of Building Owner/Operator (2) Pine Hill Board of Education					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 1200 Turnersville Road		Square Feet	# of Floors				
City (5) Pine Hill		Bldg. Age					
County (6) Camden		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC					
Street Address P.O. Box 1224		Street Address 27 Outwater Lane					
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026					
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188				
Start Date (10) 12 / 07 / 18		Scheduled Completion Date (11) 12 / 31 / 18					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Name of OSHA Monitor ALL PRO MANAGEMENT LLC					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
	Exterior			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Window Caulking	608 LF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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 <i>Allen Monchik</i>		Date 11/28/18		

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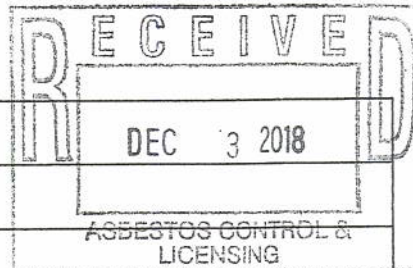
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11-26-18		Name of Building Owner/Operator (2) Omega Environmental Services		DEC 3 2018			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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)					
Street Address 50 Route 46		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) 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)				Street Address 17 Old Dock Rd			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Exterior / construction area				City, State, Zip Code Yaphank, NY 11980			
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Parking lot	Yes No N/A	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 <i>Raymond Tutiven</i>	Date 11-26-18			

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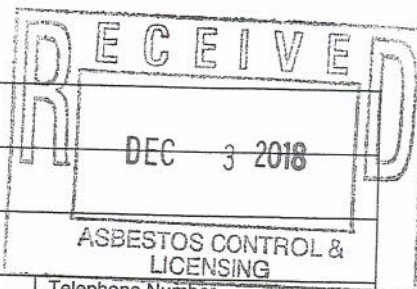
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



CK628

Date of Notification (1) 11/27/2018		Name of Building Owner/Operator (2) Almian INC		DEC 3 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 480 Johnston Avenue		Square Feet N/A		# of Floors N/A	
City (5) Jersey City		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) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 89 FRANKLIN STREET		City, State, Zip Code PATERSON, NJ, 07524	
Scope of Work (Check All that Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
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	
City, State Paterson, NJ		Disposal Date TBD		Name of Registered Landfill Tri State Transfer	
Completed by Victor Espiritu		Title Project Manager		Signature <i>Victor Espiritu</i> Date 11/27/2018	

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



Date of Notification (1) 11/21/2018		Name of Building Owner/Operator (2) La Casa Don Pedro		ASBESTOS CONTROL & LICENSING Telephone Number 973-485-0701			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 317 Roseville Avenue City, State, Zip Code Newark, NJ, 07107 Name of Contact Chris	
Name of Facility Where Abatement is Taking Place (3) PRIVATE HOUSE		FACILITY INFORMATION Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet N/A # of Floors N/A Bldg. Age N/A Current Use (Prior if being demolished) PRIVATE					
Street Address [REDACTED]		County Code (7) (STATE USE ONLY)		Name of Abatement Contractor (9) EHW ABATEMENT LLC			
City (5) Newark		County (6) Essex		Street Address 89 FRANKLIN STREET			
Name of Monitoring Firm N/A		ASCM No.		City, State, Zip Code PATERSON, NJ, 07524			
Street Address		Telephone No.		Telephone No. 973-333-5144 License No. 01274			
City, State, Zip Code		Scheduled Completion Date (11) 11/27/2018		Name of OSHA Monitor EHW ABATEMENT LLC			
Project Manager for Monitoring Firm		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 89 FRANKLIN STREET			
Start Date (10) 11/26/2018		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code PATERSON, NJ, 07524			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		Abatement Type Removal Repair Encapsulate Enclosure X		Amount (Specify SF or LF) 60LF			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) BASEMENT		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) PIPE INSULATION		Amount (Specify SF or LF) 60LF			
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095		Cubic Yards of Waste N/A			
City, State PATERSON, NJ		Disposal Date TBD		Name of Registered Landfill Tri State Transfer			
Completed by Victor Espiritu		Title Project Manager		Signature [Signature] Date 11/21/2018			

PAID

Check # 9010

Date of Notification (1)

11/16/2018

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

Kris Blood

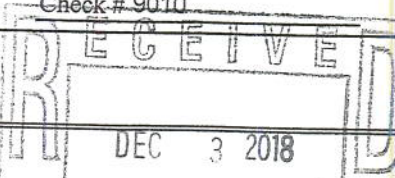
Street Address

City, State, Zip Code

Ridgewood, NJ 07450

Name of Contact

Kris Blood



ASBESTOS CONTROL & LICENSING

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Kris Blood

Street Address

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

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

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

12/06/2018

Sched. Completion Date (11)

12/08/2018

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: 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)

basement

Is location normally used solely by maintenance/custodial staff (12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

VAT/matic

Amount (Specify SF or LF)

650 sf

Remove

Repair

Encap

Encl

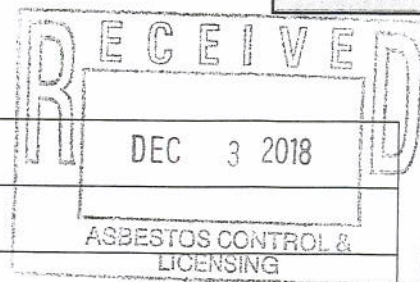
☒☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
8Name of Registered Landfill
Grand Central LandfillCity, State
Lincoln Park, NJDisposal Date
12/08/2018City, State
Pen Argyle, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date
11/26/2018

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) The Chemours Company		Street Address 1007 Market Street		City, State, Zip Code Wilmington, DE 19899		Name of Contact Jim Lacey		Telephone Number 856-540-2394	
Agencies Notified		Type of Notification		FACILITY INFORMATION							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #01 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Facility Where Abatement is Taking Place (3) Chemours Chamber Works Facility - Bldg 85 Machine Shop				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address Canal Road		City (5) Deepwater		County (6) Salem		County Code (7) (STATE USE ONLY)		Square Feet 18,000		# of Floors 1	
Name of Monitoring Firm Harvard Environmental Inc.		ASCM No.		Name of Abatement Contractor (9) Brandenburg Industrial Service Company		Street Address 2217 Spillman Drive		City, State, Zip Code Bethlehem, PA 18015		Bldg. Age 35+	
Street Address 760 Pulaski Highway		City, State, Zip Code Bear, DE 19701		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		Street Address 2217 Spillman Drive		City, State, Zip Code Bethlehem PA 18015			
Occupancy Status During Abatement (Check Only One)		During Entire Period of Abatement		Outside of Normal Facility Hours		Other - Describe: DEMO - 11/30/18-04/30/19					
<input checked="" type="checkbox"/> Facility Closed/Vacated <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: DEMO		<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Scope of Work (Check All That Apply)		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			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)											
B 85				Pipe Insulation		200 LF		x			
B 85				Fire Doors		1 EA		x			
B 85				Gaskets		80 EA		x			
B 85				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 Alloway Twntship/Deepwater NJ			
City, State Bethlehem, PA		Disposal Date 10/28/18-1/23/19		Signature 		Date 11/29/2018					
Completed by Stephen Carne		Title Environmental Manager									

