

NOCK

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



Date of Notification (1)

12 / 4 / 18

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

- ☐ Initial Notification
☒ Amended Notification #3
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

- ☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., home etc.)

Square Feet

39,400

of Floors

2

Bldg. A

54

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 M

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)
RESEARCH LABORATORY AND OFFICE FAC

Name of Monitoring Firm Hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

11 / 16
Month Day

Sched. Completion Date (11)

12 / 4 / 18
Year Month Day Year

Name of OSHA Monitor
AMERISCI LABORATORIES INC #110

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: MONDAY - FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

- ☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

- ☐ Full Containment with Negative Pressure
☐ Mini Enclo.
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement		Type
	Yes	No	N/A			REMOVAL	REPAIR	
ROOF LOWER EAST/WEST SIDE			X	ROOF TAR & FLASHING	1,100 SF	X		

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

City, State
FREEHOLD, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
20

Disposal Date
11/16-5/30/19

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAG
447 ALEXANDER DRIVE/ROUTE 15

City, State
MONTGOMERY, PA 17752

Signature

Date

12-1-18

MENT SE

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

3293

Date of Notification (1)

10 / 19 /18

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☒ Amended Notification #2
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

DEC 10 2018

ASBESTOS CONTROL LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 M

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., home etc.)

Square Feet

39,400

of Floors

2

Bldg. #

54

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

11 / 16
Month Day

Sched. Completion Date (11)

/18 5 / 30 /19
Year Month Day Year

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: MONDAY -FRIDAY 7AM-3:30 PM

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini Enclo.
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (1)

Is Location normally used solely by Maint/Custodial Staff (12)
Yes No N/A

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

1,100 SF

Abatement Type
REMOVAL REPAIR

ENCLOSURE

ROOF LOWER EAST/WEST SIDE

X

ROOF TAR & FLASHING

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
20

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT
447 ALEXANDER DRIVE/ROUTE 15
City, State
MONTGOMERY, PA 17752

Disposal Date
11/16-5/30/19

Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

11/1/18

ENT SE

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

Date of Notification (1)

10 / 19 /18

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☐ Initial Notification
☐ Amended Notification
☐ Cancellation
☒ On Hold ~~##~~
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

ASBESTOS CONTROL

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 M

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., home etc.)

Square Feet

39,400

of Floors

2

Bldg. A

54

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH

INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

10 / 22 /18
Month Day Year

Sched. Completion Date (11)

5 / 30 /19
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #114

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: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 60 LF
☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini Enclo.
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

Is Location normally used solely by Maint/Custodial Staff (12)
Yes No N/A

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
REMOVAL REPAIR

ENCLOSURE

ROOF LOWER EAST/WEST SIDE

X

ROOF TAR & FLASHING

1,100 SF

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
20

Disposal Date
10/22-5/30/19

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT
447 ALEXANDER DRIVE/ROUTE 15

City, State
MONTGOMERY, PA 17752

Signature

Date

10/19/18

**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT**
(Pursuant to NJAC 8:60-7 and 12:120-7)

32804

RECEIVED
DEC 10 2018
ASBESTOS CONTROL
LICENSING

Date of Notification (1)

10 / 12 / 18

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address
126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code
RAHWAY, NEW JERSEY 07065

Name of Contact
PATRICIA JOHNSON

Telephone Number
732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address
126 EAST LINCOLN AVENUE

City (5)
RAHWAY

Name of Monitoring Firm hired by Building Owner (8)
ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address
655 WEST SHORE TRAIL
City, State, Zip Code

BUILDING 80 M

County (6)
UNION

County Code (7)
(STATE USE ONLY)

ASCM No.
104

Type of Facility (4)

☐ School (K-12)
☒ Subchapter 8 (Other than K-12)
☐ Other (ie. private & commcl. bldgs., homes, etc.)

Square Feet
39,400

of Floors
2

Bldg. Age
54

Current Use (Prior if being demolished)
RESEARCH LABORATORY AND OFFICE FACILITY

Name of Abatement Contractor (9)
PAR ENVIRONMENTAL CORPORATION

Street Address
313 SPOOK ROCK ROAD

City, State, Zip Code
SUFFERN, NEW YORK 10901

Telephone Number
845-369-7500

License Number
1101

Name of OSHA Monitor
AMERISCI LABORATORIES INC #1148

Street Address
117 EAST 30TH STREET

City, State, Zip Code
NEW YORK, NEW YORK 10016

☐ Full Containment with Negative Pressure
☐ Mini Enclo.
☐ Glovebag Procedure
☒ Non-Friable Procedure

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR

☒ Renovation

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (1)

Is Location normally used solely by Maint/Custodial Staff (12)
Yes No N/A

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
REMOVAL REPAIR

ENCLOSURE

ROOF LOWER EAST/WEST SIDE

ROOF TAR & FLASHING

1,100 SF

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33
City, State
FREEHOLD, NEW JERSEY

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
20

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT
447 ALEXANDER DRIVE/ROUTE 15

Disposal Date
10/22-5/30/19

City, State
MONTGOMERY, PA 17752

Date
10/12/18

Completed by (Print or Type)
BENJAMIN SANCHEZ

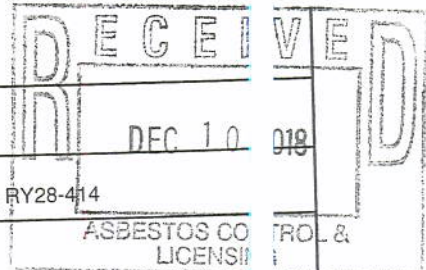
Title
DIRECTOR OF OPERATIONS

Signature

[Handwritten Signature]

NOCL

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



Date of Notification (1)

12 / 4 /18

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type

Notification

☐ Initial Notification
☒ Amended Notification #2
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

ASBESTOS CO
LICENSING

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 L

Square Feet
15,000

of Floors
2

Bldg. Age
53

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

ASCM No.

104

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Expected State Date (10)

10 / 5 /18
Month Day Year

Sched. Completion Date (11)

12 / 4 /18
Month Day Year

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: FRIDAY - SUNDAY 7AM-12AM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR >60 LF

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

Is Location normally used solely by Maint/Custodial Staff (12)
Yes No N/A

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement Type
REMOVAL REPAIR

ENCLOSURE

2ND FLOOR MER

ADDITION TO SCOPE:

MER - LOWER

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.

City, State
FREEHOLD, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ

Hauler ID No.

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
80

Disposal Date
10/5 - 1/5/2019

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGEMENT
447 ALEXANDER DRIVE/ROUTE 15

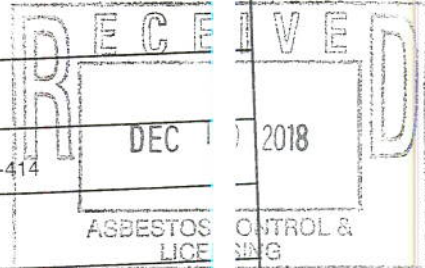
City, State
MONTGOMERY, PA 17752

Signature

Date

12-1-18

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



Date of Notification (1)

11 / 16 18

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type

☐ Initial Notification
☒ Amended Notification #1
☐ Cancellation
☐ On Hold
☒ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Street Address

126 EAST LINCOLN AVENUE

City (5)

RAHWAY

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Expected State Date (10)

10 / 5

Month Day Year

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: FRIDAY - SUNDAY 7AM-12AM

Scope of Work (Check all that apply)

☐ Demolition

☐ >3SF OR LF

☒ >160 SF OR 20 LF

☒ Renovation

☒ Full Containment with Negative Pressure

☐ Mini Encl.

