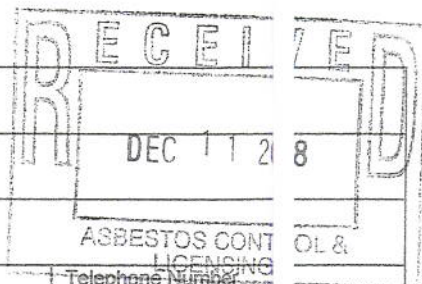


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12-05-18		Name of Building Owner/Operator (2) PSEG						
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification		Street Address 4000 Hadley Rd.					
	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code South Plainfield, NJ					
			Name of Contact Steve Pentek					
			Telephone Number 732-540-4838					
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSEG New Milford Substation		Type of Facility (4) <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 132 Henley Ave		Square Feet N/A	# of Floors N/A					
City (5) New Milford, NJ		Bldg Age N/A						
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.					
Street Address N/A		Street Address 17 Old Dock Rd						
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980						
Project Manager for Monitoring Firm N/A		Telephone No. 631-924-8111	License No. 01136					
Start Date (10) 12-17-18		Scheduled Completion Date (11) 1-31-19						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: Normal Hours		Name of OSHA Monitor WRS Environmental Services, Inc.						
		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 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 type="checkbox"/> Non-Exempted (*) and Non-Friable Process								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement type				
					Yes	No	N/A	Removal
Control House	13kv		Duct Bank	150 lf	x			
Name of Registered Waste Hauler Environmental Transport Group INC		NJDEP Waste Hauler ID No. NJD000692061	Cubic Yards of Waste 30	Name of Registered Landfill GROWS- Fairless Landfill				
City, State Gold Mine Road, Flaners NJ 07836		Disposal Date TBD	City, State 1000 New Ford Mill Rd, Morrisville, PA					
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i>	Date 12-05-18				

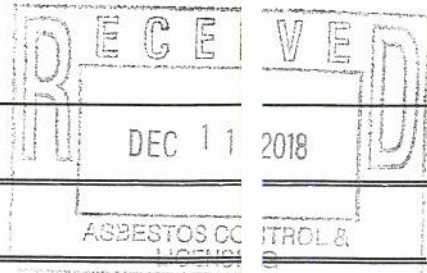
PAID State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED
DEC 11 2013
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-05-18	Name of Building Owner/Operator (2) PSEG		Street Address 4000 Hadley Rd.		City, State, Zip Code South Plainfield, NJ		Name of Contact Steve Pentek		Telephone Number 732-540-4838		
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		FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) PSEG New Milford Substation			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			Square Feet N/A		# of Floors N/A		Block Number N/A	
Street Address 132 Henley Ave			City (5) New Milford, NJ			County (6) Bergen			County Code (7) (STATE USE ONLY)		
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			City, State, Zip Code N/A			Street Address 17 Old Dock Rd			City, State, Zip Code Yaphank, NY 11980		
Project Manager for Monitoring Firm N/A			Telephone No. N/A			Telephone No. 631-924-8111			License No. 01136		
Start Date (10) 12-17-18			Scheduled Completion Date (11) 1-31-19			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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Normal Hours			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 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 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) 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)		
Control House 13kv			x			Transite floor panels			125 lf		
Control House 13kv			x			Expansion Caulk exterior			30 lf		
Control House 13kv			x			Roof Flashing			228 sf		
Control House 13kv			x			Stucco			1500 sf		
Name of Registered Waste Hauler Environmental Transport Group INC			NJDEP Waste Hauler ID No. NJD000692061			Cubic Yards of Waste 50			Name of Registered Landfill GROWS- Fairless Landfill		
City, State Gold Mine Road, Flemington NJ 07836			Disposal Date TBD			City, State 1000 New Ford Mill Rd, Morrisville, PA					
Completed by Raymond Tutiven			Title Supervisor			Signature <i>Raymond Tutiven</i>			Date 12-05-18		

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

D&S Proj. #: 18-264



PAID

Date of Notification (1)
12/10/18

Name of Building Owner/Operator (2)

helen shumsky

Street Address

City, State, Zip Code

LIVINGSTON, NJ 07039

Name of Contact

helen shumsky

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

helen shumsky

Street Address

City (5)

LIVINGSTON

County (6)

essex

County Code (7)
(State use only)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

0111

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

12/06/18

Sched. Completion Date (11)

12/20/18

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: NORMAL HOURS

Scope of Work (check all that apply)

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

- ☐ Full Containment w/negative pressure
☐ Mini-enclosure
☒ Glovebag procedure
☐ Non-Exempted (*) and Non-friable procedure

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

BASEMENT

PIPE INSULATION

28 L FT

Registered Waste Hauler
D & S RESTORATION, INC.

NJDEP Hauler ID#
13506

Cubic Yards of Waste
1 yd

Name of Registered Landfill
TULLYTOWN, RESOURCE RECOVERY

City, State
PATERSON, NJ 07503

Disposal Date
12/07/18

City, State
TULLYTOWN, PA

Completed by (Print or Type)
BOGDAN JOLDZIC

Title
PRESIDENT

Signature

Date
12/05/2018

Notification of Asbestos Abatement

B & G proj. #: 2018-254

PAID

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9024

Date of Notification (1)

12/17/2018

Name of Building Owner/Operator (2)

Rona Malton

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type of Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Morristown, NJ 07960

Name of Contact

Rona Malton

Telephone Number

ASBESTOS CONTROL & TESTING

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Rona Malton

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Commercial)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Residential

City (5)

Morristown, NJ 07960

County (6)

Essex

County Code (7)

(State use only)

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

ASCM No.

n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

0078

Scheduled Start Date (10)

12/17/2018

Sched. Completion Date (11)

12/18/2018

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

basement

pipe insulation

150 lf

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

2

Name of Registered Landfill

Grand Central Landfill

City, State
Lincoln Park, NJ

Disposal Date

12/18/2018

City, State

Pen Argyle, PA

Completed by (Print or Type)
Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