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



CK010007

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

Print Form

RECEIVED

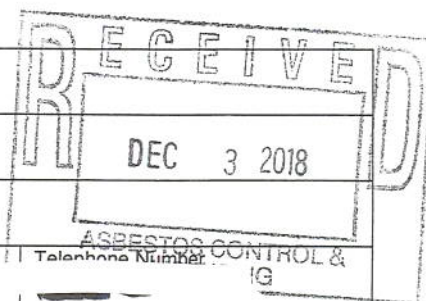
DEC 3 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11-08-18		Name of Building Owner/Operator (2) PSEG							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
	Street Address 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	ASCN 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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Electrical circuit cabinet		Street Address 17 Old Dock Rd							
		City, State, Zip Code Yaphank, NY 11980							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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	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 <i>Raymond Tutiven</i>			Date 11-08-18			

Check # 25736

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

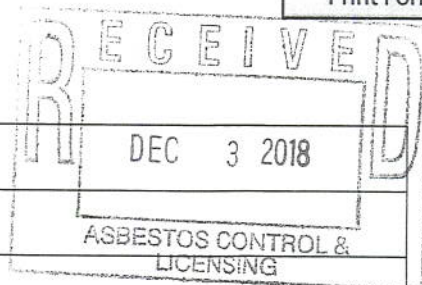


Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Bickford	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED]
	City, State, Zip Code Hamilton, NJ 08619		Name of Contact Garrett Bickford
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2400	# of Floors 2
City (5) Hamilton, NJ 08619		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	License No. 00493
Start Date (10) 12/10/2018		Scheduled Completion Date (11) 12/31/2018	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO Box 341	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement		X	VAT
Kitchen		X	Vinyl Sheet Flooring
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 [Signature]	Date 11/29/2018

CK25738

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

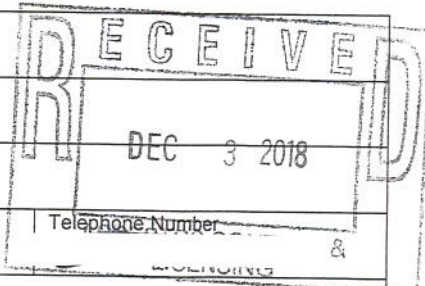


Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Thoft							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code 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)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) 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)		Street Address PO Box 341							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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		

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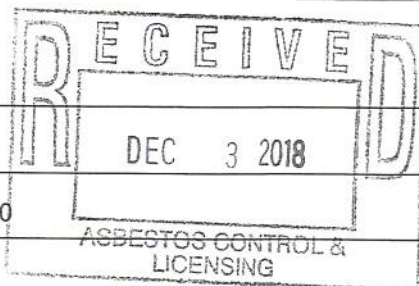
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60 and 12:120)

Check # 25737

Date of Notification (1) 11/29/2018		Name of Building Owner/Operator (2) Burke			
Agencies Notified		Type Notification			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation			
Street Address		Street Address		City, State, Zip Code	
City (5)		Name of Contact		Telephone Number	
County (6)		Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address		City, State, Zip Code		Current Use (Prior if being demolished)	
City, State, Zip Code		Square Feet		# of Floors	
Project Manager for Monitoring Firm		Telephone No.		License No.	
Start Date (10)		Scheduled Completion Date (11)		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address		City, State, Zip Code	
Scope of Work (Check All That Apply)		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)	
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Amount (Specify SF or LF)		Abatement Type	
1st Floor		100 lf		Removal	
2nd Floor		16 lf		Repair	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	
City, State		Disposal Date		City, State	
Completed by		Title		Signature	
Date		Project Manager		Date	

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



CK 6251

Date of Notification (1)
November 30, 2018

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

Name of Facility Where Abatement is Taking Place (3)
No Name

Street Address
160 Dulty's Lane

City (5)
Burlington Township

County (6)
Burlington

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

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Start Date (10)
12/15/18

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

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
Near Driveway			X	Transite drain pipe	200 LF	X			

Name of Registered Waste Hauler
Waste Management

City, State
Trenton, NJ

Completed by
Jack Bally

Name of Registered Waste Hauler
NJDEP Waste Hauler ID No.

Cubic Yards of Waste
6

Disposal Date
TBD

Name of Registered Landfill
GROWS / Fairless Hills

City, State
Morrisville, PA

Title
Sr. Project Manager

Signature
Jack Bally

Date
11/30/18

Name of Building Owner/Operator (2)
Liberty Property Limited Partnership

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

Type of Facility (4)

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

Square Feet
0

of Floors
0

Bldg. Age
N/A

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
Commercial

Name of Abatement Contractor (9)
ecoservices, LLC

Street Address
303 B National Road

City, State, Zip Code
Exton, PA 19341

Telephone No.
484-872-8884

License No.
01161

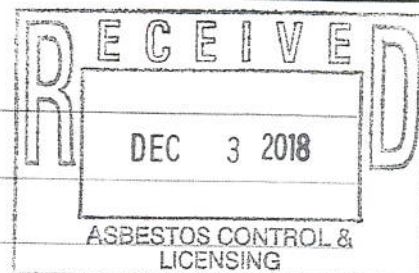
Scheduled Completion Date (11)
12/15/18

Name of OSHA Monitor
EMSL

Street Address
200 Route 130 North

City, State, Zip Code
Cinnaminson, NJ

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



Date of Notification (1)

11/25/18

Agencies Notified

☒ EPA
☒ DEP
☐ DOL

☐ DOH
☐ DCA

Type Notification

☒ Initial
☐ Amended
☐ Amendment #
☐ Emergency (including justification)
☐ Cancellation

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

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

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.) **Hospital**

Square Feet

of Floors

Bldg. Age

10

1968

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

hospital

Name of Monitoring Firm Hired by Building Owner (8)

Environmental Consulting Group, LLC

ASCM No.

Name of Abatement Contractor (9)

Gotham Abt Corp

Street Address

71 Arch Street

Street Address

3210 68th St

City, State, Zip Code

Paterson, NJ, 07522

City, State, Zip Code

Woodside - NY 11377

Project Manager for Monitoring Firm

Fernando Villa

Telephone No.

973-418-4036

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

Occupancy Status During Abatement (Check Only One)

☐ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours
☒ Other - Describe: regular hours 8:00am to 4:30pm

Street Address

299 Market Street, Suite 470

City, State, Zip Code

Saddle Brook, NJ, 07663

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

Pipe Insulation

TSI

100LF

✓

Name of Registered Waste Hauler

Newark Carting, Inc.

City, State

609 N Union Ave, Hillsdale, NJ 07205

NJDEP Waste

Hauler ID No.

