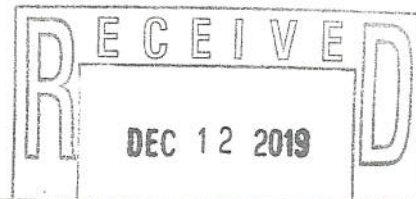


CIC 4956

Inv 16713

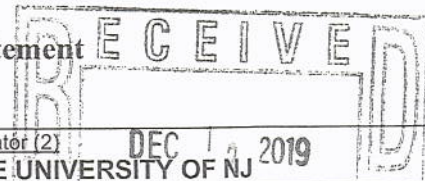
**PAID**  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) <u>12-7-19</u>		Name of Building Owner/Operator (2) <u>TRANSFORMATION</u>		ASBESTOS CONTROL & LICENSING				
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>601 W. CLARKSLANDING RD</u> City, State, Zip Code <u>EGG HARBOR N.J. 08218</u> Name of Contact <u>TOM</u> Telephone Number <u>609-965-7498</u>				
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]								
City (5) <u>COLLINS LAKES</u>			Square Feet <u>1500</u>	# of Floors <u>1</u>	Bldg. Age <u>50+</u>			
County (6) <u>ATLANTIC</u>			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>			
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>					
Street Address		Street Address <u>369 S. SPRUCE AVE</u>						
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>						
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>856-779-0472</u>		License No. <u># 01371</u>			
Start Date (10) <u>12-17-19</u>		Scheduled Completion Date (11) <u>12-27-19</u>		Name of OSHA Monitor <u>N/A</u>				
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address					
			City, State, Zip Code					
Scope of Work (Check all that apply)								
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
Location of Asbestos-Containing Material (ACM) 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
<u>SIDING</u>			<u>TRANSITE</u>	<u>1000 SF</u>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>15904</u>	Cubic Yards of Waste <u>10</u>	Name of Registered Landfill <u>ACVA</u>				
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date	City, State <u>PLEASANTVILLE N.J.</u>					
Completed By <u>MICHAEL KLEMM</u>		Title <u>SUPERVISOR</u>	Signature <u>[Signature]</u>	Date <u>12-7-19</u>				



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



**GAC Project # 060-19**

Date of Notification (1) <b>November 26, 2019</b>			Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
				City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		Telephone Number <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>SMITH HALL, BLDG# 7223</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <u>N/A</u> # of Floors: <u>4</u> Bldg. Age: <u>60+ years</u>		
Street Address <b>NEWARK CAMPUS</b>			Current Use (prior if being demolished): <b>ACADEMIC</b>		
City (5) <b>NEWARK</b>	County (6) <b>ESSEX</b>	County Code (7) (State Use Only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		ASCM No. <b>00098</b>	Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
Street Address <b>3 TERRI LANE</b>		Street Address <b>511 MAIN STREET</b>			
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>			
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Telephone Number <b>609-386-8800</b>	Telephone Number <b>973-492-0477</b>		License Number <b>00840</b>
Scheduled Start Date (10) <b>12/06/2019</b>		Scheduled Completion Date (11) <b>12/09/19</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>			Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		
			City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>		
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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)		Amount (Specify SF or LF)	Abatement Type Remove Repair Encap Enclose
Room B010	<input checked="" type="checkbox"/>	SPRAY-ON FIREPROOFING		<25 SF	<input checked="" type="checkbox"/>
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>		Cubic Yards of Waste: <b>5 CY</b>	Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509				Disposal Date <b>12/09/2019</b>	City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Title <b>SENIOR PROJECT MANAGER</b>		Signature <i>Raymond C. Pedalino</i>	Date <b>November 26, 2019</b>

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



CK9783 Inv#10542  
 State of NJ  
 Notification of Asbestos Abatement  
 (Pursuant to NJAC 8:50-7 and 12:120-7)  
 \*\*\* EMERGENCY \*\*\*

B &amp; G Proj. #:

2019-267

DEC 12 2019

Check # 9783

Date of Notification (1) 12/10/19		Name of Building Owner/Operator (2) David Belasco	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code South Orange, NJ 07079	
Name of Contact David Belasco		Telephone Number	

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) David Belasco			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldg./Homes, etc.)		
Street Address [REDACTED]			Squard Feet # of Floors Bldg. Age		
City (5) South Orange, NJ 07079	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number			Telephone Number (973) 696-6869		
Scheduled Start Date (10) 12/10/2019			License Number 00378		
Scheduled Completion Date (11) 12/11/2019			Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

## Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ wrap & cut  
☒ > 2 sf or > 2 lf ☐ ≥ 160 sf or ≥ 260 lf ☐ Full Containment w/negative pressure ☒ Glovebag procedure  
☐ Mini-enclosure ☐ Non-friable procedure

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	Remove	Repair	Encapsulate	Enclose
	Yes	No	N/A						
basement			X	pipe insulation	45 lf	X			
			X						

Registered Waste Hauler B & G Restoration, Inc.	NJ DEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/11/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/06/2019



B &amp; G proj. #: 2019-267

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

Check # 9783

Date of Notification (1) 12/06/19		Name of Building Owner/Operator (2) David Belasco	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code South Orange, NJ 07079	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact David Belasco	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) David Belasco			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) South Orange, NJ 07079	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	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 00378
Scheduled Start Date (10) 12/10/2019	Sched. Completion Date (11) 12/11/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)				<input type="checkbox"/> wrap & cut
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure	
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Mini-enclosure	<input type="checkbox"/> Non-friable procedure	

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	45 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/11/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/06/2019



Inv # 10550

State of NJ

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

B &amp; G proj. #:

2019-268

\*\*\* EMERGENCY \*\*\*

Check # 9781

Date of Notification (1)

12/10/19

Name of Building Owner/Operator (2)

Digna Estevez

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

City, State, Zip Code

Jersey City, NJ 07306

Name of Contact

Digna Estevez

Telephone Number

## FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Digna Estevez

Street Address

City (5)

Jersey City, NJ 07306

County (6)

Hudson

County Code (7)  
(State use only)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)  
residential

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

ASCM No.

Name of Abatement Contractor (9)

B &amp; 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

00378

Scheduled Start Date (10)

12/09/2019

Sched. Completion Date (11)

12/10/2019

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 &amp; G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe insulation	170 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler

B &amp; 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

12/10/2019

City, State

Pen Argyl, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

12/06/2019



B &amp; G Proj. #:

2019-266

PAID

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

DEC 12 2019  
Check # 9781

Date of Notification (1) 12/10/19		Name of Building Owner/Operator (2) Digna Estevez	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Jersey City, NJ 07306	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Digna Estevez	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number [REDACTED]	
<input type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Digna Estevez		Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address [REDACTED]		Square Feet	Bldg. Age
City (5) Jersey City, NJ 07306	County (6) Hudson	Current Use (Prior if being demolished) residential	

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	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 00378
Scheduled Start Date (10) 12/09/2019		Sched. Completion Date (11) 12/10/2019		
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"/> wrap & cut <input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Habitable procedure					
<input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Renovation		<input type="checkbox"/> > 3 sf or > 3 lf		<input type="checkbox"/> ≥ 160 sf or ≥ 260 lf			
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R c m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			X	pipe insulation	170 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler B & G Restoration, Inc.		NJDES Permit No. 19563		Cubic Yards of Waste 2		Name of Registered Landfill Grand Central Landfill			
City, State Lincoln Park, NJ		Disposal Date 12/10/2019		City, State Pen Argyl, PA					
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna		Date 12/06/2019			



CKC1782

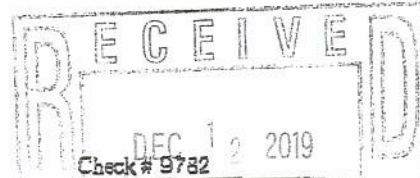
B &amp; G Proj. #:

2019-268

PAID

Inv# 16549

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



Date of Notification (1) 12/10/2019		Name of Building Owner/Operator (2) Seren Frantz		DOI - 10 DAY LICENSING
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Scotch Plains, NJ 07076		
		Name of Contact Seren Frantz		

Name of facility where abatement is taking place (3) Seren Frantz			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)									
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age									
City (5) Scotch Plains, NJ 07076	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) residential									
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	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 00378							
Scheduled Start Date (10) 12/09/2019		Sched. Completion Date (11) 12/12/2019		Name of OSHA Monitor B & G Restoration, Inc.								
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input type="checkbox"/> Other-Describe:		Street Address 105 Ryerson Road										
		City, State, Zip Code Lincoln Park, NJ 07035										
Scope of Work (check all that apply): <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> wrap & cut <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> ≥180 sf or ≥260 lf <input type="checkbox"/> Full Containment w/negative pressure <input type="checkbox"/> Glovebag procedure <input type="checkbox"/> Mini-enclosure <input type="checkbox"/> Non-friable procedure												
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	K	E	M	P	A	S	
	Yes	No	N/A									
basement			X	pipe substrate	95 lf							
basement			X	pipe fittings	26 sf							
basement			X	walls, ceilings, floors clean up	750 sf							
Registered Waste Handler B & G Restoration, Inc.		NJDEP Handler ID# 18663	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Landfill								
City, State Lincoln Park, NJ		Disposal Date 12/12/2019		City, State Pen Argyl, PA								
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna				Date 12/06/2019				



B &amp; G proj. #: 2019-269

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

\*\*\* EMERGENCY \*\*\*

Check # 9782

Date of Notification (1) 12/06/19		Name of Building Owner/Operator (2) Seren Frantz	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Scotch Plains, NJ 07076	
		Name of Contact Seren Frantz	Telephone Number [REDACTED]

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Seren Frantz			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet		
City (5) Scotch Plains, NJ 07076			County (6) Union		# of Floors
			County Code (7) (State use only)		Bldg. Age
			Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	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 00378	
Scheduled Start Date (10) 12/09/2019		Sched. Completion Date (11) 12/12/2019		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code Lincoln Park, NJ 07035				

Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe substrate	95 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe fittings	25 sf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	walls, ceilings, floors clean up	750 sf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/12/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/06/2019



Seren Frantz

Scotch Plains, NJ 07076



I purchased the property at [REDACTED] in Scotch Plains around mid August. At that time there was no indication from the inspector that there was any possible asbestos contamination. I became suspicious while researching the best way to insulate my boiler's steam pipes. I had the basement tested with wipes and a small piece of old insulation found on the pipes. The results were as follows:

#### Asbestos Dust Wipe Sampling & Analysis Results:

Asbestos wipe sampling is generally utilized to determine presence/absence of any residual asbestos contamination. Although no regulatory criteria is currently established for asbestos wipe sampling/analysis, based on industry practices, any result under 3,000 structures per  $\text{cm}^2$  is considered at background, 3,000-10,000  $\text{str}/\text{cm}^2$  is considered as above background, 10,000-100,000  $\text{str}/\text{cm}^2$  is considered as contaminated and concentrations above 100,000  $\text{str}/\text{cm}^2$  considered as an immediate hazard to human health.