12/07/2018

B & G proj. #: 2018 252

PAID

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

*** Sub chapter 8 ***

Check # 9022

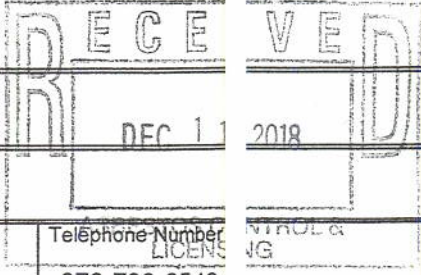
Date of Notification (1) 12/10/18		Name of Building Owner/Operator (2) Newark Public Schools		<div style="border: 1px solid black; padding: 5px;"> RECEIVED DEC 11 2018 CONTROL & INSURING </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation				Street Address 2 Cedar Street	
		City, State, Zip Code Newark, NJ 07106				Name of Contact Sherelle E Spriggs	
						Telephone Number 973-733-6549	
FACILITY INFORMATION							
Name of facility where abatement is taking place (3) Lincoln School (Sub chapter 8)				Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)			
Street Address 87 Richelieu Terrace				Square Feet # of Floors Bldg. Age			
City (5) Newark, NJ 07106		County (6) Essex		County Code (7) (State use only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) TTI Environmental, Inc.		ASCM No. 0003		Name of Abatement Contractor (9) B & G Restoration, Inc.			
Street Address 1253 North Church Street				Street Address 105 Ryerson Road			
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code Lincoln Park, NJ 07035			
Project Manager for Monitoring Firm Jim Guilardi		Phone Number 609-314-1683		Telephone Number (973)696-6869			
Scheduled Start Date (10) 12/21/2018		Sched. Completion Date (11) 12/31/2018		License Number 0018			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Name of OSHA Monitor B & G Restoration, Inc.			
				Street Address 105 Ryerson Road			
				City, State, Zip Code Lincoln Park, NJ 07035			
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove box procedure <input type="checkbox"/> Non-friable procedure							
Location of asbestos-containing material to be abated in facility (13)		Is location normally used solely by maintenance/custodial staff (12)		Description of asbestos-containing material (ACM)			
		Yes No N/A		Amount (Specify SF or LF)			
Room B-3		<input checked="" type="checkbox"/>		pipe insulation 300 lf			
Room B-3		<input checked="" type="checkbox"/>		cove base mastic 320 lf			
Room 311		<input checked="" type="checkbox"/>		ceiling plaster 1,000 sf			
Registered Waste Hauler B & G Restoration, Inc.		NJDEP Hauler ID# 19563		Cubic Yards of Waste 15			
City, State Lincoln Park, NJ		Disposal Date 12/21/18 - 12/31/18		Name of Registered Landfill Grand Central Landfill			
City, State Pen Argyl, PA							
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna			
				Date 12/06/18			

B & G proj. #: 2018-253

PAID

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

Check # 9023

Date of Notification (1) 1/2/18		Name of Building Owner/Operator (2) Newark Public Schools																					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation				Street Address 2 Cedar Street																	
		City, State, Zip Code Newark, NJ 07106				Name of Contact Sherelle E Spriggs																	
						Telephone Number 973-733-6549																	
FACILITY INFORMATION																							
Name of facility where abatement is taking place (3) East Side High School (Sub chapter 8)				Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)																			
Street Address 238 Van Buren Street				Square Feet																			
City (5) Newark, NJ 07106				County (6) Essex																			
				County Code (7) (State use only)																			
Name of Monitoring Firm hired by Bldg. Owner (8) TTI Environmental, Inc.				ASCM No. 0003																			
Street Address 1253 North Church Street				Name of Abatement Contractor (9) B & G Restoration, Inc.																			
City, State, Zip Code Moorestown, NJ 08057				Street Address 105 Ryerson Road																			
Project Manager for Monitoring Firm Jim Guilardi				City, State, Zip Code Lincoln Park, NJ 07035																			
Scheduled Start Date (10) 12/21/2018				Telephone Number (973)696-6869																			
Sched. Completion Date (11) 12/26/2018				License Number 0078																			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:				Name of OSHA Monitor B & G Restoration, Inc.																			
Scope of Work (check all that apply) <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input type="checkbox"/> Glove bag procedure <input type="checkbox"/> Non-friable procedure				Street Address 105 Ryerson Road																			
Location of asbestos-containing material to be abated in facility (13) Trading Post				City, State, Zip Code Lincoln Park, NJ 07035																			
Is location normally used solely by maintenance/custodial staff (12)				Description of asbestos-containing material (ACM)																			
<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>				Yes	No	N/A	<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"/>	Amount (Specify SF or LF) 30 lf	
Yes	No	N/A																					
<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"/>																					
Registered Waste Hauler B & G Restoration, Inc.				NJDEP Hauler ID# 19563																			
City, State Lincoln Park, NJ				Cubic Yards of Waste 1																			
Completed by (Print or Type) Gordana Luna				Name of Registered Landfill Grand Central Landfill																			
Title Secretary/Treasurer				City, State Pen Argyl, PA																			
Signature Gordana Luna				Disposal Date 12/21/18 - 12/26/18																			
Date 12/06/2018																							

B & G proj. #:

2018-54 A

PAID

State of NJ

Notification of Asbestos Abatement

(Pursuant to NJAC 8:60-7 and 12:120-7)

Check # 9021

Date of Notification (1)

12/10/18

Name of Building Owner/Operator (2)

Estate of Richard Williams

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type of Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Montclair, NJ 07042

Name of Contact

Jane Redmond

Telephone Number

ASBESTOS CONTROL & REMEDIATION

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Estate of Richard Williams

Type of Facility (4)

☐ School (K - 12)☐ Subchapter 8 (Commercial)☒ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
Residential

City (5)

Montclair, NJ 07042

County (6)

Essex

County Code (7)

(State use only)

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

ASCM No.

n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

0078

Scheduled Start Date (10)

12/19/2018

Sched. Completion Date (11)

