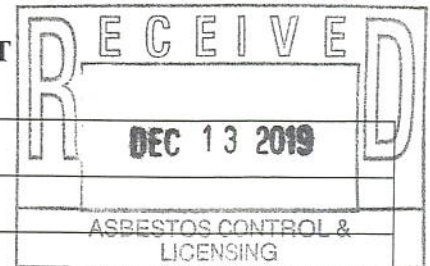


INV-165571
CH9176 16758

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to JAC 8:60 and 12:20)

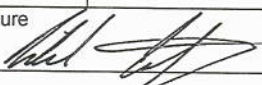
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| | | | | | | | | |
|---|---|---|---|--|--|-------------------|--------|------------|
| Date of Notification (1): 10/28/19 | | Name of Building Owner/Operator (2): GREENWOOD VILLAGE | | Telephone Number: 609-631-5203 | | | | |
| Agencies Notified | Type Notification | Street Address: 114 WASHINGTON COURT | | City, State, Zip Code: HAMILTON, NJ 08629 | | | | |
| (X) EPA (X) DEP (X) DOL (X) DOH () DCA | () Initial Notification (X) Amendment Notification () Emergency () Cancellation | Name of Contact: MR. JIM | | | | | | |
| FACILITY INFORMATION | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3): RESIDENTIAL/APARTMENTS | | | Type of Facility (4): () School (K-12) () Subchapter 8 (Other than K-12) (X) Other (i.e., private & commercial buildings, homes, etc.) | | | | | |
| Street Address: 114 WASHINGTON COURT | | | City & State (5): HAMILTON, NJ | | | | | |
| County (6): MERCER | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished): RESIDENTIAL/APARTMENTS | | | | |
| Name of Monitoring Firm Hired by Building Owner (8): BRIGGS ASSOCIATES | | ASCM No.: NA | | Name of Abatement Contractor (9): GUILIANO ENVIRNMENTAL, LLC | | | | |
| Street Address: 3 CROSSWICKS STREET | | City, State, Zip Code: BORDENTOWN, NJ 08505 | | Street Address: PO BOX 1124 City, State, Zip Code: SAYREVILLE, NJ 08871 | | | | |
| Project Manager for Monitoring Firm: MICHAEL | | Telephone No.: 609-298-5520 | | Telephone No.: (732) 238-7400 License No.: 01342 | | | | |
| Start Date (10): 11/11/19 | | Scheduled Completion Date (11): 1/31/20 | | Name of OSHA Monitor: GUILIANO ENVIRNMENTAL, LLC | | | | |
| Occupancy Status During Abatement (Check only one) (X) Facility Closed/vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours () Other - Describe: | | | Street Address: P.O. Box 1124 City, State, Zip Code: SAYREVILLE, NJ 08871 | | | | | |
| Scope of Work (Check all that apply): () ≥ 3 sf or ≥ 3 lf (X) ≥ 160 sf or ≥ 260 lf (X) Renovation () Demolition () Full Containment with Negative Pressure (X) Mini Enclosure (X) Glovebag Procedure () Non-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 | Encapsulat |
| Bldg.#5 BASEMENTS | | X | PIPE INSULATION | 1,500 LF | X | | | |
| Bldg.#5 CRAWL SPACES | | X | PIPE INSULATION | 1,000 LF | X | | | |
| Bldg.#6 CRAWL SPACES | | X | PIPE INSULATION | 2,300 LF | X | | | |
| Bldg.#7 CRAWL SPACES Bldg #7 BASEMENT | | X | PIPE INSULATION | 600 LF 720 LF | X | | | |
| Name of Registered Waste Hauler: PRO GREEN MANAGEMENT, LLC | | | NJDEP Waste Hauler ID No.: 32707 | Cubic Yards of Waste: 80 | Name of Registered landfill: G.R.O.W.S LANDFILL | | | |
| City, State: JAMES BERG, NJ | | Disposal Date: 12/20/19 | | City, State: MORRISVILLE, PA | | | | |
| Completed By: <i>Melinda Solof</i> | | Title: Admin. Asst. | | Signature: <i>Melinda Solof</i> | | Date: 12/09/19 | | |

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

| |
|---|
| Print Form |
| RECEIVED |
| DEC 13 2019 |
| ASBESTOS CONTROL & LICENSING |

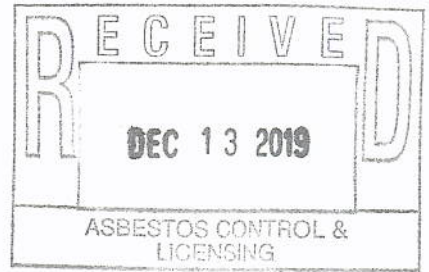
| | | | |
|--|---|---|---------------------------|
| Date of Notification (1) 12/11/19 <i>Inv 16703</i> | | Name of Building Owner/Operator (2) Mary Anne Saggio | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address [REDACTED] City, State, Zip Code West Milford, NJ 07480 Name of Contact Mary Anne Saggio Telephone Number _____ | |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) Residential Home | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | |
| Street Address [REDACTED] | | Square Feet 2100 | |
| City (5) West Milford | | # of Floors 2 | |
| County (6) Passaic | | Bldg. Age 65+/- | |
| County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Residential Home | |
| Name of Monitoring Firm Hired by Building Owner (8) Project Manager | | ASCM No. _____ | |
| Street Address | | Name of Abatement Contractor (9) All Stages Abatement | |
| City, State, Zip Code | | Street Address 280 N. Midland Ave. | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Saddle Brook, NJ 07663 | |
| Telephone No. _____ | | Telephone No. 201-600-3184 | |
| Start Date (10) 12/13/19 | | License No. 01305 | |
| Scheduled Completion Date (11) 12/16/19 | | 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: 8 A.M to 4 P.M | | Street Address _____ | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code _____ | |
| 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) |
| Basement | | VAT | 246 SF |
| | | | |
| | | | |
| | | | |
| Name of Registered Waste Hauler All Stages Abatement | | NJDEP Waste Hauler ID No. 0036592 | |
| City, State Saddle Brook, NJ | | Cubic Yards of Waste 4 YD | |
| Disposal Date TBD | | Name of Registered Landfill Grand Central Sanitary Landfill | |
| City, State Pen Argyl, PA | | Date 12/11/19 | |
| Completed by Richard Cristofol | | Signature  | |
| Title President | | Date 12/11/19 | |

no ck
013905

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

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| Print Form | |
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| DEC 13 2019 | |
| ASBESTOS CONTROL & LICENSING | |

| | | | |
|---|--|---|--|
| Date of Notification (1) 8-19-19 | | Name of Building Owner/Operator (2) HRP Hudson, LLC | |
| 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 checked="" type="checkbox"/> Amended Amendment # 5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> 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) <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 Dutfield Avenue | | Square Feet 627,470 | |
| City (5) Jersey City | | # of Floors 10 | |
| County (6) Hudson | | Bldg. Age 55 | |
| 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. | |
| Street Address 617 Stokes Rd, Suite 4-318 | | Name of Abatement Contractor (9) Precision Environmental Company | |
| City, State, Zip Code Medford, NJ 08055 | | Street Address 5500 Old Brecksville Rd | |
| Project Manager for Monitoring Firm Mark Rubnitz | | City, State, Zip Code Independence, Ohio 44131 | |
| Telephone No. 856-596-9994 | | Telephone No. 216-642-6040 | |
| Start Date (10) 9-17-19 | | License No. 01212 | |
| Scheduled Completion Date (11) 12-20-19 | | Name of OSHA Monitor Precision Environmental Company | |
| 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 5500 Old Brecksville Rd | |
| Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | City, State, Zip Code Independence, Ohio 44131 | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | |
| Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | | Amount (Specify SF or LF) | |
| Abatement Type | | Removal | |
| Repair | | Encapsulate | |
| Enclosure | | | |
| 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 Fairless Landfill | |
| City, State Hainesport, NJ | | Disposal Date | |
| City, State Morrisville, PA 19067 | | | |
| Completed by John Savage | | Title Vice President | |
| Signature John Savage | | Date 12-10-19 | |



Hudson Generating Station
Precision Environmental Work Hours

Week 1 (Week of 9/16/19)

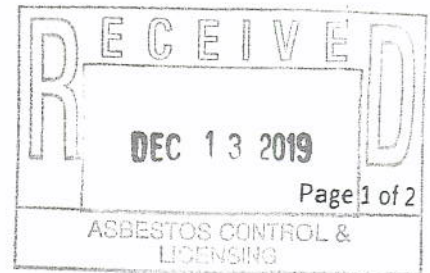
Monday off
Tuesday: 7am to 5:30pm (Sept 17th Start)
Wednesday: 7am to 5:30pm
Thursday: 7am to 5:30pm
Friday: 7am to 5:30pm
Saturday 7am to 3:30pm
Sunday: off