SAMPLE ID	SAMPLE LOCATION	MATERIAL DESCRIPTION	RESULTS	NOTES
			TEM ( $\text{str}/\text{cm}^2$ )	
AW-01	Basement, West Side, Concrete Floor	Asbestos in dust 12"X12"	1,179,042 (259 chrysotile structures)	Based on the analytical results, sampled areas are considered to be severely contaminated with asbestos.
AW-02	Basement, North Side, Concrete Floor	Asbestos in dust 12"X12"	2,444,578 (537 chrysotile structures)	

#### Asbestos Bulk Sampling Results

According to EPA definition a material that contains greater than 1% of asbestos is classified as ACM. The following table provides a summary of the inspection results, sampling and analysis:

SAMPLE ID	SAMPLE LOCATION	MATERIAL DESCRIPTION	RESULTS %	
			PLM	TEM
1	Basement	Remnants of pipe joint insulation	8% CHRY	—
2		Remnants of pipe joint insulation	Not Analyzed	—
3		Remnants of pipe insulation (on the floor)	Not Analyzed	—

#### Abbreviations:

NAD = No Asbestos Detected

CHRY = Chrysotile Asbestos

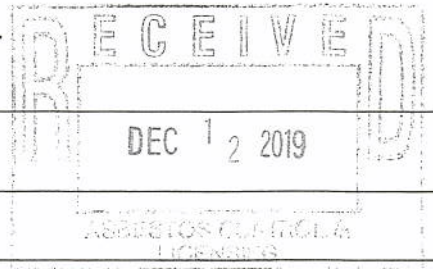
#### Conclusions

Presence of asbestos-containing remnant pipe/pipe joint insulation were identified present on the Basement piping and on the Basement concrete floor. It was field estimated that approximately 25 elbows & 95 linear feet of heating pipe exist within the Basement. We recommend that all of the piping be addressed because portions of the pipes were inadequately remediated. Asbestos contamination was confirmed within the floor dust in the Basement and the levels identified warrant immediate attention by a NJDOL licensed Asbestos Abatement contractor so that no further exposure occurs to the building occupants.



Inv# 16728  
CK 28583 PAID

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



Date of Notification (1) <b>12 / 16 / 19</b>		Name of Building Owner/Operator (2) <b>Princeton University</b>		DEC 12 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>E.A MacMillian Building</b> City, State, Zip Code <b>Princeton NJ. 08540</b> Name of Contact <b>Robert Ortega</b>					
				Telephone Number <b>609-258-1841</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University Moffett 4th Floor</b>				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 <b>Washington Road</b>									
City (5) <b>Princeton</b>				Square Feet <b>70,000</b>	# of Floors <b>4</b>				
				Bldg. Age <b>+/- 70</b>					
County (6) <b>Mercer</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Classrooms</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennonni Associates Inc.</b>		ASCM No. <b>00102</b>		Name of Abatement Contractor (9) <b>USA Environmental Management, Inc.</b>					
Street Address <b>515 Grove Street Suite 1B</b>		Street Address <b>8436 Enterprise Avenue</b>							
City, State, Zip Code <b>Haddon Heights NJ. 08035</b>		City, State, Zip Code <b>Philadelphia, PA 19153</b>							
Project Manager for Monitoring Firm <b>R Alan Lloyd</b>		Telephone No. <b>856-547-0505</b>		Telephone No. <b>215-365-5810</b>	License No. <b>1156</b>				
Start Date (10) <b>12 / 16 / 19</b>		Scheduled Completion Date (11) <b>1 / 28 / 20</b>		Name of OSHA Monitor <b>USA Environmental Management, Inc</b>					
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: <b>7:00 AM-11:00PM/11:00PM-7:00AM</b>				Street Address <b>8436 Enterprise Avenue</b>					
				City, State, Zip Code <b>Philadelphia, PA 19153</b>					
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) <b>TO BE ABATED IN Facility (13)</b>	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
Hallway throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	11,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Near Room 428 12x12 Beige	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mastic Throughout w/ 12x12BLUE	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	3000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Page 1 of 2 Continue Attched	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Service Transport</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste <b>100CY</b>	Name of Registered Landfill <b>Waste Management Tullytown</b>				
City, State <b>New Castle De.</b>		Disposal Date <b>1-28-20</b>		City, State <b>Tullytown Pa.</b>					
Completed By (Print or Type) <b>Kevin Meldrum</b>		Title <b>Project Manager</b>		Signature 		Date <b>12-5-19</b>			







B &amp; G proj. #: 2019-269

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

\*\*\* EMERGENCY \*\*\*

Check # 9782

Date of Notification (1) 12/10/19		Name of Building Owner/Operator (2) Seren Frantz	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Scotch Plains, NJ 07076	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Seren Frantz	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Seren Frantz			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Scotch Plains, NJ 07076	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	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 00378
Scheduled Start Date (10) 12/09/2019	Sched. Completion Date (11) 12/12/2019		Name of OSHA Monitor B & G Restoration, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input type="checkbox"/> Other-Describe:			Street Address 105 Ryerson Road	
			City, State, Zip Code Lincoln Park, NJ 07035	

Scope of Work (check all that apply)

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

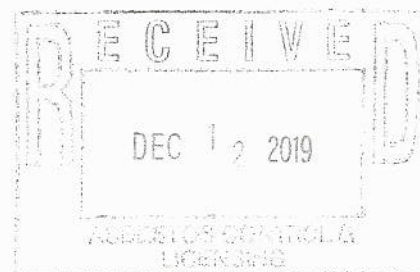
Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	pipe substrate	95 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	pipe fittings	25 sf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
basement			<input checked="" type="checkbox"/>	walls, ceilings, floors clean up	750 sf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 4	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 12/12/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 12/06/2019



Seren Frantz

Scotch Plains, NJ 07076



I purchased the property at [REDACTED] in Scotch Plains around mid August. At that time there was no indication from the inspector that there was any possible asbestos contamination. I became suspicious while researching the best way to insulate my boiler's steam pipes. I had the basement tested with wipes and a small piece of old insulation found on the pipes. The results were as follows:

#### Asbestos Dust Wipe Sampling & Analysis Results:

Asbestos wipe sampling is generally utilized to determine presence/absence of any residual asbestos contamination. Although no regulatory criteria is currently established for asbestos wipe sampling/analysis, based on industry practices, any result under 3,000 structures per  $\text{cm}^2$  is considered at background, 3,000-10,000  $\text{str}/\text{cm}^2$  is considered as above background, 10,000-100,000  $\text{str}/\text{cm}^2$  is considered as contaminated and concentrations above 100,000  $\text{srt}/\text{cm}^2$  considered as an immediate hazard to human health.

SAMPLE ID	SAMPLE LOCATION	MATERIAL DESCRIPTION	RESULTS	NOTES
			TEM ( $\text{str}/\text{cm}^2$ )	
AW-01	Basement, West Side, Concrete Floor	Asbestos in dust 12"X12"	1,179,042 (259 chrysotile structures)	Based on the analytical results, sampled areas are considered to be severely contaminated with asbestos.
AW-02	Basement, North Side, Concrete Floor	Asbestos in dust 12"X12"	2,444,578 (537 chrysotile structures)	

#### Asbestos Bulk Sampling Results

According to EPA definition a material that contains greater than 1% of asbestos is classified as ACM. The following table provides a summary of the inspection results, sampling and analysis:

SAMPLE ID	SAMPLE LOCATION	MATERIAL DESCRIPTION	RESULTS %	
			PLM	TEM
1	Basement	Remnants of pipe joint insulation	8% CHRY	—
2		Remnants of pipe joint insulation	Not Analyzed	—
3		Remnants of pipe insulation (on the floor)	Not Analyzed	—

#### Abbreviations:

NAD = No Asbestos Detected

CHRY = Chrysotile Asbestos

#### Conclusions

Presence of asbestos-containing remnant pipe/pipe joint insulation were identified present on the Basement piping and on the Basement concrete floor. It was field estimated that approximately 25 elbows & 95 linear feet of heating pipe exist within the Basement. We recommend that all of the piping be addressed because portions of the pipes were inadequately remediated. Asbestos contamination was confirmed within the floor dust in the Basement and the levels identified warrant immediate attention by a NUDOL licensed Asbestos Abatement contractor so that no further exposure occurs to the building occupants.





The asbestos inspection company has instructed me not to go into the basement. However I need to manually fill my boiler furnace with water every 4-5 days. Due to the extremely high levels of asbestos contamination in my basement and the fact that I have to go down there or my heat will stop working, I am requesting emergency approval of my notice to remediate.

Thank you for your consideration.

Sincerely,

Seren Frantz

12/5/19



12/05/2019 08:34PM 9736381778

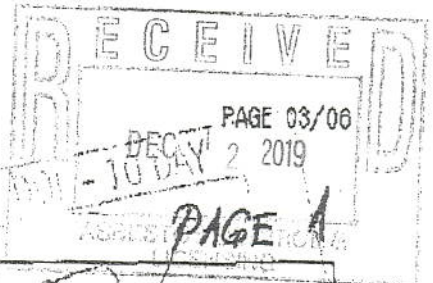
PAID

Inv# 10545

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 8:16)

CHECK # 3504, 3505



Date of Notification (1) 12 / 05 / 19		Name of Building Owner/Operator (2) TFG 115-117 West 2 <sup>nd</sup> Street LLO							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 8:23-8)	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 115-117 West Second Street City, State, Zip Code Bayonne, NJ 07002 Name of Contact Lloyd A. Raheem Telephone Number 201-704-9502							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Restaurant		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 115-117 West Second Street		Square Feet	# of Floors						
City (5) Bayonne, NJ 07002		Bldg. Age							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 576 Valley Road #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-356-3511	License No. 01127						
Start Date (10) 12 / 05 / 19	Scheduled Completion Date (11) 12 / 20 / 19	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. #34 A City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ 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) <b>TO BE ABATED</b> 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
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof flashing	1200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 <sup>st</sup> floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tiles/mastic	2500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tiles	2250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kitchen-on walls	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black tar mastic on the walls	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA					
Completed By (Print or Type) N.Jevtic		Title Owner	Signature N.Jevtic		Date 12-5-19				

ASB-A1  
MAY 11

\* Do not use this form for asbestos license exempted activities.