12/20/2018

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

2 attics

pipe insulation

12 lf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1Name of Registered Landfill
Grand Central LandfillCity, State
Lincoln Park, NJDisposal Date
12/20/2018City, State
Pen Argyl, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date
12/06/2018

018

PAID

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

CK# 1156

Date of Notification (1) 12/08/2018		Name of Building Owner/Operator (2) Johnathan Shapiro		<div style="border: 1px solid black; padding: 5px;"> RECEIVED DEC 11 2018 NJ DEPT. OF ENVIRONMENTAL CONTROL & AGRICULTURE </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				City, State, Zip Code Edison, NJ 08837 Name of Contact Johnathan Telephone Number	
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address		Square Feet		# of Floors			
City (5) Edison		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
County (6) Middlesex		Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Removal Safety LLC			
Street Address		Street Address		8 Crosby Ave			
City, State, Zip Code		City, State, Zip Code		Paterson, NJ 07502			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-400-8711			
Start Date (10) 12/17/2018		Scheduled Completion Date (11) 12/20/2018		License No. 01332			
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor same as (9)		Street Address			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Normal hours		City, State, Zip Code		Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)			
		Yes No N/A		Amount (Specify SF or LF)			
Ground floor				Ceiling transite			
				180 SF			
				x			
Name of Registered Waste Hauler Removal Safety LLC		NJDEP Waste Hauler ID No. 0037007		Cubic Yards of Waste 1			
City, State Paterson, NJ		Disposal Date TBD		Name of Registered Landfill GROWS North			
Completed by Lasko Veskov		Title President		Signature <i>Lasko Veskov</i>			
				Date 12/08/2018			

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

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chk # 349

Date of Notification (1) 12 / 18		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 1 2018 S C CEN NG </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 15 East Montgomery Place, Lower Level City, State, Zip Code Pittsburgh, PA 15212 Name of Contact Anthony Porta Telephone Number 412-633-4024	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Verizon Paulsboro 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 220 W Broad St.		City (5) Paulsboro		Square Feet	# of Floors	Block Age	
County (6) Gloucester		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.			
Street Address 8436 Enterprise Ave		City, State, Zip Code Philadelphia, PA 19153		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810		Telephone No. 215-788-6040		License No. 00509	
Start Date (10) 12 / 26 / 18		Scheduled Completion Date (11) 12 / 29 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/5:00 PM-1:30 AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	Abatement Type		
	Yes No N/A				Removal	Repair Encapsulate Enclosure	
	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Floor tile and mastic		185 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL		
City, State YARDLEY, PA 19067		Disposal Date		City, State WAYNESBURG, OH 44688			
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 12-18-18	


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

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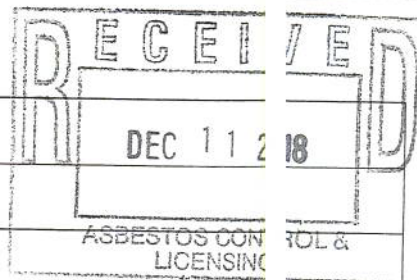
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

CR: 006144

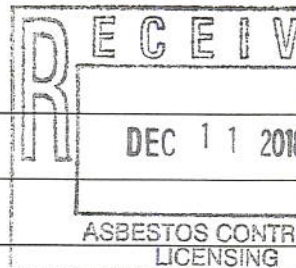
Date of Notification (1) 12/6/2018		Name of Building Owner/Operator (2) McDonald's USA LLC		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 1 2018 CONTROL & LICEN NG </div>			
Agencies Notified		Type of Notification				Street Address 110 N. Carpenter St.	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Chicago, IL 60607-2101	
				Name of Contact William Weisgerber		Telephone Number 732-632-8516	
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Former Michael Watley Printing				Type of Facility (4)			
Street Address 139 Main Street				<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) Orange				Square Feet 15,000		# of Floors 2	
County (6) Essex				County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Vacant Print Shop / Offices	
Name of Monitoring Firm Hired by Building Owner (8) BioTerra Environmental Solutions, LLC				ASCM No. _____		Name of Abatement Contractor (9) Hazmat Diagnostic LLC	
Street Address 1130 West Cheshut Street				Street Address 16 Glenwild Ave			
City, State, Zip Code Union, NJ 07083				City, State, Zip Code Bloomingdale, NJ 07403			
Project Manager for Monitoring Firm Rick Eustaquio				Telephone No. 973-494-3762		Telephone No. 973-928-3995	
Start Date (10) 12/17/2018				Scheduled Completion Date (11) 01/31/2019		License No. 01181	
Occupancy Status During Abatement (Check Only One)				Name of OSHA Monitor Hazmat Diagnostic LLC			
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address 16 Glenwild Ave			
				City, State, Zip Code Bloomingdale, NJ 07403			
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							
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)	
		Yes No N/A				Removal	
Throught First Floor				VAT / Mastic		6,400 SF	
Throught Second Floor				VAT / Mastic		6,000 SF	
Rear Basement Only				VAT / Mastic		3,000 SF	
Upper / Lower Roofs				ACM Roof Flashing		560 SF	
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 Bloomingdale, NJ		Newark, NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Tatiana Rotaru		Title COO		Signature 		Date 12/6/2018	

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

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Date of Notification (1) 12/5/18		Name of Building Owner/Operator (2) Jorel Jean-Phillipe	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type 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 [REDACTED]		City, State, Zip Code Teaneck, NJ 07666	
Name of Contact Jorel Jean-Phillipe		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, homes, etc.)	
Street Address [REDACTED]		Square Feet 2100	
City (5) Teaneck		# of Floors 2	
County (6) Bergen		Bldg Age 70	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	
Street Address		Name of Abatement Contractor (9) All Stages Abatement	
City, State, Zip Code		Street Address 280 N. Midland Ave.	
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663	
Telephone No.		Telephone No. 201-600-3184	
Start Date (10) 12/8/18		License No. 01305	
Scheduled Completion Date (11) 12/11/18		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.		Street Address	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A x	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF) 243 SF	
Abatement Type Removal		Repair	
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	
City, State Saddle Brook, NJ		Cubic Yards of Waste 2	
Name of Registered Landfill Grand Central Sanitary Landfill		City, State Pen Argyl, PA	
Disposal Date TBD		Signature [Signature]	
Completed by Richard Cristofol		Title President	
Date 12/5/18		Date 12/5/18	