☒ Glovebag Procedure

☐ Non-Friable Procedure

Type of Facility (4)

☐ School (K-12)

☐ Subchapter 8 (Other than K-12)

☒ Other (ie. private & comml. bldgs., homes, etc.)

Square Feet

15,000

of Floors

2

Bldg. Age

53

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACIL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#1148

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)

Is Location normally used solely by Maint/Custodial Staff (12)
Yes No N/A

Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)

Amount (Specify SF or LF)

Abatement
REMOVAL REPAIR ENCAPSULATION

ENCLOSURE

2ND FLOOR MER

ADDITION TO SCOPE:

MER - LOWER

Name of Registered Waste Hauler

FREEHOLD CARTAGE, INC.

825 HIGHWAY 33

City, State

FREEHOLD, NEW JERSEY

Completed by (Print or Type)

BENJAMIN SANCHEZ

Hauler

C.

NJDEP Waste

Hauler ID No.

15939

Cubic Yards of Waste

80

Name of Registered Landfill

LYCOMING COUNTY RESOURCE MANAGE

447 ALEXANDER DRIVE/ROUTE 15

City, State

MONTGOMERY, PA 17752

Disposal Date

10/5 - 1/5/2019

Signature

Title

DIRECTOR OF OPERATIONS

Date

11/1

ENT SE

11/1

3268 2

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

Date of Notification (1)

9 / 21 / 18

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

☒ Initial Notification
☐ Amended Notification
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)
MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, etc.)

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 L

Square Feet
15,000

of Floors
2

Bldg. A
53

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FAC

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

10 / 5 / 18
Month Day Year

Sched. Completion Date (11)

1 / 5 / 19
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #114

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: FRIDAY - SUNDAY 7AM-12AM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

☒ Full Containment with Negative Pressure
☐ Mini Enclo.
☒ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement	
	Yes	No	N/A			REMOVAL	REPAIR
2ND FLOOR MER			X	DUCT INSULATION	3,600 SF	X	

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

City, State
FREEHOLD, NEW JERSEY

Completed by (Print or Type)
BENJAMIN SANCHEZ

NJDEP Waste Hauler ID No.
15939

Cubic Yards of Waste
80

Disposal Date
10/5 - 1/5/2019

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAG
447 ALEXANDER DRIVE/ROUTE 15

City, State
MONTGOMERY, PA 17752

Signature

Date

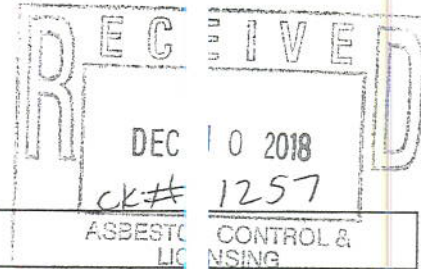
9 / 21 / 18

Type ENCLOSURE

IDENT SE

PAID

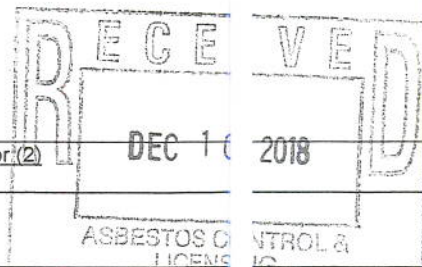
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/01/18		Name of Building Owner/Operator (2) Raymond Salerno		ASBESTOS CONTROL & REMEDIATION	
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 Cedar Grove, NJ 07009 Name of Contact Raymond Salerno 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 building, homes, etc.)			
Street Address [REDACTED]		Square Feet 1,674		# of Floors 2	
City (5) Cedar Grove NJ 07512		County Code (7) (STATE USE ONLY) _____		Bldg. Age 90+	
County (6) Essex		Current Use (Prior if being demolished) Home			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Unicorn Contracting Corp.	
Street Address		Street Address 32 Willow Way			
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-333-9176 License No. 01331	
Start Date (10) 12/11/18		Scheduled Completion Date (11) 12/11/18		Name of OSHA Monitor Envirovision Consultants, 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: 7 AM		Street Address 20-21 Wagaraw Rd., Bldg. 35-E 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"/> 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement		X		Asbestos containing Pipe Insulation 110 L	
2nd Floor		X		Asbestos containing Pipe Insulation 8 LF	
Name of Registered Waste Hauler Unicorn Contracting Corp.		NJDEP Waste Hauler ID No. 0035844		Cubic Yards of Waste 2	
City, State Woodland Park, New Jersey		Disposal Date TBD		Name of Registered Landfill Fairless Hill Landfill	
Completed by Zhivko Nikolov		Title President		Signature 	
				Date 12/01/18	

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PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)

Date of Notification (1) 11/29/18		Name of Building Owner/Operator (2) Paulsboro Refining Company		Street Address 800 Billingsport Rd		City, State, Zip Code Paulsboro, NJ 08066		Name of Contact Ravi Jarecha		Tel. Number 856-224-4444	
Agencies Notified (X) EPA () DEP (X) DOL (X) DOH () DCA		Notification Type (X) Initial Notification () Amended Certification () Cancelled (X) Emergency		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Paulsboro Refining Company				Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (X) Other (i.e. private & commercial bldgs., homes, etc.)							
Street Address 800 Billingsport Rd				Sq. Feet <u>N/A</u> # of Floors <u>N/A</u>							
City (5) Paulsboro		County (6) Gloucester		County Code (7) (State Use Only)		Bldg. Age <u>N/A</u> Current Use (prior if being demolished) <u>Oil Refinery</u>					
Name of Monitoring Firm Hired by Bldg. Owner (8)				ASCM No.				Name of Contractor (9) Mansfield Industrial, Inc.			
Street Address				Street Address 26 Colonial Ave				City, State, Zip Code Woodbury NJ 08096			
Project Manager for Monitoring Firm				Telephone Number				License Number 00857			
Scheduled Start Date (10) 12/3/18				Scheduled Completion Date (11) 12/7/18				Name of OSHA Monitor Mansfield Industrial, Inc.			
Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours - (X) Other - Describe - Removal of ACM within restricted work area in outside area				Street Address 26 Colonial Avenue				City, State, Zip Code Woodbury NJ 08096			
Source of Work (Check all that apply) () Demolition (X) Renovation () Large Proj. (160 SF or >260 LF ACM) (X) SM Proj. >25<160 SF or >10 <260 LF ACM () Minor Proj. (<25 SF or <10 LF ACM) () Full Containment with Negative Pressure - CU7 () Mini-Enclosure (X) Glovebag Procedure											
Location of Asbestos-Containing Material (ACM) in Facility (13)		Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA		Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)		Amount (Specify SF or LF)		Abatement Type Rem. R Encap Enclose			
Pipe Insulation Fuel Gas Line		X		TSI - Glovebag		Approx 25 SF		X			
Name of Reg. Waste Hauler Waste Management, Inc.		NJDEP Waste Hauler ID # 17273		Cubic Yards of Waste <3 CY		Name of Reg. Landfill Gloucester County		City, State South Harrison, NJ			
City, State South Harrison, NJ				Disp. Date Various				City, State South Harrison, NJ			
Completed by (Print or Type) ANDREW GREEN		Title MANAGER - Mansfield Industrial, Inc		Signature 		Date 11-29-18					