12/06/2019 01:16PM 2013297440

BEST REMOVAL INC

PAGE 02/04

CK 9067

INV# 10547

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 17:28 and 17:29)

DEC 12 2019

Date of Notification (1) <b>12/6/19</b>		Name of Building Owner/Owner (2) <b>MS. PAMELA GASTON</b>				
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DON <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment & Reinspection (including justification) <input type="checkbox"/> Consultation	Street Address [REDACTED] City, State, Zip Code <b>MAPLEWOOD, NJ 07040</b> Name of Contact <b>AL GASTON</b> Telephone Number				
<b>FACILITY INFORMATION</b>						
Name of Facility Where Abatement is Taking Place (3) <b>H.S. PAMELA GASTON</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School (13) (Other than K-12) <input type="checkbox"/> Other (e.g., private & commercial buildings, houses, etc.)				
Street Address [REDACTED]		Square Feet <b>2100</b>				
City (5) <b>MAPLEWOOD</b>		# of Floors <b>2</b>				
County (6) <b>ESSEX</b>		Bldg. Age <b>1940</b>				
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>RESIDENCE</b>				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Best Removal Inc</b>				
Street Address		Street Address <b>450 South River St</b>				
City, State, Zip Code		City, State, Zip Code <b>Hackensack, N.J. 07601</b>				
Project Manager for Monitoring Firm		Telephone No. <b>201-329-7444</b>				
Start Date (10) <b>12/7/19</b>		Scheduled Completion Date (11) <b>12/7/19</b>				
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: <b>8AM TO 5:00 PM</b>		Name of OSHA Monitor <b>Omega Environmental</b>				
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 25 or more <input type="checkbox"/> 100 or more		Street Address <b>280 Bayler St</b> City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>				
Is Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Enclosure with Negative Pressure <input type="checkbox"/> Full Enclosure <input type="checkbox"/> Circulating Procedures <input type="checkbox"/> Non-Enclosed (?) and Non-Static Procedures				
Location of Asbestos-Containing Material (ACM) (12) <b>TO BE ABATED IN FACILITY</b>	Is Location Normally Used Daily by Maintenance/Custodial Staff? (13) Yes No N/A	Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, roofing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
				Removal	Repair	Enclosure
<b>ASBESTOS</b>		<b>THERMAL SYSTEM INSULATION</b>	<b>35 LF X</b>			
Name of Registered Waste Handler <b>Best Removal Inc</b>		NJDOT Waste Handler ID No. <b>17109</b>	Crane Yard of Waste <b>2100 S. RIVER ST</b>	Name of Registered Landfill <b>PENNSYLVANIA COUNTY LANDFILL</b>		
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>12/9/19</b>	City, State <b>NEW BURG, PA. 17240</b>	Date <b>12/6/19</b>		
Completed by <b>J. MAIORANO</b>		Estimator <b>J. MAIORANO</b>		Date <b>12/6/19</b>		

\* Do not use this form for asbestos abatement completed on-site.

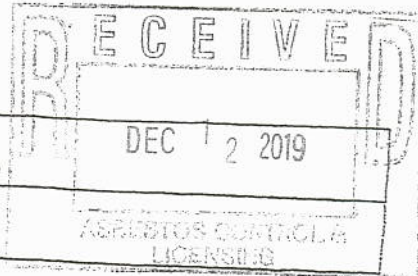


Inv# 16706

CK 5071

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

PAID



Date of Notification (1) 12/09/19		Name of Building Owner/Operator (2) American Demolition Corp		DEC 2 2019	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 2 English Ln City, State, Zip Code Englewood 08234	
Name of Facility Where Abatement is Taking Place (3) Resident		FACILITY INFORMATION		Name of Contact Bernard	
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.)		Telephone Number 609 477-7373	
City (5) Northfield		Square Feet		# of Floors	
County (6) Atlantic		County Code (7) (STATE USE ONLY)		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Current Use (Prior if being demolished)	
Street Address		Name of Abatement Contractor (9) Ami Ice Abatement Demolition LLC		License No. 61070	
City, State, Zip Code		Street Address 1212 Burlington Ave		Telephone No. 609-346-1916	
Project Manager for Monitoring Firm		City, State, Zip Code Delanco NJ 08015		Name of OSHA Monitor	
Start Date (10) 12/11/19		Scheduled Completion Date (11) 1/15/20		Street Address	
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:		City, State, Zip Code		Name of OSHA Monitor	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13) out side		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding Floor	
				Amount (Specify SF or LF) 1800 SF	
				400 SF	
Name of Registered Waste Hauler WME LLC		NJDEP Waste Hauler ID No. 20947		Cubic Yards of Waste	
City, State Delanco NJ		Disposal Date TBD		Name of Registered Landfill WIM of PA	
Signed by Joseph T Hall		Title President		City, State Delanco NJ	
		Signature [Signature]		Date 12/09/19	



CK# 4957

Inv# 10707

PAID

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

RECEIVED  
DEC 12 2019

Date of Notification (1) <u>12-8-19</u>		Name of Building Owner/Operator (2) <u>TOM WELSH BUILDER</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <u>661 POMONA AVE</u>	
		City, State, Zip Code <u>HADDONFIELD N.J. 08033</u>	
		Name of Contact <u>TOM</u>	Telephone Number _____
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <u>AVACONI</u>		Square Feet <u>1000</u>	# of Floors <u>1</u>
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY) _____	Bldg Age <u>50 +</u>
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>	
Street Address _____		Street Address <u>369 S SPRUCE AVE</u>	
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>	
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>
Start Date (10) <u>12-18-19</u>	Scheduled Completion Date (11) <u>12-28-19</u>	Name of OSHA Monitor <u>N/A</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address _____	
		City, State, Zip Code _____	
Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
<u>SIDING</u>			<u>TRANSITE</u>
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>3</u>
City, State <u>MAPLE SHADE N.J.</u>		Name of Registered Landfill <u>C.M.C.M.U.A</u>	
		Disposal Date _____	City, State <u>WOODBINE</u>
Completed By <u>MICHAEL KLOMM</u>	Title <u>SUP.</u>	Signature <u>[Signature]</u>	Date <u>12-8-19</u>



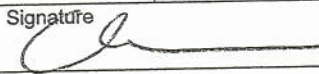
*\* Emergency \**  
**PAID**

Inv# 10581

Print Form

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

CK 7721

Date of Notification (1) 12/8/19		Name of Building Owner/Operator (2) Richard & Elizabeth Moyer Private Home		<b>RECEIVED</b> DEC 12 2019					
Agencies Notified		Type Notification		Street Address [REDACTED]					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Hainesport NJ 08036					
				Name of Contact Julia	Telephone Number [REDACTED]				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Richard & Elizabeth Moyer Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]				Square Feet 1000+	# of Floors 1				
City (5) Hainesport NJ 08036				Bldg. Age 50+					
County (6) Burlington		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) House					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 12/9/19		Scheduled Completion Date (11) 12/11/19		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	60sf	x			
Bathroom			x	ceiling paint	20 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S				
City, State Elm NJ		Disposal Date 12/11/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/8/19		



Inv# 16708

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

CK 2038

**PAID**

Date of Notification 12/4/19 Type Notification		Name of Building Owner / Operator (2) <b>215 College Road LLC</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  DEC 12 2019 </div>	
Agencies Notified	Emergency Notification	Street Address			
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial Notification	<b>20 Gramercy Park South</b>			
<input checked="" type="checkbox"/> DEP	Amended Notification	City, State & Zip Code			
<input checked="" type="checkbox"/> DOL	Cancellation	<b>New York, NY 10003</b>		Name of Contact	
<input checked="" type="checkbox"/> DOH		Name of Contact		Telephone Number	
<input checked="" type="checkbox"/> DCA		<b>Andrew Marston</b>		<b>646-779-4010</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Pychogenics</b>			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address <b>215 College Road</b>			Square Feet <b>20,000</b>		
City (5) <b>Paramus</b>			# of Floors <b>2</b>		
County (6) <b>Bergen</b>			Bldg. Age <b>70+</b>		
County Code (7)			Current Use (Prior if being demolished) <b>Pharmaceuticals</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>EWMA</b>		ASCM No.		Name of Abatement Contractor (9) <b>Global Abatement Services, LLC</b>	
Street Address <b>100 Misty Lane</b>				Street Address <b>443 Schoolhouse Road</b>	
City, State & Zip Code <b>Parsippany, NJ 07054</b>				City, State & Zip Code <b>Monroe Township, NJ 08831</b>	
Project Manager for Monitoring Firm <b>Craig Gorczyca</b>		Telephone Number <b>973-560-1400</b>		Telephone Number <b>732-605-9062</b>	
Scheduled Start Date (10) <b>12/18/19</b>		Scheduled Completion Date (11) <b>12/31/19</b>		License Number <b>00714</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Name of OSHA Monitor <b>Global Abatement Services, LLC</b>		
			Street Address <b>443 Schoolhouse Road</b>		
			City, State & Zip Code <b>Monroe Township, NJ 08831</b>		
Scope of Work (Check all that apply)					
<input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project Quantity is $\geq 3$ SF or $\geq 3$ LF ACM <input checked="" type="checkbox"/> Quantity is $\geq 160$ SF or $\geq 260$ LF ACM <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glove-bag Procedure <input checked="" type="checkbox"/> Other: <b>Non-friable</b>					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)		Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	
<b>First Floor Labs</b>		<b>N/A</b>		<b>VAT/mastic</b>	
<b>First Floor Labs</b>		<b>N/A</b>		<b>8,410 SF</b>	
<b>First Floor Labs 105/106</b>		<b>N/A</b>		<b>Table tops</b>	
				<b>1,846 SF</b>	
				<b>Ceiling Tiles</b>	
				<b>1,640 SF</b>	
Name of Registered Waste Hauler <b>Freehold Carting</b>		NJDEP Waste Hauler ID # <b>18693</b>		Cu. Yds. of Waste <b>40</b>	
City, State <b>Trenton, NJ</b>		Disposal Date <b>12/31/19</b>		Name of Registered Landfill <b>Fairless Landfill</b>	
Completed By (Print or Type) <b>Dominick Tringali</b>		Title <b>Manager</b>		Signature <i>Dominick Tringali</i>	
				Date <b>12/4/19</b>	