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

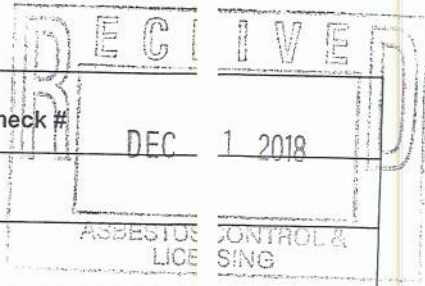
Date of Notification (1) 12/5/18		Name of Building Owner/Operator (2) Emily Feldman			
Agencies Notified	Type Notification	Street Address [REDACTED]			
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, NJ 07410			
		Name of Contact Emily Feldman	Telephone Number		
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial building, homes, etc.)			
Street Address [REDACTED]		Square Feet 2000	# of Floors 2		
City (5) Fair Lawn	County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Bldg Age 70		
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement		
Street Address		Street Address 280 N. Midland Ave.			
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663			
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201-600-3184		
Start Date (10) 12/14/18		Scheduled Completion Date (11) 12/18/18	License No. 01305		
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor			
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.		Street Address			
Scope of Work (Check All That Apply)		City, State, Zip Code			
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedures			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type	
				Removal	Repair/Encapsulation/Enclosure
Basement	Yes No N/A x	VAT	336 SF	x	
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Penn Argyl, PA	
Completed by Richard Cristofol		Title President	Signature 	Date 12/5/18	

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

Ck # 1920

Date of Notification (1) 12/5/18		Name of Building Owner/Operator (2) East Newark Town Center LLC	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 900 Passaic Ave		City, State, Zip Code Newark, New Jersey	
Name of Contact		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Building # 54		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 900 Passaic Ave		Square Feet 25,000	# of Floors 3
City (5) East Newark		Age 50	
County (6) Essex		County Code (7) (STATE USE ONLY) _____	
Current Use (Prior if being demolished) Commercial Space			
Name of Monitoring Firm n/a		Hired by Building Owner (8) ASCM No. n/a	
Street Address n/a		Name of Abatement Contractor (9) Harmony Contracting Inc	
City, State, Zip Code n/a		Street Address 360 Palisade Ave	
Project Manager for Monitoring Firm n/a		City, State, Zip Code Garfield, NJ 07026	
Telephone No. n/a		Telephone No. 973460.6026	License No. 01255
Start Date (10) 12/14/18		Scheduled Completion Date (11) 01/31/19	
Name of OSHA Monitor Harmony Contracting Inc			
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Scheduled for Demo		Street Address 360 Palisade Ave	
		City, State, Zip Code Garfield, NJ 07026	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Process	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Facade		x	
Window Caulking		8 SF	
Name of Registered Waste Hauler Rovic Transport		NJDEP Waste Hauler ID No.	Cubic Yards of Waste TBD
City, State Riverdale, NJ		Name of Registered Landfill ISEI Landfill	
Disposal Date TBD		City, State Bethlehem, PA	
Completed by E. Cirovic		Title Secretary	Signature E. Cirovic
		Date 12/5/18	

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



Date of Notification (1) 12 / 4 / 18		Name of Building Owner/Operator (2) PSE&G / Job # 1810-5388 Check #		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Road	
			City, State, Zip Code South Plainfield, NJ	
		Name of Contact Christina Meerlo	Telephone Number 908-756-7736	
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) PSE&G- North Brunswick Station Control 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 and commercial buildings, homes, etc.)			
Street Address 301 Victory Blvd.	Square Feet		# of Floors	
City (5) North Brunswick, NJ	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Control House	
County (6) Middlesex	Name of Abatement Contractor (9) AbateTech, Inc.			
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No.	Street Address 30 Maple Ave. PO Box 25		
Street Address PO Box 365	City, State, Zip Code Lumberton, NJ 08048			
City, State, Zip Code Berlin, NJ 08009	Telephone No. 609-704-8850	Telephone No. 609-265-2107	License No. 00529	
Project Manager for Monitoring Firm Jim Proctor	Name of OSHA Monitor EMSL Analytical			
Start Date (10) 10 / 11 / 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 - Describe Time of Abatement: AM- PM- PM- AM	Street Address 200 Route 130 North			
	City, State, Zip Code Cinnaminson, NJ 08077			
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> >160 sf or >260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Repair <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure <input type="checkbox"/>
	Yes No N/A			
Exterior	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roofing Material	612 SF	<input checked="" type="checkbox"/>
Exterior	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Perimeter Roof Flashing	104 LF	<input checked="" type="checkbox"/>
Exterior	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roof Penetration Flashing	20 LF	<input checked="" type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>
Name of Registered Waste Hauler Environmental Transport Group, INC.	NJDEP Waste Hauler ID No. 000692061	Cubic Yards of Waste 40	Name of Registered Landfill Conestoga Landfill	
City, State Flanders, NJ	Disposal Date 12/14/18		City, State Morgantown, PA	
Completed By (Print or Type) Gwendolyn Trumbett	Title Operations Coordinator	Signature 	Date 12/11/18	