04509

Cubic Yards
of Waste

40

Name of Registered Landfill

GROWS Landfill

Disposal Date

12/11/18

City, State

1513 Bordentown Rd, Morrisville, PA 19067

Completed by

Ketsy Rodriguez

Title

Representative

Signature

Date

11/29/18

Pg 4

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

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-11/28/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 175 Broadway		Square Feet 32,775						
City (5) Hillsdale		# of Floors 3						
County (6) Hillsdale		Bldg. Age +50						
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		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						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: PM 5:00 PM - 2:00 AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) 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			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Basement AC Room 2			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 <i>Dillan DeCaro / jlc</i>		Date 11/28/18		

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

Pg 1

Date of Notification (1) <div style="text-align: center;">9 / 12 / 18</div>		Name of Building Owner/Operator (2) Verizon Westwood C.O.		<div style="border: 2px solid black; padding: 10px; font-size: 24px; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; font-size: 16px; font-weight: bold; margin-top: 10px;">DEC 3 2018</div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-11/7/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway		Square Feet 32,775		# of Floors 3			
City (5) Hillsdale		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			
Start Date (10) <div style="text-align: center;">10 / 1 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">ON HOLD</div>		License No. 00509			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC		Street Address 1123 BEAVER STREET			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			
		<div style="display: flex; justify-content: space-around;"> Yes No N/A </div>					
Basement Boiler Room		<input type="checkbox"/>		Exterior Boiler Insulation			
Basement Boiler Room		<input type="checkbox"/>		Duct Insulation			
Basement Boiler Room		<input type="checkbox"/>		Pipe Fittings			
Basement Boiler Room		<input type="checkbox"/>		Pipe Insulation			
				Amount (Specify SF or LF) 90 SF			
				90 SF			
				60 LF			
				315 LF			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste			
City, State NEW CASTLE, DE				Name of Registered Landfill MINERVA LANDFILL			
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>			
				Date 11/7/18			

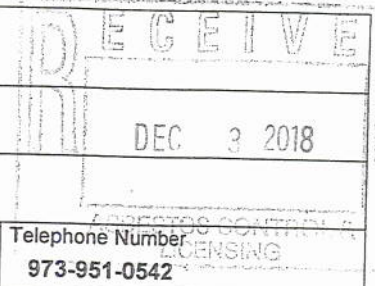
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

19 2

Date of Notification (1) 9 / 2 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 3 2018 HILLSDALE NJ 973-951-0542 </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #2 - 11/7/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address 175 Broadway							
City (5) Hillsdale			Square Feet 32,775				
County (6) Hillsdale			# of Floors 3				
			Bldg. Age +50				
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Verizon Communications				
Name of Monitoring Firm Hired by Building Owner (8) 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			
Start Date (10) 10 / 1 / 18		Scheduled Completion Date (11) ON HOLD		License No. 00509			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
		Street Address 1123 BEAVER STREET					
		City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Power Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	2,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSB Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	288 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pad Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	1760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meter Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	135 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillon DeCaro		Title Estimator		Signature Dillon DeCaro /jl		Date 11/7/18	

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

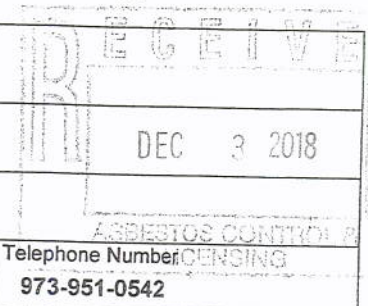
Pg 3



Date of Notification (1) <u>9</u> / <u>12</u> / <u>18</u>		Name of Building Owner/Operator (2) Verizon Westwood C.O.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> - <u>11/7/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 175 Broadway			Square Feet 32,775
City (5) Hillsdale			# of Floors 3
County (6) Hillsdale	County Code (7)(STATE USE ONLY)		Bldg. Age +50
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		ASCM No.	
Street Address 1253 North Church Street		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
City, State, Zip Code Moorestown, NJ 08057		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Kris Smith		City, State, Zip Code BRISTOL, PA 19007	
Start Date (10) <u>10</u> / <u>1</u> / <u>18</u>		Telephone No. 609-313-8218	Telephone No. 215-788-6040
Scheduled Completion Date (11) <u>ON HOLD</u>		License No. 00509	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-PM/5:00PM-2:00AM</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
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)
	Yes	No	
Basement Sprinkler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Basement Diesel Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Hallway Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stairwell Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Amount (Specify SF or LF)		Abatement Type	
60 SF		Removal	Repair
720 SF		Encapsulate	Enclosure
200 SF			
81 SF			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste
City, State NEW CASTLE, DE		Name of Registered Landfill MINERVA LANDFILL	
Completed By (Print or Type) Dillan DeCaro		Disposal Date TBD	City, State WAYNESBURG, OH
Title Estimator		Signature <i>Dillon DeCaro</i>	Date <u>11/7/18</u>

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

Pg 4

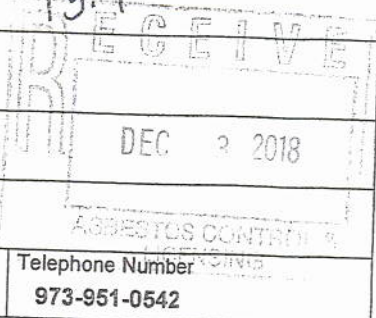


Date of Notification (1) <u>9</u> / <u>12</u> / <u>18</u>		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2 -11/7/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway			Square Feet 32,775				
City (5) Hillsdale			# of Floors 3				
County (6) Hillsdale			Bldg. Age +50				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications					
Name of Monitoring Firm Hired by Building Owner (8) 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) <u>10</u> / <u>1</u> / <u>18</u>	Scheduled Completion Date (11) <u>ON HOLD</u>		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-5:00PM-2:00AM</u>		Street Address 1123 BEAVER STREET					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Room 2	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler 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) Dillian DeCaro	Title Estimator	Signature <i>Dillian DeCaro / jh</i>			Date <u>11/7/18</u>		

CHK #3435,
3447,

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

Pg. 1



Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-10/9/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway		Square Feet 32,775	# of Floors 3				
City (5) Hillsdale		Bldg. Age +50					
County (6) Hillsdale		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		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	License No. 00509				
Start Date (10) 10 / 1 / 18		Scheduled Completion Date (11) 11 / 16 / 18					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 1123 BEAVER STREET					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code BRISTOL, PA 19007					
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Exterior Boiler Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Duct Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Fittings	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	315 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillan DeCaro		Signature Dillan DeCaro		Date 10-9-18			

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

RECEIVED
DEC 3 2018

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 - 10/9/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway	
	City, State, Zip Code Hillsdale, NJ 07642		Telephone Number 973-951-0542
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.			
Street Address 175 Broadway		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00PM-2:00AM</u>		Street Address 1123 BEAVER STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007	
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)
	Yes	No	
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
HSB Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pad Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Meter Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE	Disposal Date TBD		City, State WAYNESBURG, OH
Completed By (Print or Type) Dillian DeCaro	Title Estimator	Signature Dillian DeCaro	Date 10-9-18