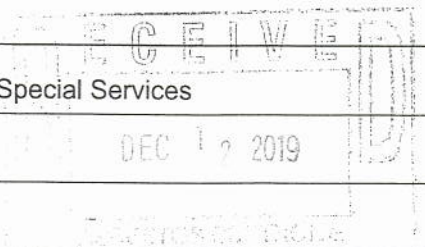


Inv #110565

CK 2233

PAID

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



Date of Notification (1) 12-09-19		Name of Building Owner/Operator (2) Bergen County Technical School & Special Services							
Agencies Notified	Type Notification	Street Address 327 East Ridgewood ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus Nj 07652							
		Name of Contact Jodice Thomas	Telephone Number 201-3436000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Police Athletic League Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 284 Hackensack Ave		Square Feet	# of Floors						
City (5) Hackensack NJ		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Technical School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Enviromental Inc		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 1253 N Church St		Street Address 28 Lisa In							
City, State, Zip Code Moorestown Nj 080507		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm Mike R Stocku	Telephone No. 856-8408800	Telephone No. 973-9426924	License No. 01129						
Start Date (10) 12-26-19	Scheduled Completion Date (11) 12-26-19	Name of OSHA Monitor Marcelo Avila							
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 252 Cumberland Ave							
		City, State, Zip Code Paterson NJ 07502							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Gym			x	Transite Ceiling	10 SF		x		
Gym			x	aircell pipe insulation	10 LF		x		
Staff bathroom			x	12x12 floor tile	4 SF		x		
daycare gym room			x	12x12 floor tile	18 SF		x		
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 10 yds	Name of Registered Landfill Newark Carting					
City, State Lincoln Park NJ			Disposal Date 1-10-19	City, State Newark NJ 07105					
Completed by Dorian Carpio		Title Manager	Signature 			Date 12-09-19			


IN# 16599

CK 19611

PAID

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

Check 196P1

Date of Notification (1) 12/9/19		Name of Building Owner/Operator (2) Linda Miller		<div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED</div> <div style="text-align: right; margin-top: 10px;">DEC 12 2019</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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Wayne, NJ  Name of Contact Pete Vandervelde  Telephone Number 				
<b>FACILITY INFORMATION</b>										
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4)						
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Wayne				Square Feet 1300	# of Floors 2					
County (6) Passaic				County Code (7) (STATE USE ONLY)	Bldg. Age 73					
Name of Monitoring Firm Hired by Building Owner (8)				Name of Abatement Contractor (9)						
Street Address				ABS Environmental Services, LLC						
City, State, Zip Code				Street Address						
Project Manager for Monitoring Firm				PO Box 483, 4 E Gate Drive						
Telephone No.				City, State, Zip Code						
Start Date (10) 12/12/19				Glenwood, NJ 07418						
Scheduled Completion Date (11) 12/23/19				Telephone No. 973-764-2276						
Occupancy Status During Abatement (Check Only One)				License No. 703						
<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: kitchen bathroom hall				Name of OSHA Monitor						
Scope of Work (Check All That Apply)				Street Address						
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf				City, State, Zip Code						
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition				<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure	
kitchen			x	floor tile	84 SF	x				
bathroom			x	floor tile	64 SF	x				
hall			x	floor tile	344 SF	x				
Name of Registered Waste Hauler				NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill		
Newark Carting				04509		TBD		Grand Central Sanitary Landfill		
City, State				Disposal Date		City, State				
Newark NJ				TBD		Pen Argyl, PA				
Completed by				Title		Signature		Date		
A. Scott Higgins				President				12/9/19		



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

Trn# 10571 PAID

Check 19613

Date of Notification (1) 12/9/19		Name of Building Owner/Operator (2) Nelson Barbecho		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 12 2019 </div>					
Agencies Notified		Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
		City, State, Zip Code Bloomfield, NJ 07003		Telephone Number [REDACTED]					
		Name of Contact Nelson Barbecho							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address [REDACTED]									
City (5) Bloomfield				Square Feet 1300	# of Floors 2				
				Bldg. Age 76					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address				Street Address PO Box 483, 4 E Gate Drive					
City, State, Zip Code				City, State, Zip Code Glenwood, NJ 07418					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 12/19/19		Scheduled Completion Date (11) 12/31/19		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: <u>basement</u>				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
basement			x	pipe insulation	35 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark NJ				Disposal Date TBD	City, State Pen Argyl, PA				
Completed by A. Scott Higgins		Title President		Signature 		Date 12/9/19			

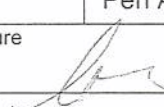


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

TIN# 110570

PAID

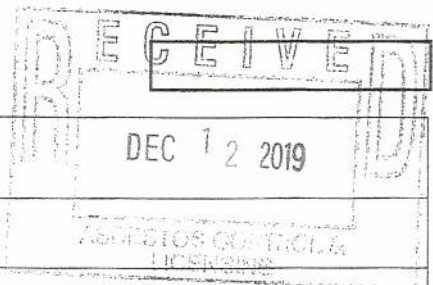
Check 12/6/17

Date of Notification (1) 12/9/19		Name of Building Owner/Operator (2) Paul Davis Restoration		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED  DEC 12 2019  ASBESTOS CONTROL  LICENSING </div>					
Agencies Notified	Type Notification	Street Address 1 Frassetto Way, Suite K							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lincoln Park, NJ 07035							
		Name of Contact Rob Peters		Telephone Number 973-832-4540					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Woodland Park			Square Feet 1600	# of Floors 2	Bldg. Age 74				
County (6) Passaic		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) home					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276	License No. 703				
Start Date (10) 12/18/19		Scheduled Completion Date (11) 12/31/19		Name of OSHA Monitor					
Occupancy Status During Abatement (Check Only One)				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: <u>ground floor</u>				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
ground floor			x	ceiling plaster	1200 SF	x			
			x	wall plaster	2500 SF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President		Signature 			Date 12/9/19		



Inv # 102709

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



Check#3506

Date of Notification (1) 12 / 09 / 19		Name of Building Owner/Operator (2) Gabriel Toran	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Passaic, NJ 07055	
Name of Contact Gabriel Toran		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Passaic, NJ 07055		County Code (7) (STATE USE ONLY)	
County (6) Passaic		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		License No.	
Telephone No.		Telephone No.	
Start Date (10) 12 / 18 / 19		Scheduled Completion Date (11) 12 / 19 / 19	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/ PM- AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	

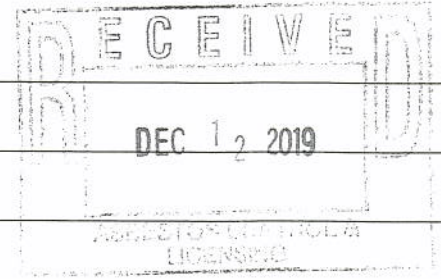
Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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		

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 SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement-utility room-laundry room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic		Title Owner	Signature <i>N. Jevtic</i>		Date 12/09/19



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



Date of Notification (1) 12-11-19		Name of Building Owner/Operator (2) FRIT							
Agencies Notified  <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1626 E. JEFFERSON STREET						
			City, State, Zip Code ROCKVILLE, MD 20852						
		Name of Contact RIC WOODIE	Telephone Number 301-998-8286						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) BRICK PLAZA SPACE 26(FORMER HALLOWEEN STORE)		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 100 CEDARBRIDGE AVE		Square Feet 40,000	# of Floors 1						
City (5) BRICK		Bldg. Age +/-50							
County (6) OCEAN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) VACANT							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No. _____	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES						
Street Address 700 TURNER WAY		Street Address 2251 FRALEY STREET							
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-787-0402	Telephone No. 215-533-5155						
		License No. 01166							
Start Date (10) 12-9-19	Scheduled Completion Date (11) 1-31-20	Name of OSHA Monitor VERTEX COMPANIES							
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 700 TURNER WAY							
		City, State, Zip Code ASTON, PA 19014							
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
MAIN FLOOR			X	MASTIC	40,000SF	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill MINERVA					
City, State YARDLEY, PA			Disposal Date _____	City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	Signature 	Date 12/11/19					

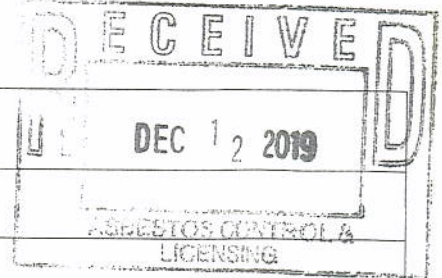


Check # 12352

Inv# 10717

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

PAID



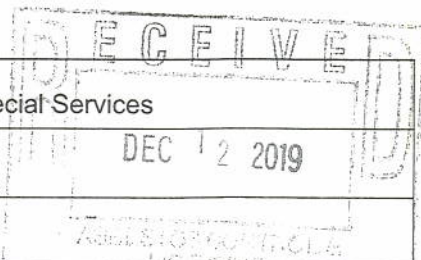
Date of Notification (1) 12 / 11 / 19		Name of Building Owner/Operator (2) Pennsauken Public Schools							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1695 Hylton Rd City, State, Zip Code Pennsauken, NJ 08110 Name of Contact David Wagner Telephone Number (609) 662-8505 Ex 6519							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pennsauken HS		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 800 Hylton Rd		Square Feet							
City (5) Pennsauken		# of Floors							
County (6) Camden		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School							
Name of Monitoring Firm Hired by Building Owner (8) Aracdis U.S. Inc		ASCM No.							
Street Address 10 Friends Lane Suite 100		Name of Abatement Contractor (9) Controlled Environmental Systems							
City, State, Zip Code Newtown, PA 18940		Street Address 1121 N. Bethlehem Pike - Suite 60							
Project Manager for Monitoring Firm David Hilinski		City, State, Zip Code Spring House, PA 19477							
Telephone No. 908-635-4069		Telephone No. 215 542 7000							
License No. 00847		Name of OSHA Monitor CES							
Start Date (10) 12 / 20 / 19		Scheduled Completion Date (11) 1 / 1 / 20							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-11:30PM/ _____ PM- _____ AM		Street Address 1121 N. Bethlehem Pike - Suite 60							
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 type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Boys & Girls Locker Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Mastic with Ceramic Tile	2400	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Republic Services		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill Conestoga Landfill				
City, State Telford, PA 18969		Disposal Date 1/10/20		City, State Morgantown, PA 19543					
Completed By (Print or Type) Patricia Visco		Title Office Manager		Signature Patricia Visco		Date 12/10/19			