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

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CONTROL &
 INSURING

Date of Notification (1) 12/6/2018		Name of Building Owner/Operator (2) 2019 Mountain Scotch Plains LLC	
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) United Financial Services Federal Credit Union		Street Address 194 Mt. Airy Road City, State, Zip Code Basking Ridge	
Street Address 320 Park Ave		Name of Contact Suzanne Henderson	
City (5) Scotch Plains, NJ 07076		Telephone Number 973-747-9578	
County (6) Union		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 etc.)	
Name of Monitoring Firm N/A		Square Feet 7,000 # of Floors 2	
Street Address		Current Use (Prior if being demolished) Commercial Property	
City, State, Zip Code		County Code (7) (STATE USE ONLY) _____	
Project Manager for Monitoring Firm		Name of Abatement Contractor (9) Hazmat Diagnostic LLC	
Telephone No.		Street Address 16 Glenwild Ave	
Start Date (10) 12/17/2018		City, State, Zip Code Bloomingdale, NJ 07403	
Scheduled Completion Date (11) 12/31/2018		Telephone No. 973-928-3995	
Name of OSHA Monitor Hazmat Diagnostic LLC		License No. 01181	
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 16 Glenwild Ave	
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 Bloomingdale, NJ 07403	
<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) <u>TO BE ABATED</u> 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)	
Rear Canopy		X 100 SF	
Rear Canopy		X 15 LF	
Name of Registered Waste Hauler Hazmat Diagnostic LLC/Newark Carting, Inc		NJDEP Waste Hauler ID No. 0035440/4509	
City, State Bloomingdale, NJ		Cubic Yards of Waste TBD	
Completed by Tatiana Rotaru		Name of Registered Landfill Fairless Landfill	
Title COO		Disposal Date TBD	
Signature		City, State Morrisville, PA	
Date 12/6/2018			

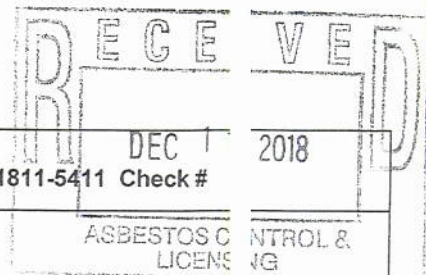
Buildings, homes,

Bldg. Age
 60+

Abatement
 Type

Repair
 Encapsulate
 Enclosure

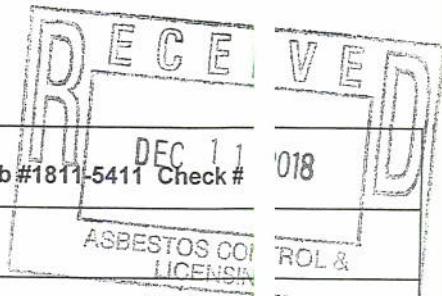
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



NOCK

Date of Notification (1) <u>12</u> / <u>7</u> / <u>18</u>		Name of Building Owner/Operator (2) Borough of Spring Lake Heights / Job #1811-5411 Check #	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 555 Brighton Avenue	
		City, State, Zip Code Spring Lake Heights, NJ 07762	
		Name of Contact Bryan Keeshan	Telephone Number 732-229-4064
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Spring Lake Heights Pump Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 550 Jersey Avenue		Square Feet	# of Floors
City (5) Spring Lake		Bldg. Age	
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pump Station
Name of Monitoring Firm NA		Hired by Building Owner (8)	ASCN No.
Street Address		Name of Abatement Contractor (9) AbateTech, Inc.	
City, State, Zip Code		Street Address 30 Maple Ave. PO Box 25	
Project Manager for Monitoring Firm		City, State, Zip Code Lumberton, NJ 08048	
Telephone No.		Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>12</u> / <u>3</u> / <u>18</u>	Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>18</u>		Name of OSHA Monitor EMSL Analytical
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM		Street Address 200 Route 130 North	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Cinnaminson, NJ 08077	
		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) 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 Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 25	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 12/31/18	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbett	Title Operations Coordinator	Signature 	Date 12/1/18

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

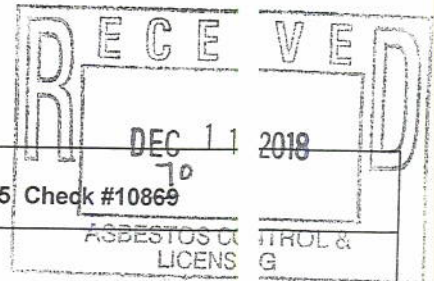


NOCK

Date of Notification (1) 12 / 7 / 18		Name of Building Owner/Operator (2) Borough of Spring Lake Heights / Job #1811-5411 Check # 018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 555 Brighton Avenue City, State, Zip Code Spring Lake Heights, NJ 07762
	Name of Contact Bryan Keeshan		Telephone Number 732-229-4064
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Spring Lake Heights Pump Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 506 6th Avenue		Square Feet	# of Floors
City (5) Spring Lake		g. Age	
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Pump Station
Name of Monitoring Firm NA	Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address	Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code	City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 12 / 3 / 18	Scheduled Completion Date (11) 12 / 31 / 18		Name of OSHA Monitor EMSL Analytical
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM	Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Transite
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 25	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 12/31/18		City, State Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbett	Title Operations Coordinator	Signature 	Date 12/7/18

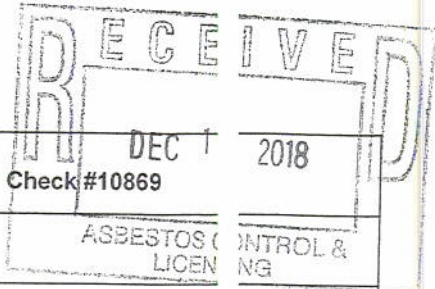
PAID

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



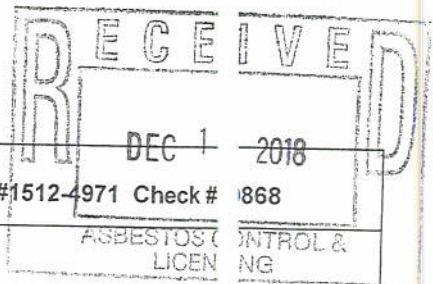
Date of Notification (1) 12 / 7 / 18		Name of Building Owner/Operator (2) Inspira Health Network / Job #1801-5255		Check #10869	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3280 Peachtree Road, NW Suite 1400 City, State, Zip Code Atlanta, Georgia 30305 Name of Contact John Devine Telephone Number 856-262-1800	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Neale Farm Building #1			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 700 Mullica Hill Road			Square Feet		
City (5) Mullica Hill, NJ			# of Floors		
County (6) Gloucester			County Code (7)(STATE USE ONLY)		
Name of Monitoring Firm M.E.C.S.			Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address PO Box 341			Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code CHesterfield, NJ 08515			City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm William Weisgarber Jr.			Telephone No. 609-298-4070		License No. 00529
Start Date (10) 12 / 26 / 18		Scheduled Completion Date (11) 1 / 11 / 18		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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)	
		Yes No N/A		Amount (Specify SF or LF)	
Throughout		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		White Ceiling Panels 300 SF	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	
City, State Lumberton, NJ		Disposal Date 1/11/19		Name of Registered Landfill G.R.O.W.S. Landfill	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 	
				Date 12 / 11 / 18	