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 | QTY | Category |
| No Asbestos Reported | | |

| |
|----------------------|
| Intake Structure |
| No Asbestos Reported |

| |
|----------------------|
| Barge Unloader |
| No Asbestos Reported |

| |
|---------------------------|
| Conveyor & Transfer House |
| No Asbestos Reported |

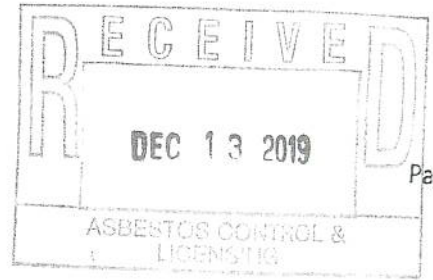
| |
|-----------------------|
| P1 - Storage Building |
| No Asbestos Reported |

| |
|----------------------|
| 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 | Cat II |
| 400 SF | Cat I |

P3 - Unit 1
Pipe Insulation
Pipe Fittings
Tank Insulation
Galbestos Siding

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

P3 - Unit 2
Pipe Insulation
Tank Insulation
Galbestos Siding

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

09.12.2019 09:52 AM

INV-16582
CK 1320NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 17:27 and 17:28)

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| PAGE. 2 / 3 |
| DEC 12 2019 |
| COL 10 10 00 |
| ASBESTOS CONTROL & LICENSING |

| | | | | | | | | | | |
|---|---|---|---|---|---------------------------|------------------------------------|---|-----------------------------|---|-----------------|
| Date of Notification (1) 12/9/19 | | Name of Building Owner/Operator (2) OPICI WINE GROUP | | | | | | | | |
| Agencies Notified | Type Notification | Street Address | City, State, Zip Code | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DCL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Consultation | 25 DE BOER DRIVE | GLLEN ROCK NJ 07451 | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) OPICI WINE | | Name of Contact KURT | Telephone Number 201-660-5056 | | | | | | | |
| Street Address 25 DE BOER DRIVE | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | |
| City (5) GLLEN ROCK | County (6) BERGEN | Square Feet 14,000 | # of Floors 2 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) OFFICE / WAREHOUSE | Blg. Age 60 | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | Name of Abatement Contractor (9) A. Mac Contracting Inc. | | | | | | | |
| Street Address | | Street Address 188 Vreeland Ave. | City, State, Zip Code Midland Park, NJ 07432 | | | | | | | |
| City, State, Zip Code | | Telephone No. 201-292-5841 | License No. 00168 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | | | |
| Start Date (10) 12/9/19 | | Scheduled Completion Date (11) 12/14/19 | Street Address 280 Huyler Street | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: | | City, State, Zip Code Hackensack, NJ 07606 | | | | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 10 or of 25 ft <input checked="" type="checkbox"/> 2100 or of 2250 ft <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Gloving Procedure <input checked="" type="checkbox"/> Non-Enclosed, O and Non-Enclosed Procedures | | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (12) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (13) | | | 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 | | | 1 | 2 | 3 | 4 | |
| BOILER ROOM | | | X | GLASS | 22 LF | X | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NUDEP Waste Hauler ID No. G4808 | Cubic Yards of Waste 2 | Name of Registered Landfill Grand Central Sanitary Landfill | | City, State Pen Argyl, PA 06072 | | Completed by R. McDonald | | Date 12/9/19 |
| City, State Newark, NJ 07105 | | Disposal Date 12/9/19 | | Signature R. McDonald | | Title President | | Date 12/9/19 | | |

ASB-41 (R-04-08)

* Do not use this form for asbestos hazardous waste management activities.

09.12.2019 02:21 PM

Inv 16583
Ch 1321

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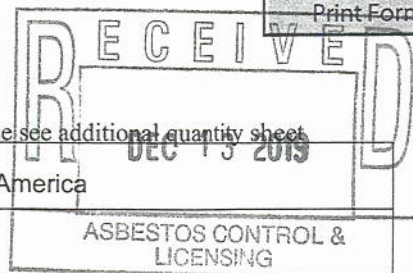
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:27 and 12:180)

| | |
|------------------|-----------------|
| RECEIVED | PAGE. 2/3 |
| DEC 13 10:09 AM | Check # 1321 |
| ASBESTOS CONTROL | WAIVER APPROVED |

| | | | | | | | | | | |
|--|--|---|---|--|---------------------------|----------------|--------|---------------|-----------|--|
| Date of Notification (1) 12/9/19 | | Name of Building Owner/Operator (2) HEKEMIAN & CO. INC | | | | | | | | |
| Agencies Notified | Type Notification | Street Address | City, State, Zip Code | | | | | | | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DCM <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including verification) <input type="checkbox"/> Cancellation | 505 MAIN STREET | HACKENSACK NJ 07602 | | | | | | | |
| | | Name of Contact FRANK ROCCO | Telephone Number 551-427-8900 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) STORE | | Type of Facility (4) | | | | | | | | |
| Street Address 23-20 BROADWAY | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | | |
| City (5) FAIRLAWN | | Square Feet 6500 | # of Floors 2 | | | | | | | |
| County (6) Bergen | | County Code (7) (State Use Only) | Bldg. Age 65 | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ABCM No. | Name of Abatement Contractor (9) A. Mac Contracting Inc. | | | | | | | |
| Street Address | | Street Address 185 Vreeland Ave. | City, State, Zip Code Midland Park, NJ 07432 | | | | | | | |
| City, State, Zip Code | | Telephone No. 201-252-6841 | License No. 00168 | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | License No. | | | | | | | |
| Start Date (10) 12/9/19 | | Scheduled Completion Date (11) 12/13/19 | | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Name of OSHA Monitor Omega Environmental Services Inc. | | | | | | | | |
| <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 280 Huyler Street | | | | | | | | |
| | | City, State, Zip Code Hackensack, NJ 07606 | | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | | |
| <input checked="" type="checkbox"/> 25 or of 25 ft <input type="checkbox"/> 180 or of 280 ft | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | | | | | | | |
| | | <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted ("I") and Non-Flexible 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 | Encapsulation | Enclosure | |
| 1st Floor | | | X | VAT | 26 SF | X | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 04806 | Cubic Yards of Waste 2 | Name of Registered Landfill Grand Central Sanitary Landfill | | | | | | |
| City, State Newark, NJ 07105 | | Disposal Date 12/9/19 | City, State Pen Argyl, PA 08072 | | | | | | | |
| Completed by R. McDonald | | Title President | Signature R. McDonald | Date 12/9/19 | | | | | | |

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

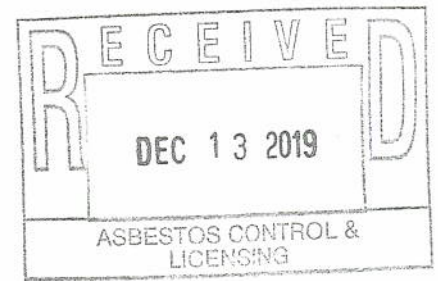
PAL Job # 19-1213 Add Material Please see additional quantity sheet



| Date of Notification (1) 12/09/2019 Inv 16558 | | Name of Building Owner/Operator (2) The Prudential Insurance Company of America | | | | | | | |
|--|--|---|--|---|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address | ASBESTOS CONTROL & LICENSING | | | | | | |
| <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA | <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | 213 Washington Street | | | | | | | |
| | | City, State, Zip Code Newark, NJ 07102 | | | | | | | |
| | | Name of Contact Bill Barrett | Telephone Number 973-802-2175 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Wash Building | | Type of Facility (4) | | | | | | | |
| Street Address 213 Washington Street 11th, 12th, 13 & 14th Floor | | <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) Newark | | Square Feet 400,000 | # of Floors 21 | | | | | | |
| County (6) Essex | | Bldg. Age 50+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Commercial | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental Inc | | ASCM No. | Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Envir | | | | | | |
| Street Address 256A Jefferson Court | | Street Address 11-02 Queens Plaza South | | | | | | | |
| City, State, Zip Code Lakewood, NJ 08701 | | City, State, Zip Code Long Island City, NY 11101 | | | | | | | |
| Project Manager for Monitoring Firm Kelly Walton | | Telephone No. 732-948-9458 | License No. 00853 | | | | | | |
| Start Date (10) 11/25/2019 | Scheduled Completion Date (11) 01/25/2020 | Name of OSHA Monitor Wojciech Kowalczyk | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 133 Beach 98th Street | | | | | | | |
| <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 Rockaway Park, NY 11694 | | | | | | | |
| 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 |
| 11th Floor | | X | | Floor Tile, Mastic & Duct Insulation | 21,000 SF | X | | | |
| 12th Floor | | X | | Floor Tile, Mastic & Duct Insulation | 21,000 SF | X | | | |
| 13th Floor | | X | | Floor Tile, Mastic & Duct Insulation | 21,000 SF | X | | | |
| 14th Floor | | X | | Floor Tile, Mastic & Duct Insulation | 21,000 SF | X | | | |
| Name of Registered Waste Hauler ATC | | NJDEP Waste Hauler ID No. 24310 | Cubic Yards of Waste 50 Yards | Name of Registered Landfill Minerva Enterprises | | | | | |
| City, State Shirley, NY 11967 | | Disposal Date 11/27/2019 | | City, State Waynesburg, OH 44688 | | | | | |
| Completed by Ann A. Ali | | Title Compliance Admin | | Signature | | Date 12/09/2019 | | | |