Inv# 16562  
CK2232

PAID

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



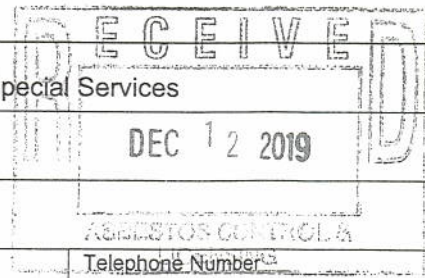
Date of Notification (1) 12-09-19		Name of Building Owner/Operator (2) Bergen County Technical School & Special Services							
Agencies Notified	Type Notification	Street Address 327 East Ridgewood ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus Nj 07652							
		Name of Contact Jodice Thomas	Telephone Number 201-3436000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Spring House-north		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 321 East Ridgewood		Square Feet	# of Floors						
City (5) Paramus		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Technical School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Enviromental Inc		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 1253 N Church St		Street Address 28 Lisa In							
City, State, Zip Code Moorestown Nj 080507		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm Mike R Stocku		Telephone No. 856-8408800	License No. 01129						
Start Date (10) 12-24-19	Scheduled Completion Date (11) 12-24-19	Name of OSHA Monitor Marcelo Avila							
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 252 Cumberland Ave							
		City, State, Zip Code Paterson NJ 07502							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Stairwell to 2nd floor			x	plaster	10 SF		x		
Kitchen			x	12x12 floor tile	4 SF		x		
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 10 yds	Name of Registered Landfill Newark Carting					
City, State Lincoln Park NJ			Disposal Date 1-10-19	City, State Newark NJ 07105					
Completed by Dorian Carpio		Title Manager	Signature 			Date 12-09-19			



Inv# 110563

PAID

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



Date of Notification (1) 12-09-19		Name of Building Owner/Operator (2) Bergen County Technical School & Special Services							
Agencies Notified	Type Notification	Street Address 327 East Ridgewood ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus Nj 07652							
		Name of Contact Jodice Thomas	Telephone Number 201-3436000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Applied Technology High School		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 400 Paramus Rd		Square Feet	# of Floors						
City (5) Paramus		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Technical School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Enviromental Inc		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 1253 N Church St		Street Address 28 Lisa In							
City, State, Zip Code Moorestown Nj 080507		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm Mike R Stocku		Telephone No. 856-8408800	License No. 01129						
Start Date (10) 12-24-19	Scheduled Completion Date (11) 12-24-19	Name of OSHA Monitor Marcelo Avila							
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 252 Cumberland Ave							
		City, State, Zip Code Paterson NJ 07502							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ender hall			x	12x12 floor tile	4 SF		x		
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 10 yds	Name of Registered Landfill Newark Carting					
City, State Lincoln Park NJ		Disposal Date 1-10-19	City, State Newark NJ 07105						
Completed by Dorian Carpio		Title Manager	Signature 				Date 12-09-19		

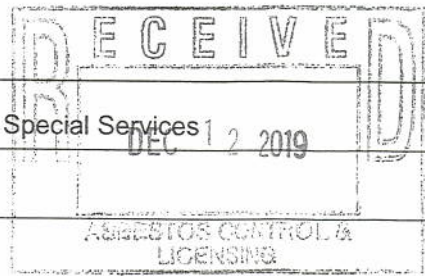


Inv# 10572

CK 2237

PAID

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



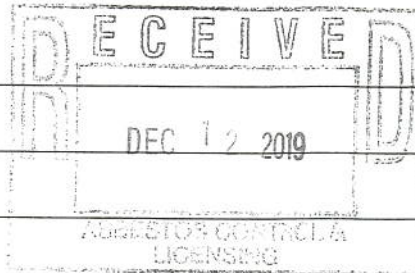
Date of Notification (1) 12-09-19		Name of Building Owner/Operator (2) Bergen County Technical School & Special Services							
Agencies Notified	Type Notification	Street Address 327 East Ridgewood ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus Nj 07652							
		Name of Contact Jodice Thomas	Telephone Number 201-3436000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bergen county academy building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 200 Hackensack Ave		Square Feet	# of Floors						
City (5) Hackensack NJ		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Technical School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Enviromental Inc		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 1253 N Church St		Street Address 28 Lisa In							
City, State, Zip Code Moorestown Nj 080507		City, State, Zip Code Lincoln Park NJ 07035							
Project Manager for Monitoring Firm Mike R Stocku		Telephone No. 856-8408800	License No. 01129						
Start Date (10) 12-27-19	Scheduled Completion Date (11) 12-27-19	Name of OSHA Monitor Marcelo Avila							
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 252 Cumberland Ave							
		City, State, Zip Code Paterson NJ 07502							
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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
upper level room 235			x	12x12 floor tile	5 SF		x		
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 10 yds	Name of Registered Landfill Newark Carting					
City, State Lincoln Park NJ		Disposal Date 1-10-19		City, State Newark NJ 07105					
Completed by Dorian Carpio		Title Manager	Signature 			Date 12-09-19			



Inv# 110723

Print Form

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



MO 25612332737

Date of Notification (1) 12/07/2019		Name of Building Owner/Operator (2) Jennifer Gass	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Summit, NJ 07901	
		Name of Contact Jennifer Gass	Telephone Number

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A
City (5) Summit		Bldg. Age N/A	
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.
Street Address		Street Address 11 Rosengren Avenue	
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512	
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-345-8685
			License No. 01311
Start Date (10) 12/17/2019	Scheduled Completion Date (11) 12/18/2019	Name of OSHA Monitor D&S Abatement, Inc.	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue	
		City, State, Zip Code Totowa, NJ 07512	

## Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	50 LF	X			

Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central	
City, State Waybe, NJ			Disposal Date TBD	City, State Pen Argyl, PA	
Completed by Ned Joksimovic	Title Project Manager	Signature 		Date 12/07/2019	

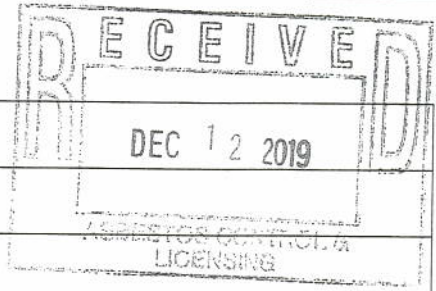


Inv# 16724

CK 7201

PAID

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



Date of Notification (1) 12/07/2019		Name of Building Owner/Operator (2) Joe Milano							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bloomfield, NJ 07003							
		Name of Contact Joe Milano	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Bloomfield		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-345-8685	License No. 01311						
Start Date (10) 12/17/2019	Scheduled Completion Date (11) 12/18/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	110 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Waybe, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Ned Joksimovic		Title Project Manager		Signature 			Date 12/07/2019		

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



*Inv # 16564*  
*CK 20310 PAID*

Date of Notification (1) 12-09-19		Name of Building Owner/Operator (2) Bergen county Technical School & Special Services							
Agencies Notified	Type Notification	Street Address 327 East Ridgewood Ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus Nj 07652							
		Name of Contact Jodice Thomas	Telephone Number 201-3436000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Bergen Early learning alliance/daycare		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 284 Hackensack ave		Square Feet	# of Floors						
City (5) Hackensack		Bldg. Age							
County (6) Bergen County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Technical school							
Name of Monitoring Firm Hired by Building Owner (8) TTI Enviromental inc		ASCM No.	Name of Abatement Contractor (9) DYV Enterprises LLC						
Street Address 1253 N Church St		Street Address 28 Lisa Ln							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code Lincoln Park							
Project Manager for Monitoring Firm Mike R Stocku		Telephone No. 856-8408800	Telephone No. 9739426924						
License No. 01129									
Start Date (10) 12-26-19	Scheduled Completion Date (11) 12-26-19	Name of OSHA Monitor Marcelo avila							
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 252 Cumberland ave							
		City, State, Zip Code Paterson NJ 07502							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
girls bathroom at hallway			x	drywall & spackle	5 SF		x		
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 10Yds	Name of Registered Landfill Newark Carting					
City, State Lincoln Park NJ		Disposal Date		City, State Newar nj 07105					
Completed by Dorian Carpio		Title Manager	Signature <i>[Signature]</i>			Date 12-09-19			



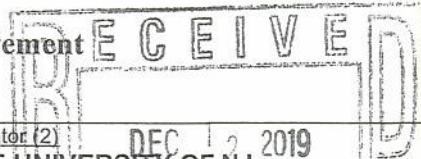
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12-09-19		Name of Building Owner/Operator (2) Bergen County Technical School & Special Services							
Agencies Notified	Type Notification	Street Address 327 East Ridgewood ave							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paramus Nj 07652							
		Name of Contact Jodice Thomas	Telephone Number 201-3436000						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Adult education building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 190 Hackensack Ave		Square Feet	# of Floors						
City (5) Hackensack NJ		Bldg. Age							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Technical School							
Name of Monitoring Firm Hired by Building Owner (8) TTI Enviromental Inc		ASCM No. _____							
Street Address 1253 N Church St		Name of Abatement Contractor (9) DYV Enterprises LLC							
City, State, Zip Code Moorestown Nj 080507		Street Address 28 Lisa In							
Project Manager for Monitoring Firm Mike R Stocku		Telephone No. 856-8408800	License No. 01129						
Start Date (10) 12-27-19	Scheduled Completion Date (11) 12-27-19	Name of OSHA Monitor Marcelo Avila							
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 252 Cumberland Ave							
		City, State, Zip Code Paterson NJ 07502							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
room 120			x	drywall/spackle	10 SF		x		
Name of Registered Waste Hauler DYV Enterprises LLC		NJDEP Waste Hauler ID No. 0034140	Cubic Yards of Waste 10 yds	Name of Registered Landfill Newark Carting					
City, State Lincoln Park NJ		Disposal Date 1-10-19		City, State Newark NJ 07105					
Completed by Dorian Carpio		Title Manager	Signature 			Date 12-09-19			