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



Date of Notification (1) 12 / 30 / 18		Name of Building Owner/Operator (2) Inspira Health Network / Job #1801-5255 Check #10869		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3280 Peachtree Road, NW Suite 1400	
			City, State, Zip Code Atlanta, Georgia 30305	
			Name of Contact John Devine	
		Telephone Number 856-262-1800		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Zee Farm Building #1, 3B & 3C		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 700 Mullica Hill Road		Square Feet	# of Floors	
City (5) Mullica Hill, NJ		Age		
County (6) Gloucester		County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm M.E.C.S.		Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address PO Box 341		Street Address 30 Maple Ave. PO Box 25		
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Lumberton, NJ 08048		
Project Manager for Monitoring Firm William Weisgarber Jr.		Telephone No. 609-298-4070	License No. 00529	
Start Date (10) 12 / 19 / 18		Scheduled Completion Date (11) 1 / 11 / 19		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North		
		City, State, Zip Code Cinnaminson, NJ 08077		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input 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				
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal Encapsulate Enclosure
Exterior Bldg. #1	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roof Tiles	1,200 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exterior Bldg. #3B	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Shingles	6,825 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Exterior Bldg. #3C	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Silver Roofing	550 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ		Disposal Date 1/11/19	City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 	Date 12/1/18

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



Date of Notification (1) 12 / 6 / 18		Name of Building Owner/Operator (2) Federal Aviation Administration / Job #1512-4971 Check # 868		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address FAA Technical Center	
	City, State, Zip Code Atlantic City International Airport, NJ 08405		Name of Contact Nathaniel Burgess	
		Telephone Number 202-651-2525		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) William J. Hughes Tech Center		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 Building #301	City (5) Atlantic City		Square Feet	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	# of Floors	Bldg. Age	
Name of Monitoring Firm USA Environmental		Current Use (Prior if being demolished) Technical Center		
Street Address 8436 Enterprise Avenue	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
City, State, Zip Code Philadelphia, PA 19153	Telephone No. 267-784-8651	Street Address 30 Maple Ave. PO Box 25		
Project Manager for Monitoring Firm Mark Jenkins	Telephone No. 609-265-2107	City, State, Zip Code Lumberton, NJ 08048		
Start Date (10) 12 / 19 / 15	Scheduled Completion Date (11) 1 / 18 / 19	License No. 00529		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Name of OSHA Monitor EMSL Analytical		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 200 Route 130 North		
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Cinnaminson, NJ 08077		
<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)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal Encapsulate Enclosure
Mod Shop Room #111	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Fittngs	250 total	<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Mod Shop Room #111	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Pipe Insulation	1,000 LF	<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Mod Shop Room #111	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Duct Insulation	500 SF	<input checked="" type="checkbox"/> Removal <input type="checkbox"/> Encapsulate <input type="checkbox"/> Enclosure
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill	
City, State Lumberton, NJ	Disposal Date 1/18/19	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 12/18/18	

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

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Date of Notification (1) 12 / 3 / 18		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1811-5415 Check #1079	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A	
		City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Irving Silverman	Telephone Number 978-490-6930
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JCP&L- Atlantic Highlands		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 401 Navesink River Road/Blossom Intersection		Square Feet	# of Floors
City (5) Atlantic Highlands, NJ		Bldg. Age	
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation	
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address 140 S. Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	Telephone No. 609-265-2107
License No. 00529			
Start Date (10) 12 / 7 / 18	Scheduled Completion Date (11) 12 / 7 / 18	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior Pole	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos risers
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 12/7/18	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator	Signature 	Date 12-3-18

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

RECEIVED
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ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 3 / 18		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1811-5413 Check #1080	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 10 Legion Place- Building A
	City, State, Zip Code Morristown, NJ 07960		Name of Contact Irving Silverman
		Telephone Number 978-490-6930	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) JCP&L- Long Branch		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 23 Emmons Street		Square Feet	# of Floors
City (5) Long Branch NJ		Ig. Age	
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation
Name of Monitoring Firm 1 Source Safety & Health, Inc.		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.
Street Address 140 S. Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Brian Hovendon		Telephone No. 610-524-5525	Telephone No. 609-265-2107
Start Date (10) 12 / 5 / 18		Scheduled Completion Date (11) 12 / 5 / 18	License No. 00529
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor EMSL Analytical	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<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)
	Yes	No	
Exterior Pole	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos risers
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill
City, State Lumberton, NJ	Disposal Date 12/5/18	City, State Tullytown, PA	
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator	Signature 	Date 12/11/18

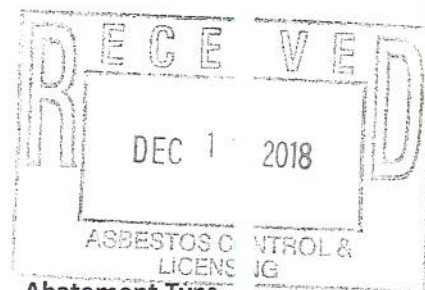
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