213 WASHINGTON STREET - ADDITIONAL MATERIAL

| FLOOR | LOCATION | TYPE OF MATERIAL | FOOTAGE |
|-------|------------------|------------------|---------|
| 11TH | JANITOR'S CLOSET | PIPE INSULATION | 40 LF |
| 12TH | JANITOR'S CLOSET | PIPE INSULATION | 40 LF |
| 13TH | JANITOR'S CLOSET | PIPE INSULATION | 40 LF |
| 14TH | JANITOR'S CLOSET | PIPE INSULATION | 40 LF |



State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 26:60 and 26:120)

CK 7720

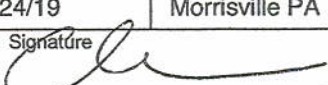
PAID

CK 7720

RECEIVED

DEC 13 2019

ASBESTOS CONTROL & LICENSING

| | | | | | | | | | |
|--|---|---|---|---|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 12/10/19 | | Name of Building Owner/Operator (2) Joseph Cuomo Private Home | | | | | | | |
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Long Beach Twp. NJ 08008 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Name of Contact Joe | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Joseph Cuomo Private 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) Long Beach Twp. NJ 08008 | | Square Feet 1000 + | # of Floors 2 1 Bldg. Age 35+ | | | | | | |
| County (6) Ocean | County Code (7) (STATE USE ONLY) _____ | Current Use (Prior if being demolished) House & Garage | | | | | | | |
| 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. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 12/19/19 | Scheduled Completion Date (11) 12/24/19 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input 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 |
| Exterior Siding House & Garage | | | x | Exterior Siding | 1700 SF | x | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 4 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 12/24/19 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | Signature  | | | Date 12/10/19 | | | |


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

CK 7722

Inv-16739

RECEIVED
DEC 13 2019

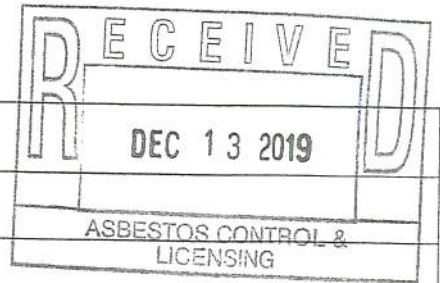
ASBESTOS CONTROL & LICENSING

| Date of Notification (1) 12/10/19 | | Name of Building Owner/Operator (2) Delran Board of Ed | | | | | | | |
|---|--|---|---|---|---------------------------|------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address | City, State, Zip Code | | | | | | |
| <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 | 22 Hartford Rd. | Delran NJ 08075 | | | | | | |
| | | Name of Contact | Telephone Number | | | | | | |
| | | Mike Digiovanni | 856-461-1553 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Delran High School | | Type of Facility (4) | | | | | | | |
| Street Address 50 Hartford Road | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Delran NJ 08075 | | Square Feet 1000 + | # of Floors 2 | | | | | | |
| County (6) Burlington | | County Code (7) (STATE USE ONLY) _____ | Bldg. Age 35+ | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance LLC | | ASCM No. | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | |
| Street Address PO Box 167 | | Street Address PO Box 329 | | | | | | | |
| City, State, Zip Code Hammonton NJ 08037 | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Project Manager for Monitoring Firm Cathy Ledden | | Telephone No. 609-685-9984 | License No. 00727 | | | | | | |
| Start Date (10) 12/23/19 | Scheduled Completion Date (11) 12/27/19 | Name of OSHA Monitor Same | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address | | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | City, State, Zip Code | | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Wood Shop | | X | | Floor Tile Mastic | 280 SF | x | | | |
| Wood Shop | | X | | Transite Panels | 60 SF | x | | | |
| Wood Shop | | X | | Wall Board | 48 SF | x | | | |
| Wood Shop | | X | | Door Caulk | 60 LF | x | | | |
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 6 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 12/27/19 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | Signature  | | | Date 12/10/19 | | | |

CK 3256

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

PAID

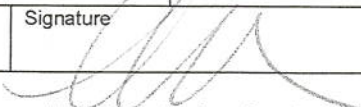


| | | | | | | | | | | | |
|--|--|---|--|---|--|---|--|---|--|----------------------------------|--|
| Date of Notification (1) 12-6-2019 | | Name of Building Owner/Operator (2) Ocean MLK URA, LP | | Street Address 77 Park Street | | City, State, Zip Code Montclair, NJ 07042 | | Name of Contact Mike Ferraro | | Telephone Number 732-991-1173 | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | FACILITY INFORMATION Name of Facility Where Abatement is Taking Place (3) Residential Street Address [REDACTED] City (5) Jersey City, NJ 07304 County (6) Hudson County Code (7) (STATE USE ONLY) _____ Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 2300 # of Floors 2 Bldg. Age 65+ Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | | | ASCM No. | | Name of Abatement Contractor (9) Green Environmental services, LLC | | | | | |
| Street Address | | | | City, State, Zip Code | | Street Address 235 Virginia Avenue | | City, State, Zip Code Jersey City, NJ 07304 | | Telephone No. 201-333-8855 | |
| Project Manager for Monitoring Firm | | | | Telephone No. | | License No. 01174 | | Name of OSHA Monitor Green Environmental services, LLC | | | |
| Start Date (10) 12-9-2019 | | Scheduled Completion Date (11) 12-9-2019 | | 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 <input type="checkbox"/> Other - Describe: _____ | | | | | | | |
| 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 Enclosure | | | |
| Entire Property | | X | | Dust Control | | 2300 SF | | X | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler Green Environmental services | | | | NJDEP Waste Hauler ID No. 0034889 | | Cubic Yards of Waste 30 | | Name of Registered Landfill Fairless Landfill | | | |
| City, State Jersey City, NJ | | | | Disposal Date 12-9-2019 | | City, State Morrisville, PA | | | | | |
| Completed by Liliana Serrano | | | | Title Office Manager | | Signature | | Date 12-6-2019 | | | |

CK1106

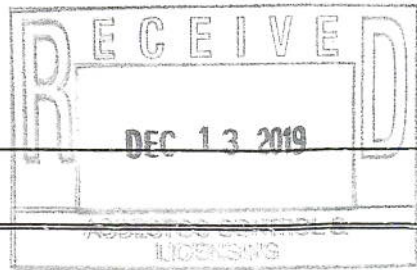
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12b)

| | |
|------------------------------|------------|
| RECEIVED | Print Form |
| DEC 13 2019 | |
| ASBESTOS CONTROL & LICENSING | |

| | | | | | | | | | |
|--|---|---|-----|---|---------------------------|---|--------|--------------------------|-----------|
| Date of Notification (1) December 9, 2019 | | Inv-16584 | | Name of Building Owner/Operator (2) Thomas Simpson | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code Edison, NJ 08820 Name of Contact Scott Lieberman Telephone Number | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Resident | | | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | |
| Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> | | | | Square Feet 2200 | | | | | |
| City (5) Edison, NJ 08820 | | | | # of Floors 1 | | | | | |
| County (6) Middlesex County | | | | Bldg. Age 60 | | | | | |
| County Code (7) (STATE USE ONLY) | | | | Current Use (Prior if being demolished) Residents | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | | | ASCM No. | | | | | |
| Street Address | | | | Name of Abatement Contractor (9) TDJ Services Inc | | | | | |
| City, State, Zip Code | | | | Street Address 97 Brooklyn Terminal Market | | | | | |
| Project Manager for Monitoring Firm | | | | City, State, Zip Code Brooklyn, NY 11236 | | | | | |
| Telephone No. | | | | Telephone No. 347-234-4585 | | | | | |
| Start Date (10) 12/9/2019 | | | | License No. 02021 | | | | | |
| Scheduled Completion Date (11) 9/10/2019 | | | | Name of OSHA Monitor TDJ Services Inc. | | | | | |
| Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Vacant during abatement | | | | Street Address 97 Brooklyn Terminal Market | | | | | |
| Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | City, State, Zip Code Brooklyn, NY 11236 | | | | | |
| 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 |
| Front entrance/kitchen | | X | | 4" transite pipe | 13 linear ft | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting | | | | NJDEP Waste Hauler ID No. 04509 | Cubic Yards of Waste 2 | Name of Registered Landfill Minerva Enterprises | | | |
| City, State Newark, NJ 07105 | | | | Disposal Date 12/13/2019 | | City, State Waynesburg, OH 44688 | | | |
| Completed by Raymond Blum | | | | Title Project Manager | | Signature  | | Date December 9, 2019 | |