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

RECEIVED

DEC 3 2018

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 - 10/9/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway		Square Feet 32,775	# of Floors 3				
City (5) Hillsdale		Bldg. Age +50					
County (6) Hillsdale		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		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	License No. 00509				
Start Date (10) 10 / 1 / 18		Scheduled Completion Date (11) 11 / 16 / 18					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
Basement Sprinkler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/mastic	720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway Power Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell Landing	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	81 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	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		Signature Dillan DeCaro		Date 10-9-18			

chk. #
3147

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

Pg 4

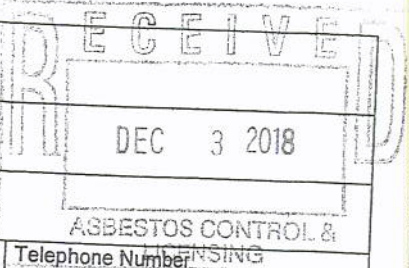
DEC 3 2018

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 - 10/9/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway	Square Feet 32,775		# of Floors 3				
City (5) Hillsdale	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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00PM-2:00AM</u>		Street Address 1123 BEAVER STREET					
		City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Meter Storage Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Room 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 / gm		Date 10-9-18	

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

CHK # 3435



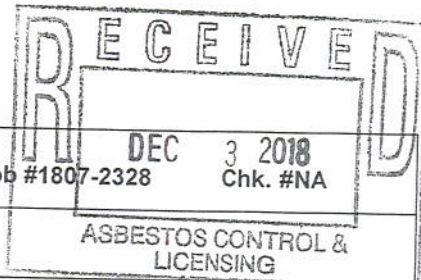
Date of Notification (1) 9 / 13 / 18		Name of Building Owner/Operator (2) Verizon Westwood Co					
Agencies Notified <input checked="" type="checkbox"/> EPA 9258 <input checked="" type="checkbox"/> DOLWD 9241 <input checked="" type="checkbox"/> DOH 9245 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 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 Co.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway	Square Feet 32,775		# of Floors 3				
City (5) Hillsdale	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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-2:00AM		Street Address 1123 BEAVER STREET					
		City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Exterior Boiler Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Duct Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Fittings	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	315 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 9-13-18				

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

Chart #3435

Date of Notification (1) 9 / 13 / 18		Name of Building Owner/Operator (2) Verizon Westwood Co					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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 Co.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway	Square Feet 32,775		# of Floors 3				
City (5) Hillsdale	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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/5:00PM-2:00AM		Street Address 1123 BEAVER STREET					
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement Power Room	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) 2,200 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature Dillan DeCaro		Date 9-13-18		

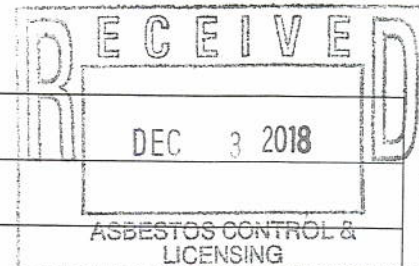
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <u>8</u> / <u>3</u> / <u>18</u>		Name of Building Owner/Operator (2) Rutgers University		Job # 1807-2328		Chk. # NA	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address 151 College Avenue				Square Feet 14000		# of Floors 1	
City (5) Piscataway				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) <u>9</u> / <u>24</u> / <u>8</u>		Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>18</u>		Name of OSHA Monitor EMSL Analytical, Inc.			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address 200 U.S. Route 130 North			
				City, State, Zip Code Cinnaminson, NJ 08077			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Cement Board Siding		1500 SF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Exterior		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Black Tar Paper Vapor Barrier		4500 SF <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Exterior		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Roofing		14,000 SF <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler 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	

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



Date of Notification (1) 11/30/18		Name of Building Owner/Operator (2) Carole Lee Morrison		Street Address [REDACTED]		City, State, Zip Code Dumont, NJ 07628		Name of Contact Carole Lee Morrison		Telephone Number	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Residential Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				Square Feet 2300			
Street Address [REDACTED]				# of Floors 2				Bldg. Age 70 +/-			
City (5) Dumont				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Residential Home			
County (6) Bergen				Name of Monitoring Firm Hired by Building Owner (8) Project Manager				ASCM No.			
Street Address				Name of Abatement Contractor (9) All Stages Abatement				Street Address 280 N. Midland Ave.			
City, State, Zip Code				City, State, Zip Code Saddle Brook, NJ 07663				Telephone No. 201-600-3184			
Project Manager for Monitoring Firm				Telephone No.				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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.				Street Address				City, State, Zip Code			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf				<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A x		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) VAT		Amount (Specify SF or LF) 695 SF		Abatement Type Removal Repair Encapsulate Enclosure 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 [Signature]		Date 11/30/18							

B & G proj. #:

2018-238

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

Check # 9013

Date of Notification (1)

11/13/2018

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

Jerry Ciraulo

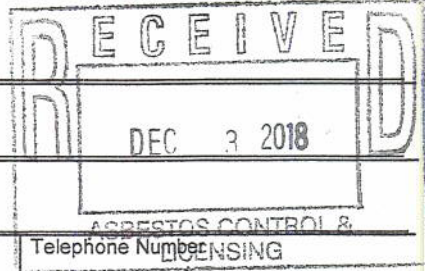
Street Address

City, State, Zip Code

Ridgewood, NJ 07450

Name of Contact

Jerry Ciraulo



FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Jerry Ciraulo

Street Address

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

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

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:

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)

Is location normally used solely by maintenance/custodial staff(12)

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

R	R	E	E
em	ep	nc	nc
ov	ai	ap	cl
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

basement

☐☐☒

VAT (no mastic)

247 sf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
3Name of Registered Landfill
Grand Central LandfillCity, State
Lincoln Park, NJDisposal Date
12/12/2018City, State
Pen Argyle, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

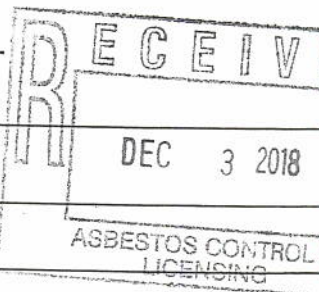
Signature

Gordana Luna

Date
11/30/2018

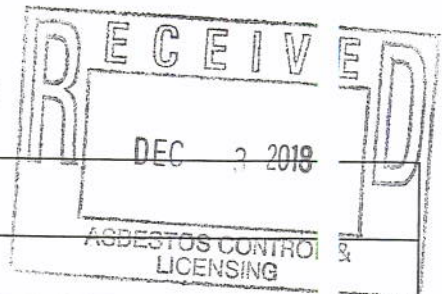
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 11 / 21 / 18		Name of Building Owner/Operator (2) Lidl U.S. Operations, LLC				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building homes, etc.)				
Street Address 514 North Main Street		Square Feet				
City (5) Lacey Township		# of Floors				
County (6) Ocean		Bldg. Age				
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.				
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC				
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane				
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026				
Telephone No. 973-494-3762		Telephone No. 973-928-4888				
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC				
Start Date (10) 12 / 07 / 18		Scheduled Completion Date (11) 12 / 31 / 18				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 27 Outwater Lane				
City, State, Zip Code Garfield, NJ 07026						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
				Removal	Repair	
Southern Hardware Section-Walkway	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	VAT/Mastic	720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Enclosure
Main Retail Building Room	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	Miscellaneous Tar	80 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Enclosure
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Enclosure
	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	Enclosure
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	