NO CK

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



GAC Project # 060-19

<u>Date of Notification (1)</u> <b>December 6, 2019</b>		<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<u>Agencies Notified</u> <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancelled	
<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>		<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>	
<u>Name of Contact</u> <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>		<u>Telephone Number</u> <b>848-445-2550</b>	
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>SMITH HALL, BLDG# 7223</b>		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<u>Street Address</u> <b>NEWARK CAMPUS</b>		<u>Sq. Feet:</u> N/A <u># of Floors:</u> 4 <u>Bldg. Age:</u> 60+ years	
<u>City (5)</u> <b>NEWARK</b>	<u>County (6)</u> <b>ESSEX</b>	<u>County Code (7) (State Use Only)</u>	<u>Current Use (prior if being demolished):</u> ACADEMIC
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>ATC</b>		<u>ASCM No.</u> <b>00098</b>	
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>Street Address</u> <b>511 MAIN STREET</b>	
<u>Project Manager for Monitoring Firm</u> <b>BRIAN R. KEARNEY</b>		<u>Telephone Number</u> <b>609-386-8800</b>	<u>License Number</u> <b>973-492-0477</b>
<u>Scheduled Start Date (10)</u> <b>12/06/2019</b>		<u>Scheduled Completion Date (11)</u> <b>12/09/19</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		<u>Name of OSHA Monitor</u> <b>ENVIROVISION, INC.</b>	
<u>Street Address</u> <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ 07410</b>	
<u>Scope of Work (Check all that apply)</u> <input checked="" type="checkbox"/> $\geq 3$ sf or $>3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>Room B010</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES      NO      NA <input checked="" type="checkbox"/> YES	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>SPRAY-ON FIREPROOFING</b>	<u>Amount (Specify SF or LF)</u> <b>&lt;25 SF</b>
<u>Abatement Type</u> Remove    Repair    Encap    Enclose <input checked="" type="checkbox"/> Remove			
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>		<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>	<u>Cubic Yards of Waste:</u> <b>5 CY</b>
<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>			
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</u> NJDEP # 12561		<u>Disposal Date</u> <b>12/09/2019</b>	<u>City, State</u> <b>100 New Ford Mill Rd. Morrisville, Pa 19067</b>
<u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509</u> NJ DEP # 4509		<b>215-736-1700</b>	
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> <b>December 6, 2019</b>



CK 3912 Inv 16564

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:80 and 12:12)

**RECEIVED**  
DEC 12 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/21/2019		12/9/19		Name of Building Owner/Operator (2) Residence	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Spring Lake Heights, NJ 08750 Name of Contact Nick Campo Telephone Number	
Name of Facility Where Abatement is Taking Place (3) Residence					
Street Address [REDACTED] City (5) Spring Lake Heights County (6) Monmouth			FACILITY INFORMATION Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 4,428 # of Floors 1 Bldg. Age 69 County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8) A. Seine Lighthouse Solutions		ASCM No.		Name of Abatement Contractor (9) Brinks Tank Services	
Street Address PO Box 354 City, State, Zip Code South Orange, NJ 07079		Telephone No. 201-349-2666		Street Address 1256 Liberty Avenue City, State, Zip Code Hillside, NJ 07205	
Project Manager for Monitoring Firm Sarah Calandra		Telephone No. 201-349-2666		License No. 01316	
Start Date (10) 12/03/2019		Scheduled Completion Date (11) 12/11/2019		Name of OSHA Monitor A. Seine Lighthouse Solutions	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address PO Box 354 City, State, Zip Code South Orange, NJ 07079	
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 type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		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)	
BASEMENT		Yes No N/A		Amount (Specify SF or LF)	
BASEMENT		X		618 SF	
BASEMENT		X		130 SF	
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste	
City, State East Orange, NJ		Disposal Date		Name of Registered Landfill Waste Management Landfill	
Completed by Amy Garcia		Title Project Manager		City, State Penn Argyle, PA	
		Signature		Date 11/21/19	



Inv 16714

PAID

RECEIVED

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:20)

DEC 12 2019

Check # 10824

Date of Notification (1) <b>Dec 10, 2019</b>		Name of Building Owner/Operator (2) <b>Shawn Bialas</b>							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>ASBESTOS CONTROL &amp; [REDACTED]</b>							
		City, State, Zip Code <b>Nutley NJ 07110</b>							
		Name of Contact <b>Shawn Bialas</b>							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <b>Single Family Dwelling</b>		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 <b>[REDACTED]</b>									
City (5) <b>Nutley NJ 07110</b>		Square Feet	# of Floors <b>2</b>						
County (6) <b>Essex</b>		Bldg. Age <b>70+-</b>							
County Code (7) <b>Essex</b>		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>							
Street Address <b>P.O. Box 337</b>		Street Address <b>P.O. Box 337</b>							
City, State, Zip Code <b>New Egypt, NJ 08533</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Project Manager for Monitoring Firm <b>Steve Schenker</b>		Telephone No. <b>609 758-3365</b>	License No. <b>00394</b>						
Start Date (10) <b>12-20-19</b>		Scheduled Completion Date (11) <b>12-27-19</b>							
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 <b>EPC Technologies Inc</b>							
		Street Address <b>P.O. Box 337</b>							
		City, State, Zip Code <b>New Egypt NJ 08533</b>							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement</b>	<b>X</b>			<b>Pipe Insulation</b>	<b>200 LF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>4</b>	Name of Registered Landfill <b>Waste Management of PA</b>					
City, State <b>New Egypt NJ</b>		Disposal Date <b>12/27/19</b>		City, State <b>Morrisville PA</b>					
Completed by <b>Steve Schenker</b>		Title <b>President</b>	Signature <b>Steve Schenker</b>			Date <b>12-10-19</b>			

Open Window Time Frame



CK 1291

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

RECEIVED	Print Form
DEC 12 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/09/19 <i>Inv 16715</i>		Name of Building Owner/Operator (2) Wen Sen & Huoy Ling Huang						
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Rancho Palos Verdes, CA 90275 Name of Contact Mike Murphy						
<b>FACILITY INFORMATION</b> Name of Facility Where Abatement is Taking Place (3) [REDACTED]								
Street Address		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) Franklin Township		Square Feet 1056	# of Floors Bldg. Age					
County (6) Somerset		County Code (7) (STATE USE ONLY) <i>08873</i>	Current Use (Prior if being demolished) home					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address		Street Address 6 WHITE DOVE COURT						
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701						
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200					
Start Date (10) 12/19/19		Scheduled Completion Date (11) 12/22/19						
Name of OSHA Monitor AAA LEAD PROFESSIONALS		Occupancy Status During Abatement (Check Only One)						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT						
Scope of Work (Check All That Apply)		City, State, Zip Code LAKEWOOD, NJ 08701						
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
INTERIOR				200SF	x			
EXTERIOR				170SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 5	Name of Registered Landfill IESI				
City, State NEWARK, NJ		Disposal Date 12/22/19		City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 12/09/19		



CK 1294

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

<b>RECEIVED</b>	
DEC 12 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/09/19		Name of Building Owner/Operator (2) Structure Craft Contracting LLC		Street Address 22 South 6th Avenue		City, State, Zip Code Mount Vernon, NY 10550		Name of Contact Structure Craft Contracting LLC		Telephone Number 914-465-5453	
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) [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.)		Square Feet		# of Floors	
City (5) Carlstadt		County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office Building		Bldg. Age			
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS		Street Address 6 WHITE DOVE COURT		City, State, Zip Code LAKEWOOD, NJ 08701			
Start Date (10) 12/19/19		Scheduled Completion Date (11) 12/20/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS		Street Address 6 WHITE DOVE COURT		City, State, Zip Code LAKEWOOD, NJ 08701			
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: _____		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078		License No. 1200	
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)		Abatement Type Removal Repair Encapsulate Enclosure			
INTERIOR				FLOOR TILE AND MASTIC		100Sf		x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 5		Name of Registered Landfill IESI		City, State BETHLEHEM PA			
City, State NEWARK, NJ		Disposal Date 12/20/19		Signature		Date 12/09/19					
Completed by JOSEPH PERLSTEIN		Title OWNER									

Inv 14544

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

Check # 26022

**RECEIVED**

DEC 12 2019

ASBESTOS CONTROL & LICENSING

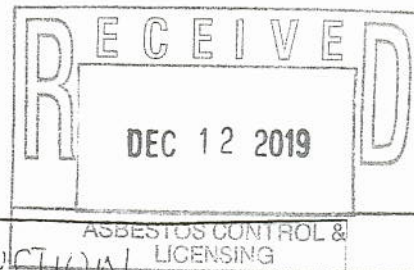
Date of Notification (1) 12/6/2019		Name of Building Owner/Operator (2) Ramirez							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08610							
		Name of Contact Maritza Ramirez	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Trenton, NJ 08610		Square Feet 1400	# of Floors 2						
County (6) Mercer		Bldg. Age 85 +/-							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	Telephone No. 609 259-9688						
License No. 00493									
Start Date (10) 12/9/2019	Scheduled Completion Date (11) 12/10/2019	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8am 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Boiler Insulation	40 sf	X			
Basement		X		TSI (above boiler only)	20 lf	X			
Basement		X		Transite ( above boiler )	10 sf	X			
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 12/10/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 		Date 12/6/2019			



CK # 4956

PAID

State of New Jersey

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

Inv 16712

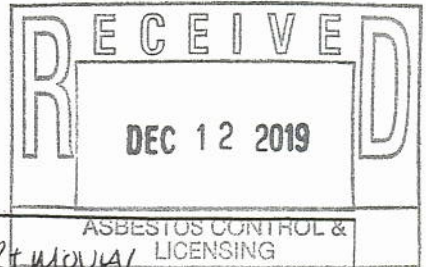
Date of Notification (1) <u>12-7-19</u>		Name of Building Owner/Operator (2) <u>REUTER CONSTRUCTION</u>		ASBESTOS CONTROL & LICENSING			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>459 N. BEECHAM RD</u>			
		City, State, Zip Code <u>WILLIAMSTOWN N.J. 08094</u>		Name of Contact <u>JOH</u>			
				Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)				
Street Address [REDACTED]			Square Feet <u>1500</u>				
City (5) <u>OCEAN CITY</u>			# of Floors <u>2</u>		Bldg. Age <u>50+</u>		
County (6) <u>CAPE MAY</u>			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <u>VACANT</u>		
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>			Name of Abatement Contractor (9) <u>KLEMCO INC</u>				
Street Address			Street Address <u>369 S SPRUCE AVE</u>				
City, State, Zip Code			City, State, Zip Code <u>WINDY SHADE N.J. 08052</u>				
Project Manager for Monitoring Firm			Telephone No. <u>856-779-0472</u>		License No. <u># 01371</u>		
Start Date (10) <u>12-17-19</u>		Scheduled Completion Date (11) <u>12-27-19</u>		Name of OSHA Monitor <u>N/A</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address				
			City, State, Zip Code				
Scope of Work (Check all that apply)							
<input type="checkbox"/> <3 sf or <3 ft <input checked="" type="checkbox"/> ≥160 sf or ≥260 ft		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN Facility (13)</u>	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) <u>2750 SF</u>	Abatement Type		
	Yes	No			N/A	Removal	Repair
<u>SIDING</u>			<u>TRANSITE</u>		<u>X</u>		
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>4</u>		Name of Registered Landfill <u>C MC MUA</u>	
City, State <u>WINDY SHADE N.J.</u>		Disposal Date		City, State <u>WINDY SHADE N.J.</u>			
Completed By <u>MICHAEL KLEMM</u>		Title <u>PRES</u>		Signature <u>[Signature]</u>		Date <u>12-7-19</u>	