Mail to: NJDEP-DSHW-BRRT
401 E. State St., PO 414
Trenton, NJ 08625-0414

Telephone 609-984-6620

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

RECEIVED
12/03/18

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12/03/18

Date of Notification 12/03/18		Name of Building Owner/Operator (2) VICTOR AMAR	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DCN <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	
Street Address [REDACTED]		City, State, Zip Code WEST NEW YORK	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Name of Contact ROHEENA TAYLOR	
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> School <input type="checkbox"/> Hospital <input type="checkbox"/> Other (Specify) RESIDENTIAL	
City (5) WEST NEW YORK		County (6) HUDSON	
County Code (7) 1500		Number of Floors 2	
Name of Monitoring Firm [REDACTED]		Hired by Building Owner (8) ASCM No.	
Street Address [REDACTED]		Name of Abatement Contractor (9) ASCM Cont.	
City, State, Zip Code [REDACTED]		Street Address 185 Vreeland	
Project Manager for Monitoring Firm [REDACTED]		City, State, Zip Code Midland Park, NJ 07432	
Start Date (10) 12/03/18		Telephone No. 201-252-6641	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacant <input type="checkbox"/> Occupied During Entire Period of Abatement <input type="checkbox"/> Occupied Outside of Normal Facility Hours		Schedule Completion Date (11) 12/15/18	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 20 or more sq ft <input checked="" type="checkbox"/> 100 or more sq ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		Name of OSHA Monitor Omega Enviro	
Location of Asbestos-Containing Material (ACM) in Facility (13) 31st Floor		Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (12) Yes	
Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 820 SF	
Name of Registered Waste Handler Newark Carting Inc.		Name of Registered Landfill Greene Central Sanitary Landfill	
City, State Newark, NJ 07105		City, State Ugry, PA 05702	
Completed by Joseph Vocaturo		Signature Joseph Vocaturo	
Title Vice President		Date 12/03/18	

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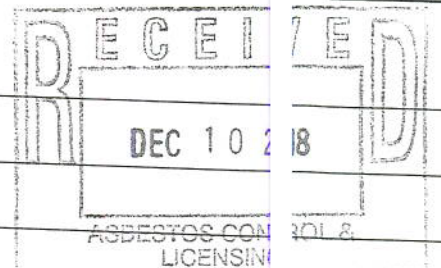
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/03/2018		Name of Building Owner/Operator (2) Stevens Institute of Technology					
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		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) Griffith Building (Warehouse)		Street Address 1 Castle Point on Hudson City, State, Zip Code Hoboken, NJ 07030 Name of Contact Kevin Klich Telephone Number 551-655-9149					
FACILITY INFORMATION							
Street Address 600 Frank Sinatra Drive		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Hoboken	County (6) Hudson	Square Feet N/A	# of Floors N/A				
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Griffith Building (Warehouse)					
Name of Monitoring Firm Briggs Associates		ASCM No. 0004	Name of Abatement Contractor (9) D&S Abatement, Inc.				
Street Address 3 Crosswicks Street		Street Address 11 Rosengren Avenue					
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa, NJ 07512					
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 973-345-8685 License No. 01311				
Start Date (10) 12/14/2018	Scheduled Completion Date (11) 12/16/2018		Name of OSHA Monitor D&S Abatement, 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: Occupied		Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Process							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Encapsulation	Enclosure
	Yes	No					
Griffith Building Warehouse		X	Pipe Insulation	30 LF	X		
Griffith Building Warehouse Rm 141		X	Asbestos Caulk	20 LF	X		
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996	Cubic Yards of Waste TBD	Name of Registered Landfill Waste Management of PA			
City, State Totowa, NJ		Disposal Date TBD		City, State Morrisville, PA			
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 12/03/2018	

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



Date of Notification (1) 12/03/2018		Name of Building Owner/Operator (2) Thomas Barfoed	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) House		Street Address [REDACTED] City, State, Zip Code Maplewood, NJ 07040 Name of Contact Thomas Barfoed 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) Maplewood	County (6) Essex	Square Feet N/A	# of Floors N/A
Name of Monitoring Firm N/A		Current Use (Prior if being demolished) House	
Street Address		County Code (7) (STATE USE ONLY)	
City, State, Zip Code		Name of Abatement Contractor (9) D&S Abatement, Inc.	
Project Manager for Monitoring Firm		Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512	
Start Date (10) 12/13/2018		Telephone No. 973-345-8685 License No. 01311	
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: Occupied		Name of OSHA Monitor D&S Abatement, Inc. Street Address 11 Rosengren Avenue City, State, Zip Code Totowa, NJ 07512	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Process			
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)		Amount (Specify SF or LF) 18 SF Removal X	
Name of Registered Waste Hauler D&S Abatement, Inc.		NJDEP Waste Hauler ID No. 20996 Cubic Yards of Waste TBD	
City, State Totowa, NJ		Name of Registered Landfill Waste Management of PA Disposal Date TBD	
Completed by Oliver Hegedis		City, State Morrisville, PA Signature [Signature] Date 12/03/2018	

AREA # 2

PAID

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

CHECK #176

Date of Notification (1) 12/04/2018		Name of Building Owner/Operator (2) IRCO COMMUNITY FEDERAL CREDIT UNION		DEC 10 2018	
Agencies Notified <input 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 450 HILLCREST BOULEVARD City, State, Zip Code PHILLIPSBURG NJ 08865 Name of Contact JACALYN FREY Telephone Number 908-859-1814	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) IRCO COMMUNITY FEDERAL CREDIT UNION(OLD SECTION)				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 450 HILLCREST BOULEVARD				Square Feet 1,500	
City (5) PHILLIPSBURG				# of Floors 1	
County (6) WARREN				Current Use (Prior if being demolished) COMMERCIAL	
Name of Monitoring Firm Hired by Building Owner (8) CONNELL-GREENE CONSULTING		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 904 KINGS ARM DRIVE		City, State, Zip Code DOWNINGTOWN PA 19335		Street Address 570 CLEMS RUN City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm RICK PELLISSIER		Telephone No. 484-432-9363		Telephone No. 610-304-4676 License No. 01145	
Start Date (10) 12/05/2018		Scheduled Completion Date (11) 12/14/2018		Name of OSHA Monitor EMSL	
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 200 RT. 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"/> 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)	
BASEMENT		X		FLOOR TILE & MASTIC 1411 SF	
Name of Registered Waste Hauler DAVID GEPPERT RECYCLING		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40	
City, State HATFIELD, PA		Disposal Date 12/17/2018		Name of Registered Landfill WESTERN BERKS LANDFILL	
Completed by RON SWANSON		Title GENERAL MANAGER		Signature Ron Swanson Date 12/04/2018	