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

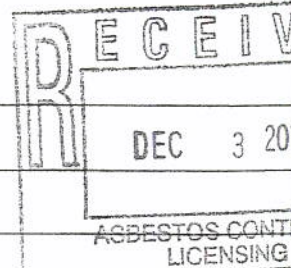


CK1470 PAID

Date of Notification (1) 11 / 28 / 18		Name of Building Owner/Operator (2) Lidl U.S. Operations, LLC				
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building homes, etc.)				
Street Address 15 Haines Street		Square Feet	# of Floors			
City (5) Lacey Township		Bldg. Area				
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) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) 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
				Removal	Repair	
Kitchen	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Gray Sink Undercoat	4 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior- Beneath Roof Leaders	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Ground Drain Pipe	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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			

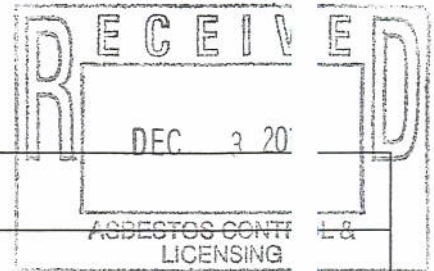
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11/30/18		Name of Building Owner/Operator (2) RJB Evolution, LLC			
Agencies Notified	Type of Notification	Street Address 312 Asbury Ave.			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, etc.)			
Street Address 310 Asbury Ave.		Square Feet 1,000	# of Floors 1		
City (5) Ocean City, NJ 08226		Bldg. Area 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 Environmental 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		
Start Date (10) 12/14/18		Scheduled Completion Date (11) 12/18/18	License No. 01228		
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Yannuzzi Environmental Services			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures			
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	
				Removal	Repair
Flooring throughout	Yes No N/A	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 12-30-18	

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 <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial building homes, etc.)
Street Address 104 Wagaraw Road	Square Feet # of Floors Bldg. A
City (5) Hawthorne	
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) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane
		City, State, Zip Code Garfield, NJ 07026

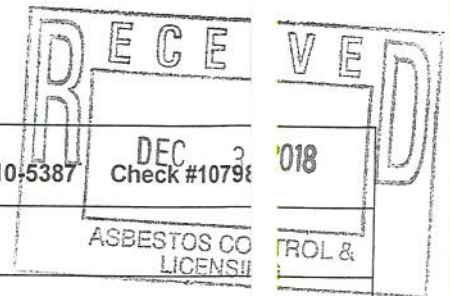
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
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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	
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	1,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 La
City, State Elizabeth, NJ / Garfield, NJ		Disposal Date TBD	City, State Morrisville, PA
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>	Date 11/30/18

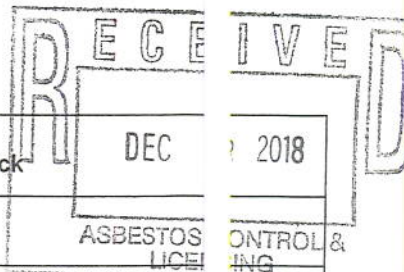
CK10798

State of New Jersey
PAID 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) Verizon Communications / Job #1810-5387		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type of Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 24 Curtis Avenue		Square Feet	# of Floors	
City (5) Woodbury, NJ 08096		Bldg.		
County (6) Gloucester		County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		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	License No. 00529	
Start Date (10) 11 / 5 / 18		Scheduled Completion Date (11) 12 / 7 / 18		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Name of OSHA Monitor EMSL Analytical		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	Yes No N/A			Removal Repair Encapsulate Enclosure
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Silver Paint Roof Flashing	600 LF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Gravel Stop	75 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Silver Paint Roof Flashing	1,252 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Drain Pipe Insulation	10 LF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ		Disposal Date 12/7/18	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 	Date 12-28-18

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) PSE&G / Job #1810- 5400 Check	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 4000 Hadley Road City, State, Zip Code South Plainfield, NJ Name of Contact Mark Domingues Telephone Number 201-206-0998	

Name of Facility Where Abatement is Taking Place (3) PSE&G Metuchen Switchyard		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 234 Pierson Avenue		Square Feet	# of Floors
City (5) Edison, NJ		Bldg.	
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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM	Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077
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Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure
---	---	--

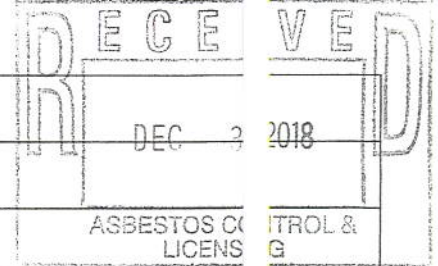
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
	Yes	No	N/A			Removal	Repair
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite Floor Panels	85 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Control House	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Flashing	120 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

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

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

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

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Date of Notification (1) 11/27/2018 check#98		Name of Building Owner/Operator (2) ED FLEMMING				
Agencies Notified	Type Notification	Street Address 302 NORTH FRANKLIN TURNPIKE				
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	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) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building etc.)				
Street Address 302 NORTH FRANKLIN TURNPIKE		Square Feet 150 X300	# of Floors 2FL			
City (5) HO HO KUS NJ,07423		Bldg 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. 201- 873 9418	License No. 01301			
Start Date (10) 12/22/2018		Scheduled Completion Date (11) 12/24/2018				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC				
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 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)						
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Process						
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)	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			

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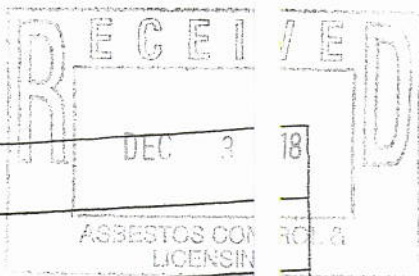
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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Date of Notification (1) 11/27/18		Name of Building Owner/Operator (2) Pineland Construction					
Agencies Notified	Type of Notification	Street Address 300 77th Street	City, State, Zip Code Sea Isle City NJ 08234				
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Frank	Telephone Number 609 405 937				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet	# of Floors				
City (5) Sea Isle		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					
Street Address		Street Address 1212 Burlington Ave					
City, State, Zip Code		City, State, Zip Code Delanco NJ 08015					
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-346-0916	License No. C1070				
Start Date (10) 12/7/18	Scheduled Completion Date (11) 1/17/19	Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)	Street Address						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:	City, State, Zip Code						
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) out side	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) 4500 SF	Abatement Type		
	Yes	No			N/A	Removal	Repair
			Siding				
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 Delanco NJ		Disposal Date TBD	City, State Hilltown PA				
Completed by Joseph T Hall		Title V. President	Signature [Signature]	Date 11/27/18			