INV-16595
CK1192

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



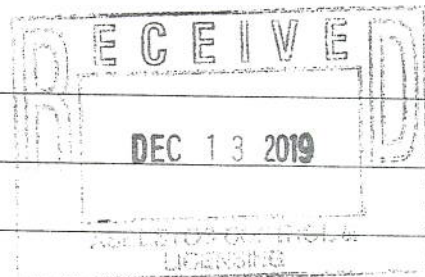
Proj. #: 19-264

| | | | |
|---|--|---|--|
| Date of Notification (1) 12/10/19 | | Name of Building Owner/Operator (2) Jimmy Martino | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | |
| Street Address [REDACTED] | | City, State, Zip Code Irvington, NJ 07111 | |
| Name of Contact Jimmy Martino | | Telephone Number | |

FACILITY INFORMATION

| | | | | | |
|---|--|---|--|---|--|
| Name of facility where abatement is taking place (3) Residential | | | Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) | | |
| Street Address [REDACTED] | | | Square Feet 1,300 SF | | |
| City (5) Irvington, NJ 07111 | | | # of Floors 02 | | |
| County (6) Essex | | | Bldg. Age 80 | | |
| County Code (7) (State use only) | | | Current Use (Prior if being demolished) Residential | | |
| Name of Monitoring Firm Hired by Bldg. Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) KLOMAX, LLC | |
| Street Address | | | | Street Address 309 W. End Ave | |
| City, State, Zip Code | | | | City, State, Zip Code Hopatcong, NJ 07843 | |
| Project Manager for Monitoring Firm | | Phone Number | | Telephone Number 833-455-6629 | |
| Start Date (10) 12/18/19 | | Sched. Completion Date (11) 12/23/2019 | | License Number 02007 | |
| 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: NORMAL HOURS | | | | Name of OSHA Monitor KLOMAX, LLC | |
| | | | | Street Address 309 W. End Ave | |
| | | | | City, State, Zip Code Hopatcong, NJ 07843 | |

| | | | | | | | | | | | |
|---|--|-----------------------------|-----|---|---------------------------|---|----------------------------|--|------------------|--|--|
| 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 w/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) | 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 | | X | | Pipe Insulation | 62 LF | X | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Registered Waste Hauler KLOMAX, LLC | | NJDEP Hauler ID# 0038241 | | Cubic Yards of Waste 1 yds | | Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY | | | | | |
| City, State Hopatcong, NJ 07843 | | Disposal Date TBD | | City, State TULLYTOWN, PA | | | | | | | |
| Completed by (Print or Type) Paige Boylan | | Title Owner | | Signature [Signature] | | Date 12/09/19 | | | | | |



| | | | | | | | | | |
|---|---|--|--------------------------|---|---|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 12/10/2019 | | Name of Building Owner/Operator (2) LanXess Solutions US Inc. | | RECEIVED DEC 13 2019 DEPARTMENT OF ENVIRONMENTAL PROTECTION DIVISION OF ASBESTOS ABATEMENT | | | | | |
| Agencies Notified | Type Notification | Street Address 111 RIDC Park West Dr | | | | | | | |
| <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 Pittsburgh, PA, 15275 | | | | | | | |
| | | Name of Contact Joe Ballo | | Telephone Number (908) 616-0635 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) LanXess Solutions US Inc. Perth Amboy Plant | | | | Type of Facility (4) | | | | | |
| Street Address 1000 Convery Blvd. | | | | <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) Perth Amboy | | | | Square Feet | # of Floors | | | | |
| County (6) Middlesex | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Manufacturing | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) Advanced Specialty Contractors | | | | | |
| Street Address | | Street Address 2400 Main Street Ext., Suite 10 | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Sayreville, NJ | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 732-525-0100 | License No. 00750 | | | | |
| Start Date (10) 12/26/2019 | | Scheduled Completion Date (11) 1/15/2020 | | Name of OSHA Monitor Environmental Tactics | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address 64 Broad St. | | | | | |
| <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 Matawan, NJ, 07747 | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If | | | | | | | | | |
| <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition | | | | | | | | | |
| <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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 |
| Piping in Boiler House | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30 fittings, valves, flanges | 15 | <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 Freehold Carting | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste 5 | Name of Registered Landfill GROWS Landfill | | | | |
| City, State Freehold, NJ | | Disposal Date 1/15/2020 | | City, State Morrisville, PA | | | | | |
| Completed by John Evanovich | | Title Estimator | | Signature <i>John Evanovich</i> | | | Date 12/10/2019 | | |

2/3/2019 08:59 AM PST

TO: 16096330664 FROM: 5406926298

RECEIVED
DEC 1 2019

Inv# 10500
CK 1949 PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:126)

| Date of Notification (1) 12-03-2019 | | Name of Building Owner/Operator (2) Sam Levy | | | | | | | |
|--|--|---|--|---|---------------------------|----------------|--------------------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address [REDACTED] | | | | | | | |
| <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEF <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ | City, State, Zip Code Teaneck NJ 07666 | | | | | | | |
| <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Name of Contact Sam Levy | | | | | | | |
| | | Telephone Number [REDACTED] | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Private Dwelling | | 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) Teaneck NJ 07666 | | Bldg. Age N/A | | | | | | | |
| County (6) Bergen | County Code (7) (STATE USE ONLY) | Current Use (Prior to being demolished) Private Dwelling | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Standard Environmental LLC | | ASCM No. | Name of Abatement Contractor (9) Amax Contracting LLC | | | | | | |
| Street Address 2108 Fulton St Suite 2A | | Street Address PO BOX 734 | | | | | | | |
| City, State, Zip Code Brooklyn NY 11233 | | City, State, Zip Code Woodland Park NJ 07424 | | | | | | | |
| Project Manager for Monitoring Firm Kayode Adefisoye | | Telephone No. 973-692-6298 | License No. 01266 | | | | | | |
| Start Date (10) 12-04-2019 | Scheduled Completion Date (11) 12-07-2019 | Name of OSHA Monitor Amax Contracting LLC | | | | | | | |
| 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 <input type="checkbox"/> Other - Describe: _____ | | Street Address PO BOX 734 | | | | | | | |
| | | City, State, Zip Code Woodland Park NJ 07424 | | | | | | | |
| 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 checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure 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 | 10 LF | X | | | |
| basement | | | X | transite panel | 10 SF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Amax Contracting LLC | | NJDEP Waste Hauler ID No. 0036184 | Cubic Yards of Waste 1 CY | Name of Registered Landfill Fairless Hills | | | | | |
| City, State Woodland Park NJ 07424 | | Disposal Date 12-15-2019 | City, State Morrisville PA | | | | | | |
| Completed by Tome Maslarkov | | Title Project Manager | Signature <i>[Signature]</i> | | | | Date 12-03-2019 | | |

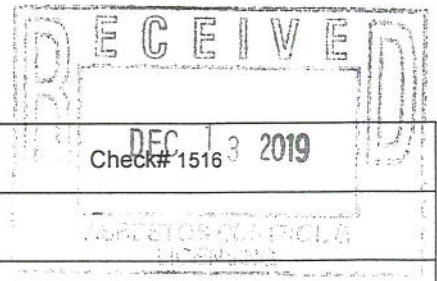
Inv# 10742
CK 3303
State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)
Check # 3303