12/04/2018 01:19PM 18562248799

ASSURED SERVICES

AREA # 2

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

CHECK #017664

2018

Date of Notification 12/04/2018		Name of Building Owner/Operator (2) IRCO COMMUNITY FEDERAL CREDIT UNION		Telephone Number 908-859-1811 X28	
Agencies Notified <input 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 checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 450 HILLCREST BOULEVARD City, State, Zip Code PHILLIPSBURG NJ 08865 Name of Contract JACALYN FREY	
Name of Facility Where Abatement is Taking Place (3) IRCO COMMUNITY FEDERAL CREDIT UNION (OLD SECTION)		FACILITY INFORMATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial building)	
Street Address 450 HILLCREST BOULEVARD		City (5) PHILLIPSBURG		County (6) WARREN	
Name of Monitoring Firm CONNELL-GRIENE CONSULTING		Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 904 KINGS ARCADE DRIVE		City, State, Zip Code DOWNINGTOWN PA 19335		Street Address 570 CLEM'S RUN	
Project Manager for Monitoring Firm RICK PELLISSIER		Telephone No. 484-432-9383		City, State, Zip Code MULLICA HILL NJ 08062	
Start Date (10) 12/05/2018		Scheduled Completion Date (11) 12/14/2018		Telephone No. 610-304-4176	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Name of OSHA Monitor EMSL		License No. 01145	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input checked="" type="checkbox"/> 260 sf or 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 200 RT. 131 NORTH	
Location of Asbestos-Containing Material (ACM) in Facility (13) TO BE ABATED 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) FLOOR TILE & MASTIC	
Name of Registered Waste Hauler DAVID GEPPERT RECYCLING		NJDEP Waste Hauler ID No.		Amount (Specify SF or LF) 1411 SF	
City, State HATFIELD, PA		Cubic Yards of Waste 40		Abatement Type Removal	
Completed by RON SWANSON		Disposal Date 12/17/2018		Name of Registered Landfill WESTERN BERKS LANDFILL	
Title GENERAL MANAGER		Signature Ron Swanson		City, State ROSBORO PA	
				Date 12/04/2018	

ASB-41 (R-08-08)

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



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PAID

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

Date of Notification (1) 12-04-18		Name of Building Owner/Operator (2) Medco Health Solutions, Inc. (dba Express Scripts)	
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	
Name of Facility Where Abatement is Taking Place (3) 100 Parsons Pond Road		Street Address 100 Parsons Pond Dr. City, State, Zip Code Franklin Lakes, NJ 07417 Name of Contact Mace Bell Telephone Number (201) 269-2326	
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 building etc.)		Square Feet 87,000 # of Floors 3 BL Age 48 years	
County (6) Bergen		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm BEM Systems, Inc.		Hired by Building Owner (8) ASCM No. _____ Name of Abatement Contractor (9) Pinnacle Environmental Corp.	
Street Address 100 Passaic Ave		Street Address 200 Broad Street	
City, State, Zip Code Chatham, NJ 07928		City, State, Zip Code Carlstadt, NJ 07072	
Project Manager for Monitoring Firm Venkat Balasubramanian		Telephone No. (908) 598-2600 Telephone No. 201-939-6565 License No. 00756	
Start Date (10) 12-14-18		Scheduled Completion Date (11) 06-30-19 Name of OSHA Monitor Even-Air Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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) Yes No N/A	
3C: C3-017		x	
3C: C3-017		x	
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310 Cubic Yards of Waste TBD Name of Registered Landfill Minerva Enterprises	
City, State Shirley, NY / Bronx, NY		Disposal Date TBD City, State Waynesburg, OH 44688	
Completed by Kevin Moriarty		Title Project Manager Signature Date 12-04-18	

AREA # 1 CK1763

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

CHECK #176

Date of Notification (1) 12/04/2018		Name of Building Owner/Operator (2) IRCO COMMUNITY FEDERAL CREDIT UNION		DEC 0 2018	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input 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 450 HILLCREST BOULEVARD City, State, Zip Code PHILLIPSBURG NJ 08865 Name of Contact JACALYN FREY Telephone Number 908-859-1811	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) IRCO COMMUNITY FEDERAL CREDIT UNION(OLD SECTION)			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs, homes, etc.)		
Street Address 450 HILLCREST BOULEVARD			Square Feet 1,500		# of Floors 1
City (5) PHILLIPSBURG			Bldg. Age 30+		
County (6) WARREN			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) COMMERCIAL
Name of Monitoring Firm Hired by Building Owner (8) CONNELL-GREENE CONSULTING		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 904 KINGS ARM DRIVE		Street Address 570 CLEMS RUN			
City, State, Zip Code DOWNTOWN PA 19335		City, State, Zip Code MULLICA HILL NJ 08062			
Project Manager for Monitoring Firm RICK PELLISSIER		Telephone No. 484-432-9363		Telephone No. 610-304-4676	License No. 01145
Start Date (10) 12/05/2018		Scheduled Completion Date (11) 12/14/2018		Name of OSHA Monitor EMSL	
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 200 RT. 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 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)	
FIRST FLOOR LOBBY		X		SHEET FLOORING 710 SF	
Name of Registered Waste Hauler DAVID GEPPERT RECYCLING		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40	Name of Registered Landfill WESTERN BERKS LANDFILL
City, State HATFIELD, PA		Disposal Date 12/17/2018		City, State BIRDSBORO PA	
Completed by RON SWANSON		Title GENERAL MANAGER		Signature <i>Ron Swanson</i>	Date 12/04/2018

AREA #1

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

CHECK #176

AGE 03/05

Date of Notification (1) 12/04/2018		Name of Building Owner/Operator (2) IRCO COMMUNITY FEDERAL CREDIT UNION		Telephone Number 908-659-1811	
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 450 HILLCREST BOULEVARD City, State, Zip Code PHILLIPSBURG NJ 08865 Name of Contact JACALYN FREY	
Name of Facility IRCO COMMUNITY FEDERAL CREDIT UNION (OLD SECTION)		Where Abatement is Taking Place (3) FACILITY INFORMATION		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter b (Other than K-12) Other (i.e. private & commercial building) Size in Feet 1,500 # of Floors 1	
Street Address 450 HILLCREST BOULEVARD City (6) PHILLIPSBURG County (5) WARREN		Firm Hired by Building Owner (8) CONNELL-GREENE CONSULTING ASCM No. Name of Abatement Contractor (9) ASSURE ENVIRONMENTAL SERVICES INC. Street Address 670 CLEVERIS RUN City, State, Zip Code MULLICA HILL NJ 08052		Current Use (Prior to being demolished) COMMERCIAL	
Name of Monitoring Firm RICK PELLISER Start Date (10) 12/05/2018		Monitoring Firm Telephone No. 484-432-9383 Scheduled Completion Date (11) 12/14/2018		Telephone No. 610-304-6763 License No. 01145	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe		Name of On-Site Monitor EMSL Street Address 200 RT. 130 NORTH City, State, Zip Code CINNAMILISON NJ 08077			
Scope of Work (Check) <input checked="" type="checkbox"/> 23 sq ft or less <input type="checkbox"/> 23 sq ft or more		Renovation Demolition Full Containment with Negative Pressure Min. Enclosure Other (Specify Procedure) Not Exempted (*) and Non-Friable Procedure			
Location of 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)	
FIRST FLOOR LOBBY		Yes No N/A		Amount (Specify SF or LP)	
				710 SF	
Name of Registered Waste Hauler DAVID GEPPERT RECYCLING		NJDEP Waste Hauler ID No.		Cubic Yards of Waste 40	
City, State HATFIELD, PA		Disposal Date 12/17/2018		Name of Registered Landfill WESTERN BERKS LANDFILL	
Completed by RON SWANSON		Title GENERAL MANAGER		Signature Date 12/04/2018	