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

Date of Notification (1) 11/27/18		Name of Building Owner/Operator (2) Pinehart Construction	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address 300 77th Street	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Sea Isle City NJ 08234	
		Name of Contact Frank	
		Telephone Number 609 425 1317	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet [REDACTED]	
City (5) Sea Isle		# of Floors [REDACTED]	
County (6) Cape May		Bldg. Age [REDACTED]	
Name of Monitoring Firm Hired by Building Owner (8)		County Code (7) (STATE USE ONLY)	
Street Address		Current Use (Prior if being demolished)	
City, State, Zip Code		Name of Abatement Contractor (9) Ami Ice Abatement Contractors	
Project Manager for Monitoring Firm		Street Address 1212 Burlington Ave	
Start Date (10) 12/7/18		City, State, Zip Code Delanco NJ 08025	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Telephone No. 609-346-5916	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		License No. C1070	
Renovation <input checked="" type="checkbox"/> Demolition		Name of OSHA Monitor	
Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		Street Address	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Outside Garage		City, State, Zip Code	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding	
Amount (Specify SF or LF) 1000 SF		Abatement Type Removal Repair encapsulate	
Name of Registered Waste Hauler Ami Ice LLC		NJDEP Waste Hauler ID No. 20847	
City, State Delanco NJ		Cubic Yards of Waste	
Completed by Joseph T Hall		Disposal Date 1.30	
Title V. President		Name of Registered Landfill WM of PA	
		City, State Allentown PA	
		Signature [Signature]	
		Date 11/27/18	

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

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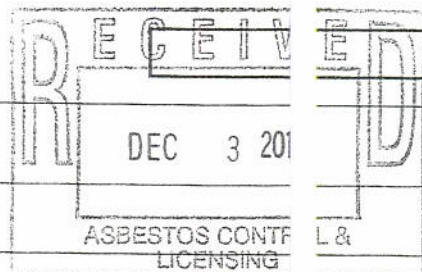
BEST REMOVAL INC

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PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:138)

Date of Notification 11/23/18		Name of Building Owner/Operator (2) MR. ROBERT PALERMO		DEC	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial) buildings, homes, etc.		
Street Address [REDACTED]			Square Foot 1700		
City (5) WEST ORANGE			# of Floors 2		
County (6)			Bldg. Age 1940		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) RESIDENCE		
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Bear Removal Inc.	
Street Address		Street Address		Street Address 450 South River Street	
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601	
Project Manager in Monitoring Firm		Telephone No.		Telephone No. 201-328-4444	
Scheduled Completion Date (11) 11/26/18		Name of OSHA Monitor Omega Environmental		License No. 00388	
Start Date (10) 11/26/18		Street Address 280 Huyler Street		City, State, Zip Code South Hackensack, NJ 07606	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 or more sq ft <input type="checkbox"/> 2160 or more sq ft <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedure <input type="checkbox"/> Non-Enclosed (1) and Non-Frangible 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)	
BASIS		J		THERMAL SYSTEMS INSULATION	
Amount (Specify SF or LF)		15 LF		Abatement Type Removal Repair Encapsulation	
Name of Registered Waste Handler Best Removal Inc		NIEEP Waste Handler ID No. 17109		Cubic Yards of Waste 112.27	
City, State Hackensack, NJ 07601		Disposal Date 11/20/18		Name of Registered Landfill Minerva Enterprises, Inc.	
City, State Hackensack, NJ 07601		Signature J. Majorano		City, State Daynesburg, OH 44688	
Title Estimator		Date 11/23/18		Date 11/23/18	

Check#3219

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) Debonaire Noel	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) Private house Street Address [REDACTED] City (5) Hillside, NJ 07205 County (6) Union		Street Address [REDACTED] City, State, Zip Code Hillside, NJ 07205 Name of Contact Charlie Holmes Telephone Number	
FACILITY INFORMATION			
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		Square Feet # of Floors Bldg Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Street Address City, State, Zip Code		ASCM No. Name of Abatement Contractor (9) Gr Tech LLC Street Address 576 Valley Rd #283 City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm Telephone No.		Telephone No. License No. 973-638-1777 01127	
Start Date (10) 12 / 08 / 18		Scheduled Completion Date (11) 12 / 09 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Name of OSHA Monitor Envirovision Consultants, Inc Street Address 20-21 Wagaraw Road, Bldg. # 35E City, State, Zip Code Fair Lawn, NJ 07410	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >160 sf or >260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Pipe insulation 75 LF	
Basement		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Boiler insulation 50 SF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler Gr Tech LLC City, State Wayne, NJ 07470		NJDEP Waste Hauler ID No. 0033785 Cubic Yards of Waste TBD Disposal Date TBD	
Name of Registered Landfill T.R.R.F. Inc City, State Tullytown, PA		Completed By (Print or Type) N.Jevtic ASB-41	
Title Owner		Signature [Signature] Date 11/28/18	

11/20/2018

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

RECEIVED
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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/20/2018 check#90		Name of Building Owner/Operator (2) ANNE WALSH			
Agencies Notified	Type Notification	Street Address [REDACTED]			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code 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)			
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, homes, etc.)			
City (5) NUTLEY, NJ 07110		Square Feet 50X100	# of Floors 2FL		
County (6) ESSEX		Bldg Age 60 YEARS			
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		
Start Date (10) 12/07/2018		Scheduled Completion Date (11) 12/08/2018	License No. 01301		
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor ALL SOLUTIONS CONTRACTING INC			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:30 AM TO 3:30 PM		Street Address 24 CHURCH ST			
		City, State, Zip Code ELMWOOD NJ, 07407			
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition					
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process					
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	
				Removal	Encapsulation
BASEMENT	Yes No N/A	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 [Signature]	Date 11/20/2018	

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

Date of Notification (1)

11/26/18

EMERGENCY NOTIFICATION

Agencies Notified

- ☒ EPA
☐ DCA
☒ DOL
☐ DEP
☒ DOH

Notification Type

- ☒ Initial Notification
☐ Amended #
☒ Emergency notification (including justification)
☐ Cancelled

Name of Building Owner/Operator (2)
Pine Hill Board of Education

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

ASBESTOS
LICENSE

CONTROL &
SIGING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Overbrook Highschool

Street Address
1200 Turnerville Road

City (5)
Pine Hill

County (6)

Camden

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, etc.)
Sq. Feet: # of Floors:1 Bldg. Age: 1960's
Current Use (prior if being demolished): School

Name of Monitoring Firm Hired by
Epic Environmental Services, LLC

Bldg. Owner (8)