NOCK

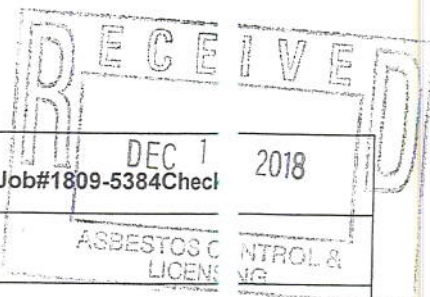
Date of Notification (1) <u>11</u> / <u>30</u> / <u>18</u>		Name of Building Owner/Operator (2) Rutgers, The State University of NJ / Job #1804-5300 Check 1					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address REHS, 27 Road 1, Bldg. 4086 Livingston Campus					
	City, State, Zip Code Piscataway, NJ 08854						
	Name of Contact Michael F. Smith	Telephone Number 848-445-2550					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Rutgers- Livingston Campus- Bldgs. 4086, 4087 & 4155	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 27 Road #1	Square Feet # of Floors Bldg. Age 4						
City (5) Piscataway, NJ 08854	County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Academic						
County (6) Middlesex							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address PO Box 365	Street Address 30 Maple Ave. PO Box 25						
City, State, Zip Code Berlin, NJ 08009	City, State, Zip Code Lumberton, NJ 08048						
Project Manager for Monitoring Firm James Proctor	Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529				
Start Date (10) <u>7</u> / <u>25</u> / <u>18</u>	Scheduled Completion Date (11) <u>12</u> / <u>31</u> / <u>18</u>						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM	Street Address 200 Route 130 North						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	City, State, Zip Code Cinnaminson, NJ 08077						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal Encapsulate Enclosure			
					See Attached	See Attached	See Attached
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Lumberton, NJ	Disposal Date 12/31/18	City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature <i>[Signature]</i>	Date 11-30-18				

Scope of Work Cont.



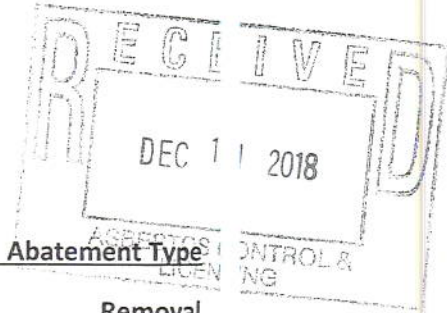
<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Building #4036	NO	Roof Flashing	125 SF	Removal
Building #4036	NO	Floor tile	6,884 SF	Removal
Building #4037	NO	Floor tile	7,732 SF	Removal
Building #4037	NO	Mastic	43 SF	Removal
Building #4037	NO	Furnace Gasket	5 LF	Removal
Building #4037	NO	Furnace Door Packing	2 SF	Removal
Building #4037	NO	Roof Flashing	125 SF	Removal
Building #4135	NO	Transite Ceiling Panels	1,400 SF	Removal
Building #4132	NO	Complete Wet Demolition & Disposal as ACM		Removal
Building #4039	NO	Complete Wet Demolition & Disposal as ACM		Removal
Building #4030	NO	Complete Wet Demolition & Disposal as ACM		Removal
Building #4132	NO	Complete Wet Demolition & Disposal as ACM		Removal
Building #4133	NO	Complete Wet Demolition & Disposal as ACM		Removal
Building #4127	NO	Complete Wet Demolition & Disposal as ACM		Removal
Building #4155	NO	Complete Wet Demolition & Disposal as ACM		Removal
Building 5022 Kiln	NO	Complete Wet Demolition & Disposal as ACM		Removal

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



Date of Notification (1) 11 / 30 / 18		Name of Building Owner/Operator (2) Seaview Resorts Acquisition Group, LLC Job#1809-5384		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 5600 Mariner Street, Suite 200		
	City, State, Zip Code Tampa, FL 33609			
	Name of Contact Chris Walsh	Telephone Number 609-517-5741		
FACILITY INFORMATION				
Name of Facility Where Abatement is Taking Place (3) Stockton Seaview Hotel & Golf Club		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 401 South New York Road		Square Feet	# of Floors	
City (5) Galloway, NJ 08205		Bl. Age		
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hotel		
Name of Monitoring Firm Hired by Building Owner (8) Heath & Safety Services	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.		
Street Address PO Box 365	Street Address 30 Maple Ave. PO Box 25			
City, State, Zip Code Berlin, NJ 08009	City, State, Zip Code Lumberton, NJ 08048			
Project Manager for Monitoring Firm Jim Proctor	Telephone No. 609-704-8850	Telephone No. 609-265-2107	License No. 00529	
Start Date (10) 10 / 15 / 18	Scheduled Completion Date (11) 12 / 14 / 18		Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM		Street Address 200 Route 130 North		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077		
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type Removal Encapsulate Enclosure
Regency Wing 1 st Fl.	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Regency Wing 2 nd Fl.	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Regency Wing 3 rd Fl.	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Bay Wing 3 rd Fl.	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ	Disposal Date 12/14/18		City, State Tullytown, PA	
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature	Date 11-30-18	

Scope of Work Cont.

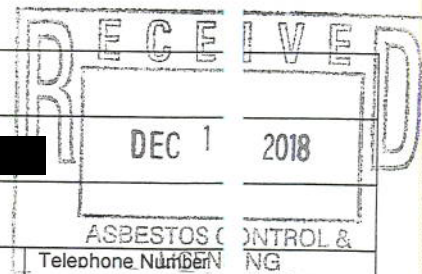


<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Crawlspace	NO	Fittings	30 total	Removal
Crawlspace	NO	Soil	5,400 SF	Clean Up
9 Locations Basement	NO	Pipe Insulation	3 LF	Removal
Regency Wing 1 st Fl.	NO	Pipe Insulation	27 LF	Removal
Regency Wing 2 nd Fl.	NO	Pipe Insulation	27 LF	Removal