ASB-41 (R-06-08)

* Do not use this form for asbestos licensure exempted activities

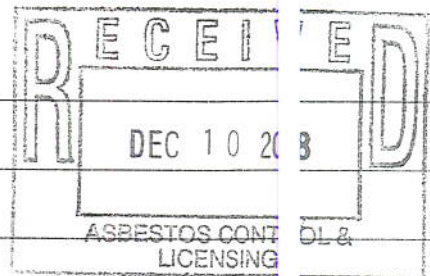
PAID

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)RECEIVED
DEC 1 2018

Date of Notification (1) 12/03/2018		Name of Building Owner/Operator (2) Riverview Towers Apartment Corp.		Check# 1329	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 28 Riverside Ave City, State, Zip Code Red Bank, New Jersey 07701 Name of Contact Daniel Fitzharris, Maxons Restorations Inc (GC)	
Name of Facility Where Abatement is Taking Place (3) Riverview Towers Apartment Corp.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial bldgs homes, etc.)		Telephone Number 973-338-6767	
Street Address 28 Riverside Ave		Square Feet 20,000		# of Floors 12	
City (5) Red Bank, New Jersey 07701		County (6) Monmouth		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Hillman Environmental		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation	
Street Address 1600 Route 22 East, Suite 107		Street Address 606 McBride Ave		City, State, Zip Code Woodland Park, New Jersey	
City, State, Zip Code Union, New Jersey 07083		Telephone No. 908-688-7800		Telephone No. 973-225-8400	
Project Manager for Monitoring Firm Mike Nehlsen		License No. 01104		Current Use (Prior if being demolished) Retail Bldg	
Start Date (10) 12/13/2018		Scheduled Completion Date (11) 12/22/2018		Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West		City, State, Zip Code Union, NJ 07083	
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"/> Tent/Glove Bag 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) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Fan Rooms		X		Pipe and Elbows Insulation	
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 5	
City, State Woodland Park, New Jersey		Disposal Date 12/22/2018		Name of Registered Landfill Fairless Landfill	
Completed by Adriana Olejarova		Title President		Signature [Signature]	
				Date 12/03/2018	

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



Date of Notification (1) 12/4/18		Name of Building Owner/Operator (2) Bill Casey		<div style="border: 1px solid black; padding: 5px;"> RECEIVED DEC 10 2018 ASBESTOS CONTROL & LICENSING </div>	
Agencies Notified	Type of Notification	Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newton, NJ 07860 Name of Contact Bill Casey Telephone Number 			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Private House		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) Newton		Square Feet	# of Floors	Bldg. Age	
County (6) Sussex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.		Name of Abatement Contractor (9) Academy Construction Inc	
Street Address				Street Address 205 Route 46 Suite 14	
City, State, Zip Code				City, State, Zip Code Totowa NJ 07512	
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973 832 4244	License No. 01379
Start Date (10) 12/16/18		Scheduled Completion Date (11) 12/23/18		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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
	Yes	No			
Basement			X	Pipe insulation	140lf
Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill	
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>		Date 12/4/18

PAID

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

CR 330 7

Date of Notification (1)

12 / 4 /18

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type of Notification

☐ Initial Notification
☒ Amended Notification #2
☐ Cancellation
☐ On Hold
☐ EMERGENCY NOTIFICATION

Name of Building Owner/Operator (2)

MERCK SHARP & DOHME CORP.

Street Address

126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

DEC 10 18

ASBESTOS CON
LICENSIN

ROL 2

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (ie. private & commcl. bldgs., homes, c.)

Square Feet

8,900

of Floors

1

Bldg. Ag

39

Street Address

126 EAST LINCOLN AVENUE

- BUILDING 80 ADD

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

ASCM No.

104

Current Use (Prior if being demolished)
RESEARCH LABORATORY AND OFFICE FACI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

Street Address

655 WEST SHORE TRAIL

City, State, Zip Code

SPARTA, NEW JERSEY 07871

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#114

Expected State Date (10)

12 / 5 /18
Month Day Year

Sched. Completion Date (11)

5 / 30 /19
Month Day Year

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: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 160 LF

☒ Renovation

☐ Full Containment with Negative Pressure
☐ Mini Enclo.
☐ Glovebag Procedure
☒ Non-Friable Procedure

Location of
Asbestos-containing
Material (ACM)
TO BE ABATED
in Facility (12)

Is Location
normally used
solely by
Maint/Custodial
Staff (12)
Yes No N/A

Description of Asbestos-
Containing Material (ACM)
(ie. Thermal systems
insulation, surfacing, VAT,
or other miscellaneous)

Amount
(Specify
SF or LF)

Abatement
REMOVAL
REPAIR

Type
ENCLOSURE

ROOF PERIMETER & PENETRATIONS

X

ROOFING TAR

935 SF

X

Name of Registered Waste Hauler
FREEHOLD CARTAGE, INC.
825 HIGHWAY 33

NJDEP Waste
Hauler ID No.
15939

Cubic Yards of Waste
15

Name of Registered Landfill
LYCOMING COUNTY RESOURCE MANAGE
447 ALEXANDER DRIVE/ROUTE 15

City, State
FREEHOLD, NEW JERSEY
Completed by (Print or Type)
BENJAMIN SANCHEZ

Title
DIRECTOR OF OPERATIONS

Signature

Date

12/7/18

IDENT SE

CK 35542

PAID

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

RECEIVED	DEC 10 2018	35542
ASBESTOS CONTROL & LICENSING		

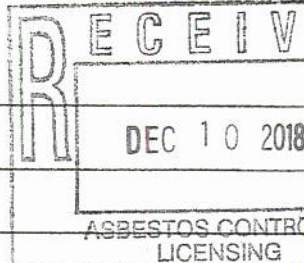
Date of Notification (1) 12 / 05 / 18		Name of Building Owner/Operator (2) Lertch Wrecking & Disposal	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5115 Belmar Blvd. City, State, Zip Code Farmingdale, NJ 07727 Name of Contact Doug Telephone Number 732-681-0206	

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 and commercial buildings, homes, etc.)			
Street Address [REDACTED]				Square Feet 1800			
City (5) Wall				# of Floors 1			
County (6) Monmouth				County Code (7) (STATE USE ONLY) Residence			
Name of Monitoring Firm Hired by Building Owner (8) N/A				ASCM No. Name of Abatement Contractor (9) Guardian Contracting, Inc.			
Street Address				Street Address 1889 Route 9, Unit 61			
City, State, Zip Code				City, State, Zip Code Toms River, New Jersey 08755			
Project Manager for Monitoring Firm				Telephone No. 732-349-9932		License No. 00624	
Start Date (10) 12 / 17 / 18				Scheduled Completion Date (11) 12 / 18 / 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 E.M.S.L. Analytical			
Street Address 1056 Stelton				City, State, Zip Code Piscataway, New Jersey 08854			

Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf				<input 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			
---	--	--	--	---	--	--	--	--	--	--	--