CKE4956

INV-16711

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



Date of Notification (1) <u>12-7-19</u>		Name of Building Owner/Operator (2) <u>PAVE TRASH REMOVAL</u>		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input 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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address  City, State, Zip Code  Name of Contact  Telephone Number 					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address <u>[REDACTED]</u>			<u>08210</u>						
City (5) <u>CAPE MAY COURT HOUSE</u>			Square Feet	# of Floors	Bldg. Age				
County (6) <u>CAPE MAY</u>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) <u>N/A</u>		ASCM No.	Name of Abatement Contractor (9) <u>KLEMCO INC.</u>						
Street Address		Street Address <u>369 S SPRUCE AVE</u>							
City, State, Zip Code		City, State, Zip Code <u>MAPLE SHADE N.J 08052</u>							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. <u>856-779-0472</u>	License No. <u>01371</u>					
Start Date (10) <u>12-17-19</u>		Scheduled Completion Date (11) <u>12-27-19</u>		Name of OSHA Monitor <u>N/A</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			Street Address						
			City, State, Zip Code						
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>			<u>X</u>	<u>TRANSITE</u>	<u>1250 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>CMCMUA</u>					
City, State <u>MAPLE SHADE N.J 08053</u>		Disposal Date		City, State <u>WOODBORNE N.J</u>					
Completed By <u>MIKE KLEMM</u>		Title <u>PRESIDENT</u>	Signature <u>[Signature]</u>		Date <u>12-7-19</u>				



DEC 12 2019

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

Date of Notification (1)  
8-19-19

Name of Building Owner/Operator (2)  
HRP Hudson, LLC

ASBESTOS CONTROL &  
LICENSING

## Agencies Notified

☒ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☒ DCA

## Type Notification

☒ Initial  
☒ Amended  
Amendment # 4  
☐ Emergency (including  
justification)  
☐ Cancellation

Street Address  
401 N Michigan Ave, Suite 1630

City, State, Zip Code  
Chicago, IL 60611

Name of Contact  
Genaro Holguin

Telephone Number  
312-796-6593

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)  
Hudson Generating Station

## Type of Facility (4)

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

Street Address  
Outfield Avenue

City (5)  
Jersey City

Square Feet  
627,470

# of Floors  
10

Bldg. Age  
55

County (6)  
Hudson

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)  
Power Plant

Name of Monitoring Firm Hired by Building Owner (8)  
Finog Environmental Inc

ASCM No.

Name of Abatement Contractor (9)  
Precision Environmental Company

Street Address  
617 Stokes Rd, Suite 4-318

Street Address  
5500 Old Brecksville Rd

City, State, Zip Code  
Medford, NJ 08055

City, State, Zip Code  
Independence, Ohio 44131

Project Manager for Monitoring Firm  
Mark Rubnitz

Telephone No.  
856-596-9994

Telephone No.  
216-642-6040

License No.  
01212

Start Date (10)  
9-17-19

Scheduled Completion Date (11)  
12-20-19

Name of OSHA Monitor  
Precision Environmental Company

## Occupancy Status During Abatement (Check Only One)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours  
☐ Other - Describe: \_\_\_\_\_

Street Address  
5500 Old Brecksville Rd

City, State, Zip Code  
Independence, Ohio 44131

## Scope of Work (Check All That Apply)

☐  $\geq 3$  sf or  $\geq 3$  lf  
☒  $\geq 160$  sf or  $\geq 260$  lf

☐ Renovation  
☒ Demolition

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

Location of  
Asbestos-Containing Material (ACM)  
TO BE ABATED  
In Facility  
(13)

Is Location  
Normally  
Used Solely by  
Maintenance/  
Custodial Staff?  
(12)

Yes No N/A

Description of  
Asbestos Containing Material (ACM)  
(i.e. thermal systems insulation,  
surfacing, VAT, or  
other miscellaneous)

Amount  
(Specify  
SF or LF)

Abatement  
Type

Removal  
Repair  
Encapsulate  
Enclosure

SEE ATTACHED LIST

✓

Name of Registered Waste Hauler  
Champion Disposal

NJDEP Waste  
Hauler ID No.  
32707

Cubic Yards  
of Waste  
900

Name of Registered Landfill  
Grand Central Sanitary Landfill

City, State  
Hainesport, NJ

Disposal Date

City, State  
Pen Argyl, PA

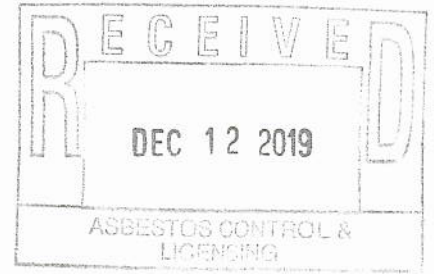
Completed by  
John Savage

Title  
Vice President

Signature  
John Savage

Date  
12-9-19





**Hudson Generating Station  
Precision Environmental Work Hours**

*Week 1 (Week of 9/16/19)*

*Monday off*  
*Tuesday: 7am to 5:30pm (Sept 17th Start)*  
*Wednesday: 7am to 5:30pm*  
*Thursday: 7am to 5:30pm*  
*Friday: 7am to 5:30pm*  
*Saturday 7am to 3:30pm*  
*Sunday: off*

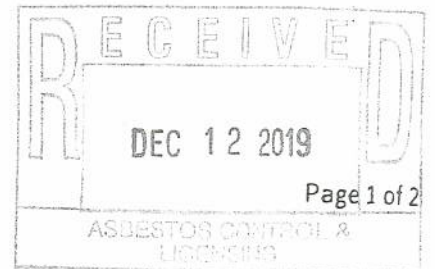
*Week 2-*

*Monday: 7am to 5:30pm*  
*Tuesday: 7am to 5:30pm*  
*Wednesday 7am to 5:30pm*  
*Thursday 7am to 5:30pm*  
*Friday off*  
*Saturday off*  
*Sunday off*

**\*\*Precision Environmental shall follow the above listed work hours on a rotating two week schedule\*\***

**This schedule shall take effect at the listed state date**





# Hudson Generating Station

Building	Square Feet	No. of Floors
Bottom Ash Transport	720	1
Intake Structure	900	1
Barge Unloader	300	1
Conveyor & Transfer House	150	1
P1 - Storage Building	1,900	1
P2 - Coal Conveyor	7,500	1
P2 - Coal Handling Structure	2,000	1
P3 - Service / Office Building	15,500	2
P3 - Locker Room Building	7,500	2
P3 - Turbine Building	6,000	1
P3 - Unit 1	215,000	10
P3 - Unit 2	370,000	10

Bottom Ash Transport  
No Asbestos Reported

QTY Category

Intake Structure  
No Asbestos Reported

Barge Unloader  
No Asbestos Reported

Conveyor & Transfer House  
No Asbestos Reported

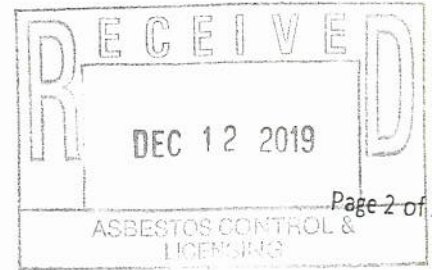
P1 - Storage Building  
No Asbestos Reported

P2 - Coal Conveyor  
No Asbestos Reported

P2 - Coal Handling Structure  
No Asbestos Reported

P3 - Service / Office Building

Duct Insulation	200 SF	RACM
Floor Tile & Mastic	1,800 SF	Cat I
Pipe Fittings	460 LF	RACM
Galbestos Siding	12,600 SF	Cat II
Pipe Insulation	3,600 LF	RACM
Cement Board	16 SF	Cat II



**P3 - Locker Room Building**  
No Asbestos Reported

**P3 - Turbine Building**  
Coating  
Floor Tile & Mastic

32,000 SF  
400 SF  
Cat II  
Cat I

**P3 - Unit 1**

Pipe Insulation  
Pipe Fittings  
Tank Insulation  
Galbestos Siding

4,100 LF  
84 EA  
220 SF  
3,100 SF  
RACM  
RACM  
RACM  
Cat II

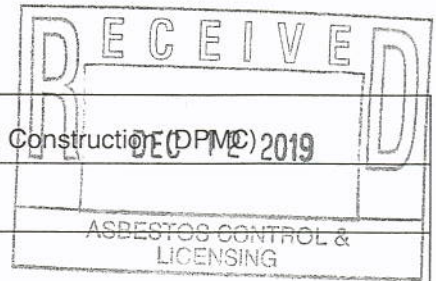
**P3 - Unit 2**

Pipe Insulation  
Tank Insulation  
Galbestos Siding

2,750 LF  
450 SF  
2,800 SF  
RACM  
RACM  
Cat II



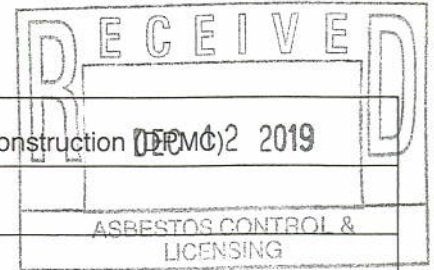
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1) 12/03/2019 <i>Inv 14593</i>		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC) 2019							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number (609)433-2001						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 89 4th Street		Square Feet Varies	# of Floors Varies						
City (5) Woodbridge		Bldg. Age 30+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) DPMC Owned Property							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6861 Washington Ave							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250						
		License No. 01172							
Start Date (10) 12/03/2019	Scheduled Completion Date (11) 02/10/2020	Name of OSHA Monitor Health & Safety 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 type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st/2nd Floor			X	Plaster Walls	2,450 sf	X			
1st/2nd Floor			X	Vinyl Flooring & Mastic	345 sf	X			
1st/2nd Floor			X	Black Glue on Paneling	900 sf	X			
Roofing			X	Shingles	2,225 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054		Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS North				
City, State Egg Harbor Township, NJ/Maple Shade, NJ				Disposal Date 02/10/2020	City, State Tullytown, PA				
Completed by Eric Keys		Title OM		Signature <i>E. Keys</i>		Date 12/03/2019			