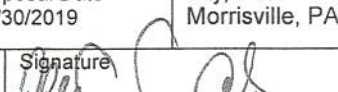
GAC Project # 060-2019

PAID

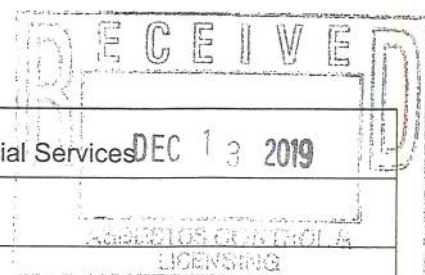
RECEIVED

| | | | |
|--|--|---|--|
| Date of Notification (1) December 10, 2019 | | Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ | |
| 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 ENVIRONMENTAL HEALTH & SAFETY DEPT 2019 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS | |
| | | City, State, Zip Code PISCATAWAY, NJ 08854 | |
| | | Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY | Telephone Number 908-445-2550 |
| FACILITY INFORMATION | | | |
| Name of Facility Where Abatement is Taking Place (3) UBHC BEHAVIORAL HEALTH, BLDG# 3690 | | 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 RBHS PISCATAWAY CAMPUS | | Sq. Feet: N/A # of Floors: 4 Bldg. Age: 60+ years | |
| City (5) PISCATAWAY | County (6) MIDDLESEX | County Code (7) (State Use Only) | Current Use (prior if being demolished): ACADEMIC |
| Name of Monitoring Firm Hired by Bldg. Owner (8) ATC | | ASCM No. 0098 | Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC. |
| Street Address 3 TERRI LANE | | Street Address 268 MAIN STREET | |
| City, State, Zip Code BURLINGTON, NJ 08016 | | City State, Zip Code BUTLER, NJ 07405 | |
| Project Manager for Monitoring Firm BRIAN KEARNY | Telephone Number 609-386-8800 | Telephone Number 973-492-0477 | License Number 00840 |
| Scheduled Start Date (10) 12/20/2019 | Scheduled Completion Date (11) 12/23/19 | Name of OSHA Monitor 1 ENVIROVISION, INC. | |
| Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 HRS. & WEEKENDS AS NEEDED) | | Street Address 20-21 WARGARAW ROAD | |
| | | City, State, Zip Code FAIRLAWN, NJ | |
| Scope of Work (Check all that apply) | | | |
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Demolition <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) 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) 900 SF |
| B207, B219, B232, B233, B234, B235 | <input checked="" type="checkbox"/> | VAT | <input checked="" type="checkbox"/> |
| Name of Reg. Waste Hauler See Hauler Below #1 & 2 | | NJDEP Waste Hauler ID # See Below | Cubic Yards of Waste: 15 CY |
| Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969 | | Name of Registered Landfill G.R.O.W.S. North Landfill | |
| Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509 | | Disposal Date 12/23/2019 | City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700 |
| Completed by (Print or Type) RAYMOND C. PEDALINO | Title SENIOR PROJECT MANAGER | Signature <i>Raymond C. Pedalino</i> | Date December 10, 2019 |



| Date of Notification (1) 12/05/2019 | | Name of Building Owner/Operator (2) Bloomfield Board of Education | | DEC 13 2019 Check# 1516 | | | | | |
|--|---|--|---|--|--|-------------------|--------------------|-------------|-----------|
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <u>1</u> <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | Street Address 155 Broad Street City, State, Zip Code Bloomfield, New Jersey 07003 <div style="display: flex; justify-content: space-between;"> <div>Name of Contact Joseph Scazafave</div> <div>Telephone Number 973-680-8501</div> </div> | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Watsessing School | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| Street Address 71 Prospect Street | | | Square Feet 30,000 | | # of Floors 2 | | | | |
| City (5) Bloomfield, New Jersey 07009 | | | Bldg. Age 50+ | | | | | | |
| County (6) Essex | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) School | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates | | ASCM No. | Name of Abatement Contractor (9) Lilich Corporation | | | | | | |
| Street Address 3 Crosswicks Street | | Street Address 246 Union Boulevard | | | | | | | |
| City, State, Zip Code Bordentown, New Jersey 08505 | | City, State, Zip Code Totowa, New Jersey 07512 | | | | | | | |
| Project Manager for Monitoring Firm Michael Hoodak | | Telephone No 609-298-5520 | Telephone No 973-225-8400 | License No. 01104 | | | | | |
| Start Date (10) 12/26/2019 | | Scheduled Completion Date (11) 12/30/2019 | | Name of OSHA Monitor Iris Environmental Laboratories, LLC | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other – Describe: _____ | | | Street Address 2333 Route 22 West City, State, Zip Code Union, NJ 07083 | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf | | <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <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 |
| Girls & Boys Bathroom | | X | | Pipe Insulation | 9 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Lilich Corporation | | NJDEP Waste Hauler ID No. 18724 | | Cubic Yards of Waste 1 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Totowa, New Jersey 07512 | | | | Disposal Date 12/30/2019 | City, State Morrisville, PA | | | | |
| Completed by Adriana Olejarova | | Title President | | Signature  | | | Date 12/05/2019 | | |

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



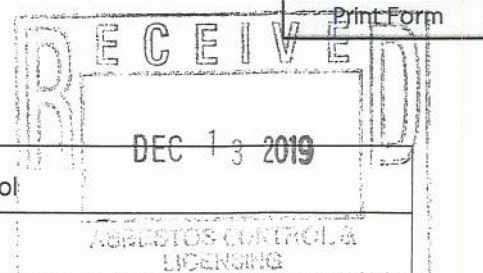
Inv# 16697
 CK 2239
 PAID

| | | | | | | | | | |
|--|---|---|-----|---|---|----------------|------------------|-------------|-----------|
| Date of Notification (1) 12-10-19 | | Name of Building Owner/Operator (2) Bergen County Technical School & Special Services | | | | | | | |
| Agencies Notified | | Type Notification | | Street Address | | | | | |
| <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 | | 327 East Ridgewood ave | | | | | |
| | | | | City, State, Zip Code Paramus Nj 07652 | | | | | |
| | | | | Name of Contact Jodice Thomas | Telephone Number 201-3436000 | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Gateway School | | | | Type of Facility (4) | | | | | |
| Street Address 293-295 Main st | | | | <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) Hackensack NJ | | | | Square Feet | # of Floors | | | | |
| | | | | 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 Ln | | | | | |
| 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) 12-30-19 | | Scheduled Completion Date (11) 12-30-19 | | Name of OSHA Monitor Marcelo Avila | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____ | | | | 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 |
| Room 120 | | | x | 12x12 floor tile | 4 SF | | x | | |
| hallway | | | x | 12x12 floor tile | 26 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 12-10-19 | | |

Inv# 10567
OK 3501

PAID

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



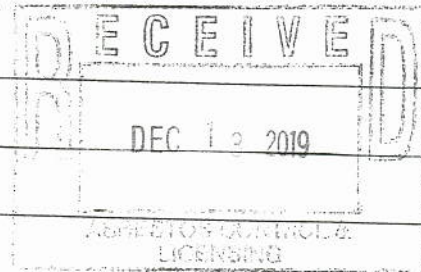
| | | | | | | | | | | | |
|---|--|---|--|---|--|--|--|------------------|--------|-------------|-----------|
| Date of Notification (1) 12/09/19 | | Check #3501 | | Name of Building Owner/Operator (2) St. Mathew Parish/The Rainbow School | | | | | | | |
| Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input 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 555 Prospect Ave City, State, Zip Code Ridgefield, NJ, 07657 Name of Contact Joy Telephone Number 201-840-0574 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) The Rainbow School | | | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 555 Prospect Ave | | | | Square Feet 5,000+ | | | | | | | |
| City (5) Ridgefield | | | | # of Floors 2 | | | | | | | |
| County (6) Bergen | | | | 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) | | ASCM No. | | Name of Abatement Contractor (9) EA Services | | | | | | | |
| Street Address | | Street Address 426 69th st | | | | | | | | | |
| City, State, Zip Code | | City, State, Zip Code Guttenberg, NJ, 07093 | | | | | | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-295-1700 | | | | | | | |
| Start Date (10) 12/23/19 | | Scheduled Completion Date (11) 12/24/19 | | License No. 01074 | | | | | | | |
| Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 9am | | | | Name of OSHA Monitor Same as above | | | | | | | |
| 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | Street Address City, State, Zip Code | | | | | | | |
| 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) 4 SF | | Abatement Type | | | |
| | | | | | | | | Removal | Repair | Encapsulate | Enclosure |
| 1st Floor Classrooms 1,2,3 | | X | | Sprayed on ceiling | | | | X | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| Name of Registered Waste Hauler EA Services | | NJDEP Waste Hauler ID No. 101278 | | Cubic Yards of Waste TBD | | Name of Registered Landfill Minerva Entrepise | | | | | |
| City, State Guttenberg, NJ | | | | Disposal Date TBD | | City, State Waynesburg, OH | | | | | |
| Completed by Michael Fajardo | | Title Office Clerk | | Signature | | | | Date 12/09/19 | | | |