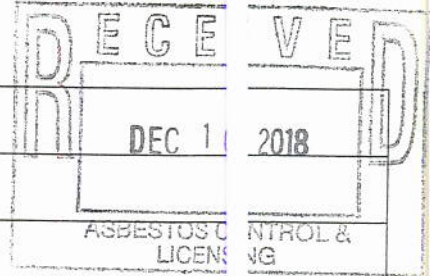
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal	Abatement Type		
	Yes	No	N/A				Basic	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1350 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223		Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey				Disposal Date 12/18/18	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager		Signature 		Date 12/5/18			

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



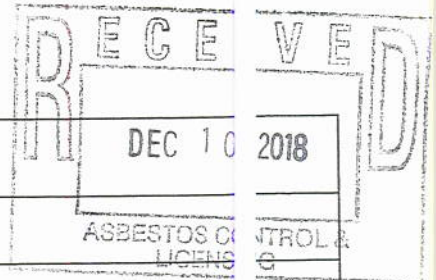
Date of Notification (1) 11-26-18		Name of Building Owner/Operator (2) Omega Environmental Services					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input 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) <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, houses, etc.)				
	Street Address 50 Route 46	City (5) Wayne	Square Feet N/A # of Floors N/A Bldg. Age N/A				
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Parking Lot					
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.					
Street Address N/A	Street Address 17 Old Dock Rd						
City, State, Zip Code N/A	City, State, Zip Code Yaphank, NY 11980						
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 631-924-8111	License No. 01136				
Start Date (10) 11-28-18 - ON HOLD	Scheduled Completion Date (11) 12-27-18	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: Exterior / construction area		Street Address 17 Old Dock Rd 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (Le. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No			N/A	Removal	Repair
Parking lot			x	Transite pipe	100 lf	x	
Name of Registered Waste Hauler ATC	NJDEP Waste Hauler ID No. SW24310	Cubic Yards of Waste 10	Name of Registered Landfill 110 Sand Company				
City, State Shirley, NY	Disposal Date TBD		City, State Melville, NY				
Completed by Raymond Tutiven	Title Supervisor	Signature <i>Raymond Tutiven</i>	Date 11-26-18				

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



Date of Notification (1) 11/30/2018		Name of Building Owner/Operator (2) RJB Evolution, LLC	
Agencies Notified	Type Notification	Street Address 310 Asbury Ave	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <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, homes, etc.)	
Street Address 312 Asbury Ave.		Square Feet 1000	# of Floors 1
City (5) Ocean City, NJ 08226		County Code (7) (STATE USE ONLY)	
County (6) Cape May		Current Use (Prior if being demolished) Abandoned	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc
Street Address PO BOX 365		Street Address 135 Kinnelon Road Suite 102	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	Telephone No. 908-218-0880
Start Date (10) 12/14/2018		Scheduled Completion Date (11) 12/18/2018	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, 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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 135 Kinnelon Road Suite 102	
		City, State, Zip Code Kinnelon, NJ 07405	
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	
Flooring throughout		X	VAT
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	Disposal Date 12/18/2018		City, State Morrisville, PA
Completed by Charlie Imbimbo	Title Project Manager	Signature 	Date 11/30/2018

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



Date of Notification (1) 12 / 05 / 18		Name of Building Owner/Operator (2) Muhlenberg Urban Renewal, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2 Broad Street, Suite 400	
		City, State, Zip Code Bloomfield, NJ 07003	
		Name of Contact Warren Sprake	Telephone Number 908-670-5711

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1200 Randolph Road - Building 2-3		Square Feet	# of Floors
City (5) Plainfield		Bldg. #	
County (6) Union	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224	Street Address 27 Outwater Lane		
City, State, Zip Code Union, NJ	City, State, Zip Code Garfield, NJ 07026		
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188

Start Date (10) 09 / 17 / 18	Scheduled Completion Date (11) 10 / 31 / 19	Name of OSHA Monitor ALL PRO MANAGEMENT LLC
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 27 Outwater Lane
		City, State, Zip Code Garfield, NJ 07026

Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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)	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
1st Floor- Building 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	400 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor- Building 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor- Ceiling- Building 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation- Wrap and Cut	238 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement- Building 1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	TBD	TBD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler ATC/ Century Waste, LLC/ Weigle Trucking	NJDEP Waste Hauler ID No. SW-23410/32797/PA-589	Cubic Yards of Waste As Needed	Name of Registered Landfill Minerva Enterprises/ GROWS North L
City, State Shirley, NY/ Elizabeth, NJ / Linden, PA	Disposal Date TBD	City, State Waynesburg, OH/ Morrisville, PA	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>	Date 12/5/18

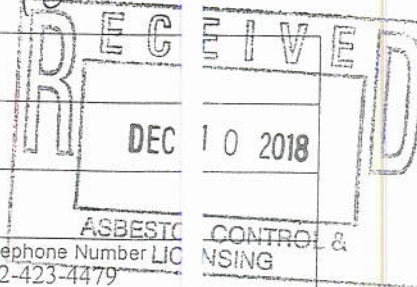
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Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 12/5/18
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Job Cancelled

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

0481



NOCIC

Date of Notification (1) 11/20/18		Name of Building Owner/Operator (2) Merck US			
Agencies Notified	Type of Notification	Street Address 126 E Lincoln Ave			
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rahway, NJ 07066			
		Name of Contact Angelo Piccolella	Telephone Number 732-423-4479		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Merck US		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial building, homes, etc.)			
Street Address 126 E Lincoln Ave		Square Feet NA	# of Floors NA		
City (5) Rahway		Bldg Age NA			
County (6) Union		Current Use (Prior if being demolished) Outdoor Piperack			
Name of Monitoring Firm Hired by Building Owner (8) NA		ASCM No. _____	Name of Abatement Contractor (9) Advanced Specialty Contractors, LLC		
Street Address		Street Address 2400 Main Street Extension, Suite 10			
City, State, Zip Code		City, State, Zip Code Sayreville, NJ 08872			
Project Manager for Monitoring Firm		Telephone No. _____	Telephone No. _____ License No. _____		
Start Date (10) 12/10/18		Scheduled Completion Date (11) 12/14/18			
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: <u>OUT-DOOR WORK</u>		Name of OSHA Monitor Environmental Tactics Show Desktop.scf Street Address 64 Broad St City, State, Zip Code Matawan, NJ 07747			
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 type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement	
				Removal	Repair
East west Pipe rack near Bldg 28	Yes No N/A	Thermal Insulation Removal	15 LF	X	
Name of Registered Waste Hauler Freehold Cartage Inc.					
NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S.		
City, State Freehold, NJ		Disposal Date 12/14/18	City, State Morrisville, PA		
Completed by Michael Migliore		Title Sr Account Manager	Signature <i>Michael Migliore</i>	Date 11/20/18	

Please Place on hold until

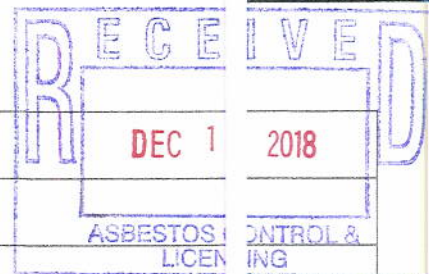
12/28/2018

Thank You

NOV

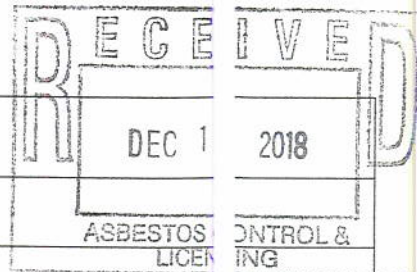
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form