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

Normal Facility Hours – 3:00-11:00pm

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
☐ ≥ 160 sf or ≥ 20 lf

- ☒ Renovation
☐ Demolition

- ☐ Mini-Enclosure
☐ 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 Enclose

Exterior of School

☒

Transite panels above Visitors Doorway

20 SF

☒

Name of Reg. Waste Hauler

Panoramic Window & Door Systems Inc

NJDEP Waste Hauler ID #
0036057

Cubic Yards of Waste

Name of Registered
Chrin Brothers Sanitary

Landfill andfill

Disposal Date

City, State
Easton NJ

Completed by (Print or Type)
Mark M Jovic

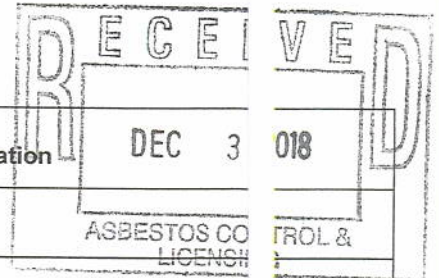
Title
Environmental Projects Manager

Signature

Date
11/28/18

State of New Jersey

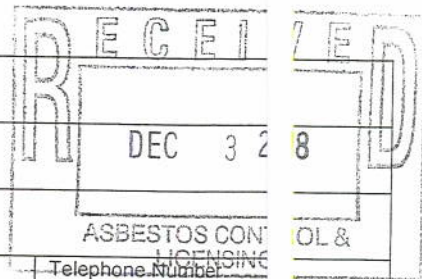
PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CK 5290

Date of Notification (1) 11 / 21 / 18		Name of Building Owner/Operator (2) Borough of Stone Harbor Board of Education		Street Address 275 93rd Street		City, State, Zip Code Stone Harbor, NJ 08247		Name of Contact Marc DeBlasio		Telephone Number 609-854-3311	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Stone Harbor Museum				Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 235 93rd Street				Square Feet 2,000				# of Floors 2		Bldg Age 7	
City (5) Stone Harbor				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Museum			
County (6) Cape May				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 Maple Shade, NJ 08052			
City, State, Zip Code Runnemede, NJ 08078				Telephone No. 856-482-1311				Telephone No. 856-755-0099		License No. 00842	
Project Manager for Monitoring Firm Heather McKeever				Start Date (10) 12 / 10 / 18				Scheduled Completion Date (11) 12 / 14 / 18			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM				Street Address 200 Route 130 North				City, State, Zip Code Cinnaminson, NJ 08077			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf				<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> MiniEnclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type		Enclosure	
Exterior		Yes No N/A		Transite Siding		2,000 SF		Removal		Encapsulate	
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 Woodbine, NJ			
City, State Freehold, NJ		Disposal Date 12/14/2018									
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 11/26/18					

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



Date of Notification (1) 11/16/2018		Name of Building Owner/Operator (2) 673 South 21st Street LLC		
Agencies Notified	Type of Notification	Street Address 1420 E Linden Avenue		
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building etc.)		
Street Address 671 South 21st Street		Square Feet 50,000	# of Floors 1	
City (5) Irvington		Bldg. 70		
County (6) Essex		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	
Start Date (10) 11/19/2018		Scheduled Completion Date (11) 12/15/2018	License No. 00874	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Sky Contracting, LLC		
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 1385 Valley Road, Suite K		
Scope of Work (Check All That Apply)		City, State, Zip Code Wayne, New Jersey 07470		
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Method
				Encapsulate
				Removal
				Repair
				Enclosure
See Attached	Yes No N/A			
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

CK 4681

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

RECEIVED
DEC 2018

Date of Notification (1) 11-25-18		Name of Building Owner/Operator (2) EARTHTECH CONTRACTING			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 155 RT 50			
		City, State, Zip Code GREENFIELD N.J. 08230			
		Name of Contact BRUCE	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial build homes, etc.)			
Street Address [REDACTED]					
City (5) OCEAN CITY	Square Feet 2000	# of Floors 2	Age 2+		
County (6) CAPE MAY	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) VACANT			
Name of Monitoring Firm (8) N/A	Hired by Building Owner	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. 08042			
Project Manager for Monitoring Firm		Telephone No. 856-779-0422	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) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address			
		City, State, Zip Code			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) (13) SIDING TO BE ABATED IN FACILITY	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) 2500 SF	Abatement Removal X
	Yes	No			
			TRANSITE		
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 N.J.		Disposal Date	City, State WOODBINE		
Completed By MICHAEL KLEMM	Title SUP.	Signature <i>[Signature]</i>	Date 11-25-18		

CK# 4681

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

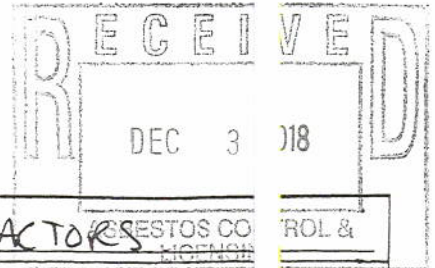
RECEIVED
DEC 2018

Date of Notification <u>11-25-18</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION ENTERTAINMENT</u>				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>601 W. CLARKSLANDING RD</u>				
		City, State, Zip Code <u>EGG HARBOR N.J. 08021</u>				
		Name of Contact <u>TOM</u>	Telephone Number <u>609-965-2498</u>			
FACILITY INFORMATION						
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address <u>[REDACTED]</u>						
City (5) <u>OCEAN CITY</u>	Square Feet <u>1500</u>	# of Floors <u>1</u>	Age <u>10+</u>			
County (6) <u>CAPRI MAY</u>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>VACANT</u>				
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>	ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>				
Street Address		Street Address <u>369 S. SPRUCE AVE</u>				
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>				
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>	License No. <u># 0137</u>			
Start Date (10) <u>12-5-18</u>	Scheduled Completion Date (11) <u>12-15-18</u>	Name of OSHA Monitor <u>N/A</u>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address				
		City, State, Zip Code				
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 ft <input checked="" type="checkbox"/> >160 sf or >260 ft						
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (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) <u>2250 SF</u>	Abatement Type Removal Repair Enclosure		
					<table border="1"> <tr> <td>Removal</td> <td>Repair</td> <td>Enclosure</td> </tr> <tr> <td>X</td> <td></td> <td></td> </tr> </table>	Removal
Removal	Repair	Enclosure				
X						
<u>SIDING</u>	X	<u>TRANSITE</u>				
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>ACUA</u>		
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE N.J.</u>			
Completed By <u>MICHAEL KEMM</u>	Title <u>SUPERVISOR</u>	Signature <u>[Signature]</u>	Date <u>11-25-18</u>			