UK 3257

Inv# 16744

PAID

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

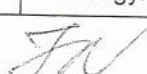


| Date of Notification (1) 12-6-2019 | | Name of Building Owner/Operator (2) Saint Peter's University | | | | | | | |
|--|---|---|----------------------------------|--|--|-------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address 2641 Kennedy Boulevard | | | | | | | |
| <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 Jersey City, NJ 07306 | | | | | | | |
| | | Name of Contact Anna DePaula | Telephone Number 201-761-7450 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Commercial | | Type of Facility (4) | | | | | | | |
| Street Address 762 Montgomery Street | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) Jersey City, NJ 07306 | | Square Feet 50000 | # of Floors 2 | | | | | | |
| County (6) Hudson | County Code (7) (STATE USE ONLY) | Bldg. Age 75+ | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | Current Use (Prior if being demolished) | | | | | | | |
| Street Address | | Name of Abatement Contractor (9) Green Environmental Services, LLC | | | | | | | |
| City, State, Zip Code | | Street Address 235 Virginia Avenue | | | | | | | |
| Project Manager for Monitoring Firm | | City, State, Zip Code Jersey City, NJ 07306 | | | | | | | |
| Telephone No. | | Telephone No. 201-333-8855 | License No. 01174 | | | | | | |
| Start Date (10) 12-16-2019 | Scheduled Completion Date (11) 12-30-2019 | Name of OSHA Monitor Green Environmental Services, LLC | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 235 Virginia Avenue | | | | | | | |
| <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 Jersey City, NJ 07306 | | | | | | | |
| 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) <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 |
| 2nd Floor | | X | | VAT | 20040 SF | X | | | |
| 2nd Floor | | X | | Transite Pipe | 12 LF | X | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Green Environmental Services | | NJDEP Waste Hauler ID No. 0034889 | | Cubic Yards of Waste 60 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Jersey City, NJ | | Disposal Date 12-30-2019 | | City, State Morrisville, PA | | | | | |
| Completed by Liliana Serrano | | Title Office Manager | | Signature <i>Liliana Serrano</i> | | Date 12-6-2019 | | | |

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

Inv # 10745

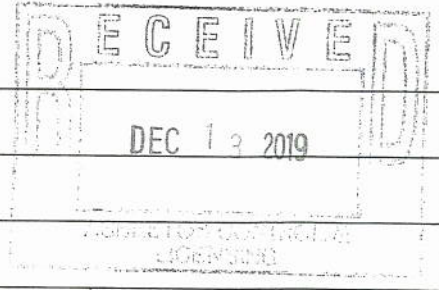
CK 5414210397

| Date of Notification (1) 12/09/2019 | | Name of Building Owner/Operator (2) John Samsel | | | | | | | |
|---|---|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| 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 Linden, NJ 07036 | | | | | | | |
| | | Name of Contact John Samsel | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | 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) Linden | | Square Feet N/A | # of Floors N/A | | | | | | |
| | | 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) | | Street Address 11 Rosengren Avenue | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied | | 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) TO BE ABATED In Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Basement | | X | | Pipe Insulation | 145 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 12/09/2019 | | | |

Inv # 16746

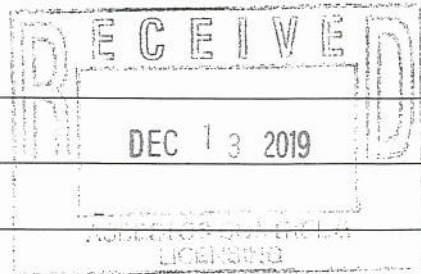
Print Form

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



| Date of Notification (1) 12/09/2019 | | Name of Building Owner/Operator (2) Ben Herson | | | | | | | |
|---|--|---|---|---|---------------------------|--------------------|--------|-------------|-----------|
| Agencies Notified | Type Notification | Street Address | | | | | | | |
| <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 South Orange, NJ 07079 | | | | | | | |
| | | Name of Contact Ben Herson | Telephone Number | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) House | | Type of Facility (4) | | | | | | | |
| Street Address | | <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| City (5) South Orange | | Square Feet N/A | # of Floors 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. | License No. | | | | | | |
| | | 973-345-8685 | 01311 | | | | | | |
| Start Date (10) 12/20/2019 | Scheduled Completion Date (11) 12/21/2019 | Name of OSHA Monitor D&S Abatement, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check Only One) | | Street Address 11 Rosengren Avenue | | | | | | | |
| <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: occupied | | 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 | 20 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 12/09/2019 | | | |

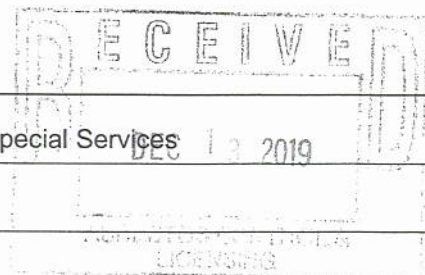
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



| | | | | | |
|---|---|---|-----|--|--|
| Date of Notification (1) 12/4/2019 | | Check #3499 | | Name of Building Owner/Operator (2) Robinson Grullon Residence | |
| Agencies Notified | | Type Notification | | Street Address | |
| <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA | | <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | City, State, Zip Code Fairlawn, NJ 07410 Name of Contact Robinson Grullon | |
| | | | | Telephone Number | |
| FACILITY INFORMATION | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Robinson Grullon Residence | | | | 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) Fairlawn | | | | Square Feet 2,000 | # of Floors 2 |
| | | | | Bldg. Age 50+ | |
| County (6) BERGEN | | County Code (7) (STATE USE ONLY) _____ | | Current Use (Prior if being demolished) Residence | |
| Name of Monitoring Firm Hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) EA Services Corporation | |
| Street Address | | | | Street Address 426 69th Street | |
| City, State, Zip Code | | | | City, State, Zip Code Guttenberg, NJ 07093 | |
| Project Manager for Monitoring Firm | | Telephone No. | | Telephone No. 201-295-1700 | License No. 01074 |
| Start Date (10) 12/14/19 | | Scheduled Completion Date (11) 12/18/219 | | Name of OSHA Monitor Same as above | |
| Occupancy Status During Abatement (Check Only One) | | | | Street Address | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: AM | | | | 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 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) |
| | Yes | No | N/A | | |
| Basement Area | | X | | Pipe Insulation | 145 LF |
| | | | | | |
| | | | | | |
| | | | | | |
| Name of Registered Waste Hauler EA Services Corporation | | NJDEP Waste Hauler ID No. 101278 | | Cubic Yards of Waste tbd | Name of Registered Landfill Minerva Enterprises |
| City, State Guttenberg, NJ | | Disposal Date tbd | | City, State Waynesburg, OH | |
| Completed by Gina Betances | | Title Office Manager | | Signature | Date 12/4/2019 |

Inv# 16698
OK 2040

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

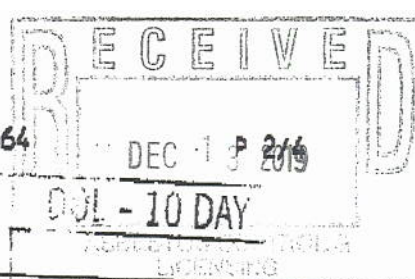


| | | | | | | | | | |
|--|--|--|---|--|---------------------------|------------------|--------|-------------|-----------|
| Date of Notification (1) 12-10-19 | | Name of Building Owner/Operator (2) Bergen County Technical School & Special Services | | | | | | | |
| Agencies Notified | Type Notification | 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 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Spring house -south | | 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 27 Lincoln place st | | Square Feet | # of Floors | | | | | | |
| City (5) Garfield 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) 12-31-19 | Scheduled Completion Date (11) 12-31-19 | 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 |
| side entrance | | | x | 12x12 floor tile | 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 12-10-19 | | | |

2019-12-09 13:46

Shade Environmental 1 >> 609 633 0664

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:80 and 8:16)



NO CK

Date of Notification (1)
 12 / 09 / 19

Name of Building Owner/Operator (2)
 New Jersey Division of Property Management and Construction

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

Type Notification
☒ Initial
☐ Amended
 Amendment # _____
☒ Emergency (Including Justification)
☐ Cancellation

Street Address
 20 West State Street, 3rd Floor

City, State, Zip Code
 Trenton, NJ 08625-0038

Name of Contact
 Georgetown Bunch

Telephone Number
 609-633-2127

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
 NJ Taxation Building

Street Address
 50 Barrack Street

City (5)
 Trenton

County (6)
 Mercer

County Code (7) (STATE USE ONLY)

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

Square Feet
 10,000

of Floors
 10

Blgd. Age
 100

Current Use (Prior if being demolished)
 Taxation Building

Name of Monitoring Firm Hired by Building Owner (8)
 USA Environmental Management, Inc.