Date of Notification (1) 10/11/2018		Name of Building Owner/Operator (2) LANXESS Solutions US Inc.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1020 King George Post Road				
			City, State, Zip Code Fords, NJ 08863				
	Name of Contact Lisa Daniels		Telephone Number 732-306-4959				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) LANXESS Solutions US 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 & commercial buildings, homes, etc.)					
Street Address 1020 King George Post Road		Square Feet	# of Floors				
City (5) Fords		Bldg. Age					
County (6) Middlesex		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Storage tanks - isolated tank farm				
Name of Monitoring Firm Hired by Building Owner (8) Emilcott Associates, Inc.		ASCM No.	Name of Abatement Contractor (9) Stryker Demolition & Environmental Services, LLC				
Street Address 190 Park Avenue		Street Address 992 Old Eagle School Road, STE 910					
City, State, Zip Code Morristown, NJ 07960		City, State, Zip Code Wayne, PA 19087					
Project Manager for Monitoring Firm Jason Busacco		Telephone No. 973-538-1110	Telephone No. 484-581-7428				
License No. 01286							
Start Date (10) 7/16/2018		Scheduled Completion Date (11) 12/28/2018					
Name of OSHA Monitor Stryker Demolition & Environmental Services, 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 checked="" type="checkbox"/> Other - Describe: Isolated Tank Farm		Street Address 992 Old Eagle School Road, STE 910					
		City, State, Zip Code Wayne, PA 19087					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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	Repair	Encapsulate	Enclosure
Pipe Insulation		X	Pipe Insulation (TSI)	1350 LF	X		
Oil/Ester Tanks Insulation		X	Pipe Insulation (TSI)	60 LF	X		
Oil Tank Surfacing Insulation		X	Black Felt (surfacing)	1161 SF	X		
Oil Tank Insulation		X	Insulation (TSI)	896 SF	X		
Name of Registered Waste Hauler Horwith Trucks, Inc.		NJDEP Waste Hauler ID No. SW-1998	Cubic Yards of Waste 155	Name of Registered Landfill Cumberland County Landfill			
City, State Northampton, PA		Disposal Date 10/26/2018		City, State Shippensburg, PA			
Completed by Mark Klotzbach		Title Vice President	Signature 	Date 10/11/2018			

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



Date of Notification (1)
10 / 24 / 18

Name of Building Owner/Operator (2)
Cape May County Chosen Freeholders

Agencies Notified
☒ EPA
☒ DOLWD
☒ DOH
☐ DCA
(NJAC 5:23-8)

Type Notification
☐ Initial
☒ Amended
Amendment # 3
☐ Emergency (including justification)
☐ Cancellation

Street Address
4 Moore Road, DN 149
City, State, Zip Code
Cape May Court House, NJ 08210

Name of Contact
Kevin Lare
Telephone Number
609-465-1125

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Cape May County Correctional Institution

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

Street Address
Crest Haven Complex 125 Crest Haven Rd

City (5)
Cape May Court House, NJ 08210

Square Feet # of Floors Bldg. Age

County (6)
Cape May

County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished)

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

ASCM No. Name of Abatement Contractor (9)
Yannuzzi Environmental Services

Street Address

Street Address
135 Kinnelon Road, Suite 102

City, State, Zip Code

City, State, Zip Code
Kinnelon, NJ 07405

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)
10 / 12 / 18

Scheduled Completion Date (11)
01 / 31 / 19

Name of OSHA Monitor
Yannuzzi Group, Inc.

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

Street Address
135 Kinnelon Road

Time of Abatement: AM- PM/ PM- AM

City, State, Zip Code
Kinnelon, NJ 07405

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

Repair Encapsulate Enclosure

Boiler Room

☒ ☐ ☐

Boiler TSI

120 SF

☒

Interview Room

☐ ☐ ☒

VAT & Mastic, Non-Friable

110 SF

☒

Communication Rooms

☐ ☐ ☒

VAT & Mastic, Non-Friable

200 SF

☒

Female Control Room

☐ ☐ ☒

VAT & Mastic, Non-Friable

200 SF

☒

Name of Registered Waste Hauler
Yannuzzi Group Inc.

NJDEP Waste Hauler ID No.

Cubic Yards of Waste
40

Name of Registered Landfill
Waste Management

City, State
Kinnelon, NJ 07405

Disposal Date
12/30/2018

City, State
Fairless Hills

Completed By (Print or Type)
John Mucha

Title
Project Manager

Signature

Date
12/14/18

Check # 2574

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

Date of Notification (1) 12/03/2018		Name of Building Owner/Operator (2) Pine Valley Golf Club					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 E. Atlantic Ave.					
		City, State, Zip Code Pine Valley, NJ 08021					
		Name of Contact Sean Corsaro					
<div style="display: flex; justify-content: space-between;"> <div> Telephone Number (609) 820-5455 </div> <div> RECEIVED DEC 1 2018 RESOURCES CONTROL & MAINTENANCE </div> </div>							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Club House		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 1 E. Atlantic Ave.		Square Feet 10000	# of Floors 3				
City (5) Pine Valley, NJ 08021		Age 100+/-					
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm 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) 12/18/2018	Scheduled Completion Date (11) 1/31/2019	Name of OSHA Monitor MECS					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address PO Box 341					
		City, State, Zip Code Chesterfield, NJ 08515					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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)	Removal	Abatement Type		
					Encapsulate	Enclosure	
Lower Level	Yes No N/A	Thermal Pipe insulation	220 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 3 cu	Name of Registered Landfill Fairless Landfill			
City, State Allentown, NJ		Disposal Date 1/31/2019		City, State Morrisville, PA			
Completed by Mahlon E. Stevens		Title Project Manager	Signature	Date 12/03/2018			

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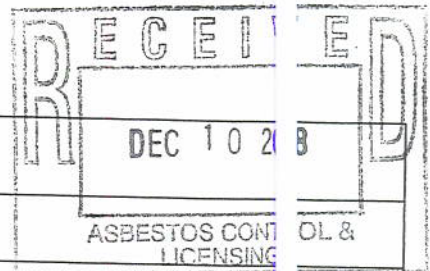
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12/06/2018		Name of Building Owner/Operator (2) DBI Projects	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1261 Broadway		City, State, Zip Code New York, NY 10001	
Name of Contact Chris Tomlan & Brian Bennington		Telephone Number 215-533-1200	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Former Henry B. Sall Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial building etc.)	
Street Address 1575 Mt. Ephraim Ave		Square Feet 100,000	
City (5) Camden, NJ		# of Floors 3	
County (6) Camden		Bldg Age 7	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) Whitman		ASCM No. 00110	
Street Address 7 Pleasant Hill Rd.		Name of Abatement Contractor (9) Associated Specialty Contracting	
City, State, Zip Code Cranbury, NJ 08512		Street Address 98 Lacrue Ave, Suite 110	
Project Manager for Monitoring Firm Kevin T. Lovely		City, State, Zip Code Glen Mills, PA 19342	
Start Date (10) 12/17/2018		Telephone No. 610-364-9622	
Scheduled Completion Date (11) 1/31/2019		License No. 01103	
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 Criterion Labs	
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 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 Process	
Street Address 3370 Progress Drive		City, State, Zip Code Bensalem, PA 19020	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
1916 Building Attic		x	
1916 Building Shaft		x	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Clean Up Debris		20 SF	
Pipe Insulation - Wrap and Cut		15 Lf	
Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No.	
City, State 1519 Rev S. Howard Woodson Jr. Way, Trenton, NJ 08637		Cubic Yards of Waste 1	
Completed by Jack Tomasura		Name of Registered Landfill Tulleytown Resources Recovery Landfill	
Title Sr. Estimator		City, State Tulleytown, PA	
Signature <i>Jack Tomasura</i>		Date 12/06/2018	