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

Check # 25731



Date of Notification (1) 12/03/2018		Name of Building Owner/Operator (2) Csapo	
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 [REDACTED]		City, State, Zip Code Bordentown, NJ	
Name of Facility Where Abatement is Taking Place (3) Residential		Name of Contact Thomas Csapo	
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) Bordentown, NJ		Square Feet 3000	# of Floors 3
County (6) Burlington		Current Use (Prior if being demolished)	
Name of Monitoring Firm MECS		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	License No. 00493
Start Date (10) 12/17/2018		Scheduled Completion Date (11) 12/21/2018	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor MECS	
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 Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
		Yes No N/A	Amount (Specify SF or LF)
Basement		X	45 lf
Crawl Space		X	30 lf
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 cu
City, State Allentown, NJ		Name of Registered Landfill Fairless Landfill	
Completed by Mahlon E. Stevens		Title Project Manager	Signature [Signature]
		Date 12/07/2018	

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

Check # 2574

Date of Notification (1) 12/08 2018		Name of Building Owner/Operator (2) Mitchell	
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 [REDACTED]		City, State, Zip Code Trenton, NJ 08618	
Name of Contact Carolyn Mitchell		Telephone Number [REDACTED]	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1600	
City (5) Trenton, NJ 08618		# of Floors 2	
County (6) Mercer		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm MECS		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	
Start Date (10) 12/18/2018		Scheduled Completion Date (11) 12/21/2018	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor MECS	
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 Procedure		Street Address PO Box 341	
City, State, Zip Code Chesterfield, NJ 08515			
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) 90 lf	
Removal		Encapsulate Enclosure	
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	
City, State Allentown, NJ		Cubic Yards of Waste 1 cu	
Disposal Date 12/21/2019		Name of Registered Landfill Fairless Landfill	
City, State Morrisville, PA			
Completed by Mahlon E. Stevens		Title Project Manager	
Signature [Signature]		Date 12/08 2018	

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

RECEIVED

DEC 11 2013

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-05-18		Name of Building Owner/Operator (2) PSEG			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 4000 Hadley Rd City, State, Zip Code South Plainfield, NJ Name of Contact Steve Pentek Telephone Number 732-540-4838	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PSEG New Milford Substation		Type of Facility (4) <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.)		s, homes,	
Street Address 132 Henley Ave		Square Feet N/A		# of Floors N/A	Bld Age N/A
City (5) New Milford, NJ		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
County (6) Bergen		Name of Monitoring Firm hired by Building Owner (8) N/A		ASCM No. N/A	
Name of Monitoring Firm 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. 631-924-8111		License No. 01136	
Start Date (10) 12-17-18		Scheduled Completion Date (11) 1-31-19		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: Normal Hours		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 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 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)	
Control House		230kv		Transite floor panels	
Control House		230kv		Door caulk	
Control House		230kv		Transite conduit	
Control House		230kv		Transite wall panel	
Name of Registered Waste Hauler Environmental Transport Group INC		NJDEP Waste Hauler ID No. NJD000692064		Cubic Yards of Waste 25	
City, State Gold Mine Road, Flaners NJ 07836		Disposal Date TBD		Name of Registered Landfill GROWS- Fairless Landfill	
Completed by Raymond Tutiven		Title Supervisor		Signature Raymond Tutiven	
				Date 12-05-18	

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



Date of Notification (1) 12-05-18		Name of Building Owner/Operator (2) PSEG	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) PSEG New Milford Substation		Street Address 4000 Hadley Rd. City, State, Zip Code South Plainfield, NJ Name of Contact Steve Pentek Telephone Number 732-540-4838	
FACILITY INFORMATION			
Street Address 132 Henley Ave		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) New Milford, NJ		Square Feet N/A	# of Floors N/A
County (6) Bergen		Current Use (Prior if being demolished)	
Name of Monitoring Firm N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services, Inc.
Street Address N/A		Street Address 17 Old Dock Rd	
City, State, Zip Code N/A		City, State, Zip Code Yaphank NY 11980	
Project Manager for Monitoring Firm N/A		Telephone No. N/A	Telephone No. 631-924-8111
Start Date (10) 12-17-18		Scheduled Completion Date (11) 1-31-19	License No. 01136
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacant During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor WRS Environmental Services, Inc.	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)
Control House 230 kv		Yes No N/A	Amount (Specify SF or LF) 120 lf
			Removal Encapsulate Enclosure
Name of Registered Waste Hauler Environmental Transport Group INC		NJDEP Waste Hauler ID No. NJD000692061	Cubic Yards of Waste 25
City, State Gold Mine Road, Plainsboro NJ 07836		Disposal Date TBD	Name of Registered Landfill GROWS- Fairless Landfill
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i> Date 12-05-18

D&S Proj. #: 18-267

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



Date of Notification (1)
11/12/18

Name of Building Owner/Operator (2)

robert rowetter

Street Address

City, State, Zip Code

westfield, nj 07090

Name of Contact

robert rowetter

Telephone Number

Agencies Notified

- ☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

robert rowetter

Street Address

City (5)

westfield

County (6)

union

County Code (7)
(State use only)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)

D & S RESTORATION, INC.

Street Address

20 California Ave.

City, State, Zip Code

Paterson, NJ 07503

Telephone Number

973-345-8020

License Number

0119

Name of OSHA Monitor

D & S Restoration, Inc.

Street Address

20 California Avenue

City, State, Zip Code

Paterson, NJ 07503

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

12/18/18

Sched. Completion Date (11)

12/31/18

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: NORMAL HOURS

Scope of Work (check all that apply)

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

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

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

Yes

No

N/A

Description of asbestos-containing material (ACM)

Amount (Specify SF or LF)

BASEMENT

1st floor

PIPE INSULATION

55 lf

radiator cover insulation

15 SQ FT

Registered Waste Hauler
D & S RESTORATION, INCNJDEP Hauler ID#
13506Cubic Yards of Waste
1 yd

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

PATERSON, NJ 07503

Disposal Date

12/19/18

City, State

TULLYTOWN, PA

Completed by (Print or Type)

BOGDAN JOLDZIC

Title

PRESIDENT

Signature

Date

12/06/2018

ASB-41

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