CK44681

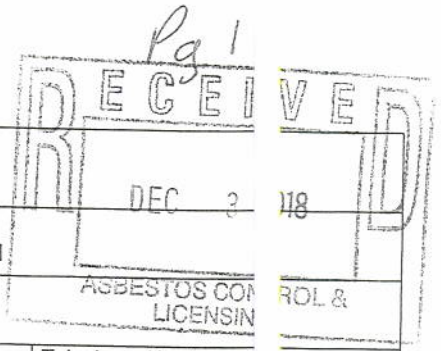
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 11-25-18		Name of Building Owner/Operator (2) D. K. C CONTRACTORS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 661 RT 9		City, State, Zip Code CAPE MAY N.J. 08204	
Name of Contact KIEL		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	
City (5) WILDWOOD		# of Floors 2	
County (6) CAPE MAY		County Code (7) (STATE USE ONLY) VA CANIT	
Name of Monitoring Firm (8) N/A		Name of Abatement Contractor (9) KLEMMCO INC	
Street Address		Street Address 369 S. SPRUCE AVE	
City, State, Zip Code		City, State, Zip Code MAPLE SHADE N.J. 052	
Project Manager for Monitoring Firm		Telephone No. 856-779-0472	
Start Date (10) 12-5-18		Scheduled Completion Date (11) 12-15-18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor N/A	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address	
City, State, Zip Code		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN FACILITY (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) X	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 2750 SF	
SIDING		TRANSITE	
Name of Registered Waste Hauler KLEMMCO INC		NJDEP Waste Hauler ID No. 15904	
City, State MAPLE SHADE N.J.		Cubic Yards of Waste 3 yds	
Name of Registered Landfill C.M.C. M.V.		City, State WOODBINE	
Completed By MICHAEL KLEMM		Signature [Signature]	
Title SUP.		Date 11-25-18	

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

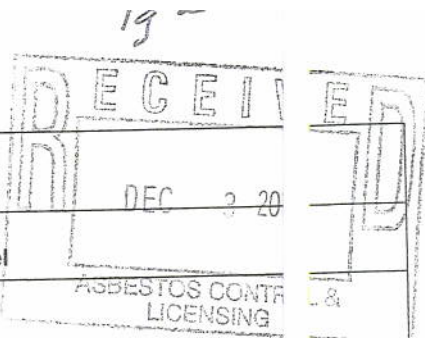


Date of Notification (1) 11 / 18		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-11/28/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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.C.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 89 Maple Avenue		Square Feet	# of Floors						
City (5) Cedarville		Bldg Age							
County (6) Cumberland		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.							
Street Address 8436 Enterprise Ave		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
City, State, Zip Code Philadelphia, PA 19153		Street Address 1123 BEAVER STREET							
Project Manager for Monitoring Firm Mark Jenkins		City, State, Zip Code BRISTOL, PA 19007							
Start Date (10) 12 / 3 / 18		Telephone No. 215-365-5810							
Scheduled Completion Date (11) 12 / 7 / 18		Telephone No. 215-788-6040							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM-5:00PM-1:30AM</u>		License No. 00509							
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.		Street Address 1123 BEAVER STREET							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code BRISTOL, PA 19007							
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	160 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					1st Floor Outside Generator Room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	14 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					1st Floor New Generator Area	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Floor tile and mastic	200 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
					1st Floor generator room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Vibration Cloth	2 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990							
City, State YARDLEY, PA 19067		Cubic Yards of Waste							
Completed By (Print or Type) Brian Scafiro		Name of Registered Landfill MINERVA LANDFILL							
Title Estimator		Disposal Date							
Signature <i>Brian Scafiro</i>		City, State WAYNESBURG, OH 44688							
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)



Date of Notification (1) 11 / 1 / 18		Name of Building Owner/Operator (2) Verizon	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type of Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1-11/28/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 89 Maple Avenue		Square Feet	# of Floors
City (5) Cedarville	County (6) Cumberland	County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-1:30AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
1st Floor Electrical Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State YARDLEY, PA	Disposal Date	City, State WAYNESBURG, OH 44688	
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro / jfl</i>	Date 11/8/18

ASB-41 MAY 11 **B 51 812**

* 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)

CHK # 34

Date of Notification (1) 11 / 1 / 18		Name of Building Owner/Operator (2) Verizon	
Agencies Notified <input checked="" type="checkbox"/> EPA 9731 <input checked="" type="checkbox"/> DOLWD 9786 <input checked="" type="checkbox"/> DHSS 9779 <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 15 East Montgomery 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 89 Maple Avenue		Square Feet	# of Floors
City (5) Cedarville		Blk	
County (6) Cumberland		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.	
Street Address 8436 Enterprise Ave		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
City, State, Zip Code Philadelphia, PA 19153		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Mark Jenkins		City, State, Zip Code BRISTOL, PA 19007	
Start Date (10) 11 / 26 / 18		Telephone No. 215-365-5810	
Scheduled Completion Date (11) 11 / 30 / 18		Telephone No. 215-788-6040	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-1:30AM		License No. 00509	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

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 BRISTOL, PA 19007	
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code BRISTOL, PA 19007		Telephone No. 215-788-6040	
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		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) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-1:30AM		Street Address 1123 BEAVER STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code BRISTOL, PA 19007	

<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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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	Encapsulate	Enclosure
	Yes	No	N/A					
1 st Floor Generator Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	160 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Outside Generator Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	14 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor New Generator Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor tile and mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor generator room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Vibration Cloth	2 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature <i>Brian Scafiro</i>		Date 11-1-18	
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ASB-41
MAY 11 **BS18126**

* 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)

Date of Notification (1) 11 / 1 / 18		Name of Building Owner/Operator (2) Verizon	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 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) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 89 Maple Avenue		Square Feet	# of Floors
City (5) Cedarville		Blk Age	
County (6) Cumberland		County Code (7) (STATE USE ONLY)	
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
Start Date (10) 11 / 26 / 18		Scheduled Completion Date (11) 11 / 30 / 18	License No. 00509
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-1:30AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
1st Floor Electrical Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL
City, State YARDLEY, PA		Disposal Date	City, State WAYNESBURG, OH 44688
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro/JS
			Date 11-1-18

ASB-41
MAY 11 BS18126

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

WDC

Date of Notification (1) 9 / 11 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-11/28/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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 CONTAMINATION
LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 175 Broadway		Square Feet 32,775	
City (5) Hillsdale		# of Floors 3	
County (6) Hillsdale		Bldg. Age +)	
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.		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. 609-313-8218		License No. 00509	
Start Date (10) 11 / 28 / 18		Scheduled Completion Date (11) 11 / 29 / 18	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00AM-2:00PM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal	Abatement Type	
	Yes	No	N/A				Encapsulate	Enclosure
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Boiler Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	315 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / jf		Date 11/28/18		

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

Pg 2

Date of Notification (1) <u>9</u> / <u>12</u> / <u>18</u>		Name of Building Owner/Operator (2) Verizon Westwood C.O.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 3 2018 ASBESTOS CONTROL & ABATEMENT </div>																																																			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3-11/28/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 175 Broadway																																																				
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FACILITY INFORMATION																																																							
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