CK1488

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



Date of Notification (1) 12 / 06 / 18		Name of Building Owner/Operator (2) Manuel Martins	
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	
Name of Facility Where Abatement is Taking Place (3) Residential		Street Address [REDACTED] City, State, Zip Code South River, NJ 08882	
Street Address [REDACTED]		Name of Contact Sergio Martins POA Manuel Martins	
City (5) South River		Telephone Number [REDACTED]	
County (6) Middlesex		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.)	
Name of Monitoring Firm Bio Terra Solutions		Square Feet # of Floors Bldg. Age	
Street Address P.O. Box 1224		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)	
City, State, Zip Code Union, NJ		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Project Manager for Monitoring Firm Rick Estaquio		Street Address 27 Outwater Lane	
Start Date (10) 12 / 15 / 18		City, State, Zip Code Garfield, NJ 07026	
Scheduled Completion Date (11) 12 / 31 / 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	
Name of OSHA Monitor ALL PRO MANAGEMENT LLC		Street Address 27 Outwater Lane	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Garfield, NJ 07026	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Pipe Insulation		Amount (Specify SF or LF) 30 LF	
Name of Registered Waste Hauler Newark Carting		Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
City, State Newark, NJ		NJDEP Waste Hauler ID No. 0283	
Completed By (Print or Type) Allen Monchik		Title Project Manager	
Signature Allen Monchik		Date 12/6/18	

CK 6145

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

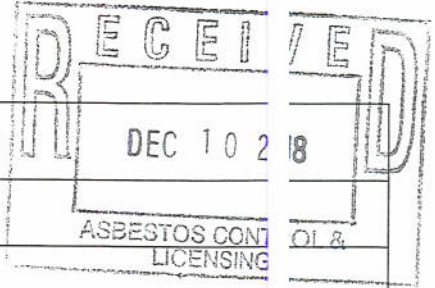
Date of Notification (1) 12/6/2018		Name of Building Owner/Operator (2) 2019 Mountain Scotch Plains LLC		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 10 2018 CONTROL & INSPECTION </div>			
Agencies Notified		Type Notification				Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				194 Mt. Airy Road	
				City, State, Zip Code Basking Ridge			
				Name of Contact Suzanne Henderson			
				Telephone Number 973-747-9570			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) ERA Queen City Realty				Type of Facility (4)			
Street Address 310 Park Ave				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
City (5) Scotch Plains, NJ 07076				Square Feet 5,000	# of Floors 1		
County (6) Union		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial Property			
Name of Monitoring Firm N/A		Hired by Building Owner (8) ASCM No. _____		Name of Abatement Contractor (9) Hazmat Diagnostic LLC			
Street Address				Street Address 16 Glenwild Ave			
City, State, Zip Code				City, State, Zip Code Bloomington, NJ 07403			
Project Manager for Monitoring Firm		Telephone No. _____		Telephone No. 973-928-3995	License No. 01181		
Start Date (10) 12/17/2018		Scheduled Completion Date (11) 12/31/2018		Name of OSHA Monitor Hazmat Diagnostic LLC			
Occupancy Status During Abatement (Check Only One)				Street Address 16 Glenwild Ave			
<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 Bloomington, NJ 07403			
Scope of Work (Check All That Apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥180 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			
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)		
Roof Top Chimney				X	Tar at Base Chimney 12 LF		
Name of Registered Waste Hauler Hazmat Diagnostic LLC/Newark Carting, Inc		NJDEP Waste Hauler ID No. 0035440/4509		Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill		
City, State Bloomington, NJ		Disposal Date TBD		City, State Morrisville, PA			
Completed by Tatiana Rotaru		Title COO		Signature 	Date 12/10/2018		

CE # 6145

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



Date of Notification (1) 12 / 07 / 18		Name of Building Owner/Operator (2) Fiddler's Elbow Country Club	
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 811 Rattlesnake Bridge Road	
	City, State, Zip Code Bedminster, NJ 07921-2824		
		Name of Contact Dave Absher	Telephone Number 717-917-3054
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 811 Rattlesnake Bridge Road	Square Feet	# of Floors	Bldg. #
City (5) Bedminster	County Code (7) (STATE USE ONLY)		
County (6) Somerset	Current Use (Prior if being demolished)		
Name of Monitoring Firm Bio Terra Solutions	Hired by Building Owner (8)	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 / 10 / 18	Scheduled Completion Date (11) 01 / 18 / 19		Name of OSHA Monitor ALL PRO MANAGEMENT LLC
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM	Street Address 27 Outwater Lane		
	City, State, Zip Code Garfield, NJ 07026		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input 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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	Gray Transite
Exterior- Windows	<input type="checkbox"/>	<input type="checkbox"/>	Gray Caulk
Exterior- Roof	<input type="checkbox"/>	<input type="checkbox"/>	Black Roofing Material
Exterior- Roof	<input type="checkbox"/>	<input type="checkbox"/>	Black Flashing
Name of Registered Waste Hauler All Pro Management LLC/ Newark Carting	NJDEP Waste Hauler ID No. 989/ 0283	Cubic Yards of Waste As Needed	Name of Registered Landfill GROWS North Landfill/Fairless Landfill
City, State Garfield, NJ / Newark, NJ	Disposal Date TBD		City, State Morrisville, PA/ Bethlehem, PA
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature Allen Monchik	Date 12/7/18

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ASBESTOS CONTROL & LICENSING

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 12/7/18
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

CHK# 3 178

Date of Notification (1) 12 / 4 / 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	
Name of Facility Where Abatement is Taking Place (3) Verizon Whippany C.O.		Street Address 15 East Montgomery Place, Lower Level	
Street Address 330 Rt 10		City, State, Zip Code Pittsburgh, PA 15212	
City (5) Whippany		Name of Contact Anthony Porta	
County (6) Morris		Telephone Number 412-633-4021	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Verizon Whippany 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 330 Rt 10		Square Feet	
City (5) Whippany		# of Floors	
County (6) Morris		Bldg. Age	
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 / 26 / 18		Telephone No. 215-365-5810	
Scheduled Completion Date (11) 1 / 5 / 19		Telephone No. 215-788-6040	
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/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		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Basement AC Equipment Room 1		Floor tile and mastic	
Basement AC Equipment Room 1		Duct Insulation	
Basement AC Equipment Room 1		Pipe Insulation	
2nd Fl. AC Equipment Room 4		Pipe Insulation	
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		Disposal Date	
Title Estimator		Signature Brian Scafiro	
		Date 12-1-18	

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