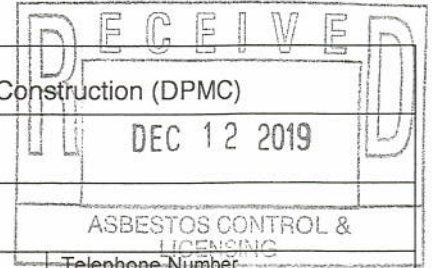
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:120)



Date of Notification (1) 12/03/2019 <i>Inv 16590</i>		Name of Building Owner/Operator (2) Division of Property Management and Construction <i>DPMC</i>							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number (609)433-2001						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 38 E Coddington Ave		Square Feet Varies	# of Floors Varies						
City (5) Woodbridge		Bldg. Age 30+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) DPMC Owned Property							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6861 Washington Ave							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	License No. 01172						
Start Date (10) 12/03/2019	Scheduled Completion Date (11) 02/10/2020	Name of OSHA Monitor Health & Safety 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 type="checkbox"/> Other – Describe: <u>vacant</u>		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition  <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor			X	Plaster on Wood Lathe	600 sf	X			
Roof			X	Built-up Roofing	1,100 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS North					
City, State Egg Harbor Township, NJ/Maple Shade, NJ			Disposal Date 02/10/2020	City, State Tullytown, PA					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 12/03/2019			

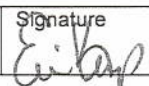


State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:26 and 12:120)



Date of Notification (1) 12/03/2019 <i>Inv 16592</i>		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street	City, State, Zip Code Trenton, NJ 08625						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact William Byster							
		Telephone Number (609)433-2001							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 29 E Tappan St		Square Feet Varies	# of Floors Varies						
City (5) Woodbridge		Bldg. Age 30+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) DPMC Owned Property							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6861 Washington Ave							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250						
License No. 01172									
Start Date (10) 12/03/2019	Scheduled Completion Date (11) 02/10/2020	Name of OSHA Monitor Health & Safety 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 type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Window Glazing	20 Units	X			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS North					
City, State Egg Harbor Township, NJ/Maple Shade, NJ			Disposal Date 02/10/2020	City, State Tullytown, PA					
Completed by Eric Keys		Title OM	Signature <i>Eubay</i>			Date 12/03/2019			

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

Date of Notification (4) 12/03/2019		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster							
		Telephone Number (609)433-2001							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 5 Sewaren Ave									
City (5) Woodbridge		Square Feet Varies	# of Floors Varies						
		Bldg. Age 30+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) DPMC Owned Property							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6861 Washington Ave							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250						
		License No. 01172							
Start Date (10) 12/03/2019	Scheduled Completion Date (11) 02/10/2020	Name of OSHA Monitor Health & Safety 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 type="checkbox"/> Other – Describe: vacant		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior			X	Transit Shingles	2,230 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS North					
City, State Egg Harbor Township, NJ/Maple Shade, NJ			Disposal Date 02/10/2020	City, State Tullytown, PA					
Completed by Eric Keys		Title OM	Signature 			Date 12/03/2019			



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

Date of Notification (1) 12/03/2019 <i>Inv 16588</i>		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)	
Agencies Notified	Type Notification	Street Address 33 West State Street	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625	
		Name of Contact William Byster	Telephone Number (609)433-2001

**RECEIVED**  
 DEC 12 2019  
 ASBESTOS CONTROL & REMEDIATION

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Abandoned House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 9 Sewaren Ave		Square Feet Varies	# of Floors Varies
City (5) Woodbridge		Bldg. Age 30+	
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) DPMC Owned Property	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.
Street Address PO Box 365		Street Address 6861 Washington Ave	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234	
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	License No. 01172
Start Date (10) 12/03/2019	Scheduled Completion Date (11) 02/10/2020	Name of OSHA Monitor Health & Safety 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 type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365	
		City, State, Zip Code Berlin, NJ 08009	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input 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
Interior			X	Vinyl Floor Tile & Mastic	20 sf	X			
Exterior			X	Black Shingles	1,400 sf	X			

Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS North
City, State Egg Harbor Township, NJ/Maple Shade, NJ		Disposal Date 02/10/2020	City, State Tullytown, PA	
Completed by Eric Keys	Title OM	Signature <i>E. Keys</i>	Date 12/03/2019	

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

Date of Notification (1) 12/03/2019 <i>Inv 16587</i>		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 12 2019 AIR CONTROL &amp; LICENSING </div>					
Agencies Notified		Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Trenton, NJ 08625 Name of Contact William Byster Telephone Number (609)433-2001							
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Abandoned House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 62 Sewaren Ave				Square Feet Varies					
City (5) Woodbridge				# of Floors Varies					
County (6) Middlesex				Bldg. Age 30+					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) DPMC Owned Property							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____		Name of Abatement Contractor (9) Site Enterprises, Inc.					
Street Address PO Box 365		Street Address 6861 Washington Ave							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311		Telephone No. 609-567-1250					
License No. 01172		Name of OSHA Monitor Health & Safety Services, Inc.							
Start Date (10) 12/03/2019		Scheduled Completion Date (11) 02/10/2020		Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>vacant</u>					
Street Address PO Box 365		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			X	ACM Pipe	3 LF	X			
Interior			X	Vinyl Flooring & Mastic	150 sf	X			
Interior			X	Black Glue on Paneling	2,000 sf	X			
Exterior			X	Black/Grey Shingles	300 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054		Cubic Yards of Waste 20 cy		Name of Registered Landfill GROWS North			
City, State Egg Harbor Township, NJ/Maple Shade, NJ				Disposal Date 02/10/2020		City, State Tullytown, PA			
Completed by Eric Keys		Title OM		Signature <i>Eric Keys</i>		Date 12/03/2019			



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

Date of Notification (1) 12/03/2019 <i>Inv 14586</i>		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  <b>DEC 12 2019</b> </div>						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	33 West State Street							
		City, State, Zip Code Trenton, NJ 08625	Telephone Number (609)433-2001						
		Name of Contact William Byster							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned House		Type of Facility (4)							
Street Address 67 Sewaren Ave		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Woodbridge		Square Feet Varies	# of Floors Varies						
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Bldg. Age 30+						
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. _____	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6861 Washington Ave							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	Telephone No. 609-567-1250 License No. 01172						
Start Date (10) 12/03/2019	Scheduled Completion Date (11) 02/10/2020		Name of OSHA Monitor Health & Safety Services, Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 365							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>vacant</u>		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <div style="float: right;"> <input type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glovebag Procedure  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div>									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			X	Vinyl Flooring & Mastic	275 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS North					
City, State Egg Harbor Township, NJ/Maple Shade, NJ			Disposal Date 02/10/2020	City, State Tullytown, PA					
Completed by Eric Keys		Title OM	Signature <i>Eric Keys</i>			Date 12/03/2019			

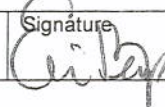


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

PAID

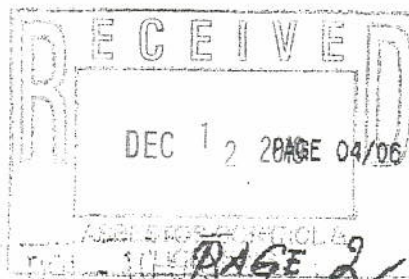
CK 4958

RECEIVED  
DEC 12 2019  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/03/2019		Name of Building Owner/Operator (2) Division of Property Management and Construction (DPMC)							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact William Byster	Telephone Number (609)433-2001						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Abandoned House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 136 S Robert Street		Square Feet Varies	# of Floors Varies						
City (5) Woodbridge		Bldg. Age 30+							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) DPMC Owned Property							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No.	Name of Abatement Contractor (9) Site Enterprises, Inc.						
Street Address PO Box 365		Street Address 6861 Washington Ave							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Egg Harbor Township, NJ 08234							
Project Manager for Monitoring Firm James Proctor		Telephone No. (856)452-1311	License No. 01172						
Start Date (10) 12/03/2019	Scheduled Completion Date (11) 02/10/2020	Name of OSHA Monitor Health & Safety 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 type="checkbox"/> Other - Describe: <u>vacant</u>		Street Address PO Box 365							
		City, State, Zip Code Berlin, NJ 08009							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify S or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Interior			X	Brown Vinyl Flooring & Mastic	200 sf	X			
Name of Registered Waste Hauler Site Enterprises Inc./J.P. Fidler Trucking		NJDEP Waste Hauler ID No. 35220/32054	Cubic Yards of Waste 20 cy	Name of Registered Landfill GROWS North					
City, State Egg Harbor Township, NJ/Maple Shade, NJ			Disposal Date 02/10/2020	City, State Tullytown, PA					
Completed by Eric Keys		Title OM	Signature 			Date 12/03/2019			



12/05/2019 08:34PM 9736381778



CHECK # 3504, 3505

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

Date of Notification (1) 12 / 05 / 19		Name of Building Owner/Operator (2) TFG 115-117 West 2 <sup>nd</sup> Street LLC							
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 115-117 West Second Street City, State, Zip Code Bayonne, NJ 07002 Name of Contact Lloyd A. Raheem Telephone Number 201-704-9802							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Restaurant		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 115-117 West Second Street		Square Feet	# of Floors						
City (5) Bayonne, NJ 07002		Bldg. Age							
County (8) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC							
Street Address		Street Address 578 Valley Road #283							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 973-356-3511	License No. 01127						
Start Date (10) 12 / 06 / 19	Scheduled Completion Date (11) 12 / 20 / 19	Name of OSHA Monitor Envirovision Consultants, Inc							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM- PM- AM		Street Address 20-21 Wagaraw Road, Bldg. #34 A City, State, Zip Code Fair Lawn, NJ 07410							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input 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"/> Mink-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior foundation base	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black water proofing material	440 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc					
City, State Wayne, NJ 07470		Disposal Date TBD	City, State Tullytown, PA						
Completed By (Print or Type) N-Jevtic	Title Owner	Signature Jevtic	Date 12.5.19						

ASB-41  
MAY 11

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