ASCM No.

Name of Abatement Contractor (9)
 Shade Environmental, LLC

Street Address
 344 West State Street

Street Address
 623 Cutler Avenue

City, State, Zip Code
 Trenton, NJ 08618

City, State, Zip Code
 Maple Shade, NJ 08052

Project Manager for Monitoring Firm
 William Welgarber

Telephone No.
 609-555-8101

Telephone No.
 856-755-0099

License No.
 00842

Start Date (10)
 12 / 10 / 19

Scheduled Completion Date (11)
 12 / 11 / 19

Name of OSHA Monitor
 EMSL Analytical, Inc.

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: _____ AM - _____ PM/5:00PM-1:00AM

Street Address
 200 Route 130 North

City, State, Zip Code
 Cinnaminson, NJ 08077

Scope of Work (Check all that apply)
☒ ≥ 3 sf or ≥ 3 lf
☐ ≥ 160 sf or ≥ 280 lf
☒ Renovation
☐ Demolition
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Exempted (*) and Non-Friable Procedure

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|---|--|--------------------------|--------------------------|---|------------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| 8th Floor South Mechanical Room | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Pipe Fittings/Valves | 4 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
 Freshhold Cartage

NJDEP Waste Hauler ID No.
 14938

Cubic Yards of Waste
 1

Name of Registered Landfill
 Fairless Landfill

City, State
 Freshhold, NJ

Disposal Date
 12/11/2019

City, State
 Morrisville, PA

Completed By (Print or Type)
 Christina Fay

Title
 Vice President of Operations

Signature

Date
 12-9-19

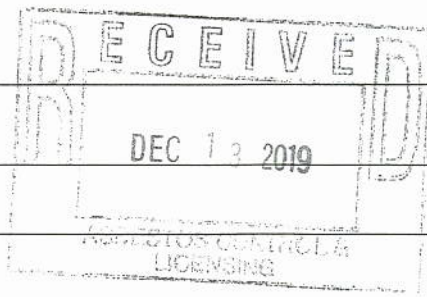
ASB-41
 JAN 13

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

Inv# 16748 PAID

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

CK 10264

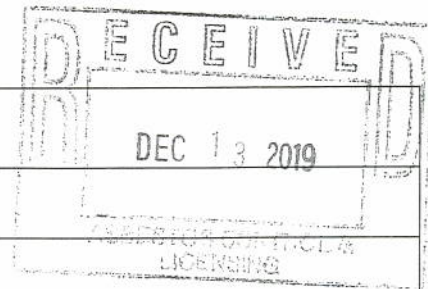


| | | | | | | | | | |
|--|--|--|--------------------------|---|--|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 12 / 09 / 19 | | Name of Building Owner/Operator (2) Frank Visconti | | | | | | | |
| Agencies 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 [REDACTED] City, State, Zip Code Long Beach Township, NJ 08008 Name of Contact Frank Visconti Telephone Number [REDACTED] | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Visconti Residence | | Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.) | | | | | | | |
| Street Address [REDACTED] | | Square Feet 1,824 | | | | | | | |
| City (5) Long Beach Township | | # of Floors 2 | | | | | | | |
| County (6) Ocean | | Bldg. Age 50 | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) Residence | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services | | ASCM No. | | | | | | | |
| Street Address PO Box 341 | | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | | |
| City, State, Zip Code Chesterfield, NJ 08515 | | Street Address 623 Cutler Avenue | | | | | | | |
| Project Manager for Monitoring Firm Bill Weisgarber | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Telephone No. 609-298-4070 | | Telephone No. 856-755-0099 | | | | | | | |
| Start Date (10) 12 / 19 / 19 | | License No. 00842 | | | | | | | |
| Scheduled Completion Date (11) 12 / 24 / 19 | | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM | | Street Address 200 Route 130 North | | | | | | | |
| 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Throughout First Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile and Mastic | 375 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Throughout First Floor | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Drywall | 620 SF | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Name of Registered Waste Hauler Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | | Cubic Yards of Waste 10 | Name of Registered Landfill Fairless Landfill | | | | |
| City, State Freehold, NJ | | Disposal Date 12/24/2019 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Christina Fay | | Title Vice President of Operations | | Signature Christina Fay | | Date 12/19/19 | | | |

Inv #16749

CK 6265 PAID

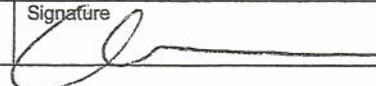
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



| | | | | | | | | | |
|---|--|--|--|--|----------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| Date of Notification (1) 12 / 09 / 19 | | Name of Building Owner/Operator (2) Santander Bank | | | | | | | |
| 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 210 Smith Street | | | | | | | |
| | | City, State, Zip Code Perth Amboy, NJ 08861 | | | | | | | |
| | | Name of Contact Ed Molloy (American Technologies, Inc.) | Telephone Number 302-650-9997 | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Santander Bank | | 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 210 Smith Street | | | | | | | | | |
| City (5) Perth Amboy | | Square Feet 8,000 | # of Floors 3 | | | | | | |
| | | Bldg. Age 68 | | | | | | | |
| County (6) Middlesex | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) Bank | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) EFI Global, Inc. | ASCM No. | Name of Abatement Contractor (9) Shade Environmental, LLC | | | | | | | |
| Street Address 11 Commerce Way, Suite A | | Street Address 623 Cutler Avenue | | | | | | | |
| City, State, Zip Code Totowa, NJ 07512 | | City, State, Zip Code Maple Shade, NJ 08052 | | | | | | | |
| Project Manager for Monitoring Firm Robert North | Telephone No. 732-629-7930 | Telephone No. 856-755-0099 | License No. 00842 | | | | | | |
| Start Date (10) 12 / 28 / 19 | Scheduled Completion Date (11) 12 / 30 / 19 | Name of OSHA Monitor EMSL Analytical, Inc. | | | | | | | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM | | Street Address 200 Route 130 North | | | | | | | |
| | | City, State, Zip Code Cinnaminson, NJ 08077 | | | | | | | |
| Scope of Work (Check all that apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | | <input type="checkbox"/> 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 |
| Basement | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Floor Tile and Mastic | 1,050 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 Freehold Cartage | | NJDEP Waste Hauler ID No. 15939 | Cubic Yards of Waste 10 | Name of Registered Landfill Fairless Landfill | | | | | |
| City, State Freehold, NJ | | Disposal Date 12/30/2019 | | City, State Morrisville, PA | | | | | |
| Completed By (Print or Type) Christina Fay | | Title Vice President of Operations | | Signature | | | Date 12/9/19 | | |

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

Inv # 16750
PAID
CK 7719

| | | | | | | | | | |
|---|---|--|--|---|---------------------------|----------------|------------------|-------------|-----------|
| Date of Notification (1) 12/10/19 | | Name of Building Owner/Operator (2) Joseph & Beth Torsiello Private Home | | | | | | | |
| 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | City, State, Zip Code Ventnor City NJ 08406 | | | | | | | |
| | | Name of Contact Julia | Telephone Number [REDACTED] | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Joseph & Beth Torsiello 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 2 | | | | | | |
| City (5) Ventnor City NJ 08406 | | Bldg. Age 35+ | | | | | | | |
| County (6) Atlantic | 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. 856-753-9800 | License No. 00727 | | | | | | |
| Start Date (10) 12/19/19 | Scheduled Completion Date (11) 12/24/19 | 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 Other - Describe: _____ | | Street Address [REDACTED] | | | | | | | |
| | | 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 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) | Amount (Specify SF or LF) | Abatement Type | | | |
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Exterior Siding | | | x | Exterior Siding | 2150 SF | x | | | |
| Roof Flat section | | | | Flat Roof | 200 SF | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | Cubic Yards of Waste 6 | Name of Registered Landfill G.R.O.W.S. | | | | | |
| City, State Elm NJ | | Disposal Date 12/24/19 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | | Date 12/10/19 | | |

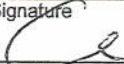
Inv# 10751

Print Form

PAID

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

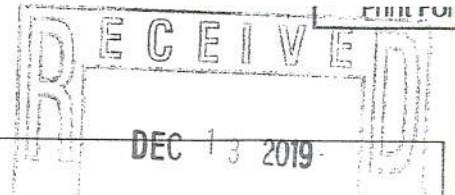
CK 7223

| | | | | | | | | | |
|--|---|---|--|---|----------------|---|--------|-------------|-----------|
| Date of Notification (1) 12/10/19 | | Name of Building Owner/Operator (2) Delran Board of Ed | | | | | | | |
| Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA | | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | | | | | | | |
| Street Address 22 Hartford Rd. | | City, State, Zip Code Delran NJ 08075 | | | | | | | |
| Name of Contact Mike Digiovanni | | Telephone Number 856-461-1553 | | | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Delran High School | | Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | | |
| Street Address 50 Hartford Road | | Square Feet 1000 + | | | | | | | |
| City (5) Delran NJ 08075 | | # of Floors 2 | | | | | | | |
| County (6) Burlington | | Bldg. Age 35+ | | | | | | | |
| County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) | | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Coastal Environmental Compliance LLC | | ASCM No. | | | | | | | |
| Street Address PO Box 167 | | Name of Abatement Contractor (9) Pernaco Inc. | | | | | | | |
| City, State, Zip Code Hammonton NJ 08037 | | Street Address PO Box 329 | | | | | | | |
| Project Manager for Monitoring Firm Cathy Ledden | | City, State, Zip Code West Berlin NJ 08091 | | | | | | | |
| Telephone No. 609-685-9984 | | Telephone No. 856-753-9800 | | | | | | | |
| Start Date (10) 12/23/19 | | License No. 00727 | | | | | | | |
| Scheduled Completion Date (11) 12/27/19 | | 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 checked="" 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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure | | | | | | | | | |
| Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Maintenance Rm | 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) Floor Tile & Mastic | Amount (Specify SF or LF) 144 SF | Abatement Type | | | | |
| | Yes | No | | | N/A | Removal | Repair | Encapsulate | Enclosure |
| Health Room | | x | | Floor Tile Mastic | 360 SF | x | | | |
| Health Room Window & Door | | x | | Caulk | 30LF | x | | | |
| Health Rm Chalk Board Mastic | | x | | Glue dots | 80 SF | x | | | |
| Health Room | | x | | Transite Panels | 60 SF | x | | | |
| Name of Registered Waste Hauler United Roll Off | | NJDEP Waste Hauler ID No. 22459 | | Cubic Yards of Waste 6 | | Name of Registered Landfill G.R.O.W.S. | | | |
| City, State Elm NJ | | Disposal Date 12/27/19 | | City, State Morrisville PA 19067 | | | | | |
| Completed by Anthony T Perna | | Title President | | Signature  | | Date 12/10/19 | | | |

CK# 5402 Inv# 10152

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

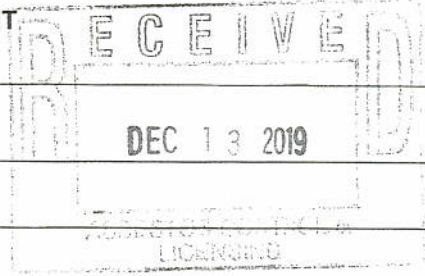
PAID



| | | | | | | | | |
|---|---|---|---|---|---|------------------|--------|-------------|
| Date of Notification (1) 12/11/19 | | Name of Building Owner/Operator (2) 855 Woodgate, LLC | | DEC 13 2019 | | | | |
| 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 855 Woodgate Ave | | | | |
| | | City, State, Zip Code Elberon, New Jersey 07740 | | Telephone Number | | | | |
| 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.) | | | | | |
| City (5) Elberon | | | Square Feet 2500 | # of Floors 2 | Bldg. Age 50+ | | | |
| County (6) Monmouth | | County Code (7) (STATE USE ONLY) | | Current Use (Prior if being demolished) residence | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) | | ASCM No. | | Name of Abatement Contractor (9) Ace Insulation Co., Inc. | | | | |
| Street Address | | Street Address 95 Montrose Rd | | City, State, Zip Code Colts Neck, New Jersey 07722 | | | | |
| City, State, Zip Code | | Telephone No. 732 294 1757 | | License No. 00029 | | | | |
| Project Manager for Monitoring Firm | | Telephone No. | | Name of OSHA Monitor | | | | |
| Start Date (10) 12/20/19 | | Scheduled Completion Date (11) 12/27/19 | | Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: 7AM - 7PM | | | | |
| 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 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 |
| interior | | | X | floor tile | 125 lf | X | | |
| interior | | | X | paper on ducts | 40 LF | X | | |
| interior | | | X | fire cement | 25 lf | X | | |
| Name of Registered Waste Hauler Ace Insulation | | NJDEP Waste Hauler ID No. 12086 | | Cubic Yards of Waste 2 | Name of Registered Landfill Fairless | | | |
| City, State Colts Neck, NJ | | Disposal Date 12/27/19 | | City, State Morrisville, PA | | | | |
| Completed by Bree McGuire | | Title Secretary Treasurer | | Signature [Signature] | | Date 12/11/19 | | |

Inv # 16756
PAID

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



| | | | |
|--|--|--|----------------------------------|
| Date of Notification (1) 12 / 6 / 19 | | Name of Building Owner/Operator (2) Johnson Development Group | |
| Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8) | Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation | Street Address 86 Summit Ave. Suit 201 | |
| | | City, State, Zip Code Summit, NJ 07901 | |
| | | Name of Contact James Hamilton | Telephone Number 864-415-2036 |

FACILITY INFORMATION

| | | | |
|---|---|--|----------------------|
| Name of Facility Where Abatement is Taking Place (3) 1239 Broad St. | | 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 1239 Broad St. | | | |
| City (5) Newark | Square Feet 47,000 | # of Floors 1.5 | Bldg. Age 100 |
| County (6) Essex | County Code (7)(STATE USE ONLY) | Current Use (Prior if being demolished) Warehouse | |
| Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services Inc | ASCM No. | Name of Abatement Contractor (9) Highground Industrial LLC | |
| Street Address Po Box 365 | | Street Address 12 Industrial Drive | |
| City, State, Zip Code Berlin NJ 08009 | | City, State, Zip Code Florida NY 10921 | |
| Project Manager for Monitoring Firm | Telephone No. 856-452-1311 | Telephone No. 201-252-8600 | License No. 01370 |
| Start Date (10) 12 / 16 / 19 | Scheduled Completion Date (11) 1 / 17 / 20 | Name of OSHA Monitor Highground Industrial LLC | |
| Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM | | Street Address 12 Industrial Drive | |
| | | City, State, Zip Code Florida NY 10921 | |

Scope of Work (Check all that apply)

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

| Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) | Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) | | | Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) | Amount (Specify SF or LF) | Abatement Type | | | |
|--|---|--------------------------|-------------------------------------|--|---------------------------|-------------------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | N/A | | | Removal | Repair | Encapsulate | Enclosure |
| Roof | <input type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | Roofing Material | 14,000 sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Misc. Tar | 800sf | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flashing Material | 1700 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"/> |

| | | | |
|--|------------------------------------|-----------------------------|--|
| Name of Registered Waste Hauler Spartan Environmental Inc | NJDEP Waste Hauler ID No. PA584 | Cubic Yards of Waste 900 | Name of Registered Landfill Minerva Enterprises |
| City, State Donora PA | | Disposal Date various | City, State Waynesburg |
| Completed By (Print or Type) Jeff Hoffman | Title Account Rep. | Signature Jeff Hoffman | Date 12/6/19 |

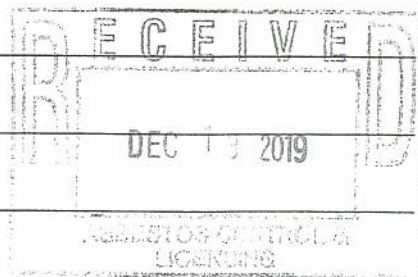
Inv# 10596
CK 16780

PAID

State of New Jersey

Check # 16780

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



| | | | |
|--|--|--|--|
| Date of Notification (1) 12/9/2019 | | Name of Building Owner/Operator (2) Blake Berson | |
| Agencies Notified | Type Notification | Street Address [REDACTED] | |
| <input type="checkbox"/> EPA | <input checked="" type="checkbox"/> Initial Notification | City, State, Zip Code Maplewood, NJ, 07040 | |
| <input type="checkbox"/> DEP | <input type="checkbox"/> Amended Notification | Name of Contact Blake Berson | |
| <input checked="" type="checkbox"/> DOL | <input type="checkbox"/> EMERGENCY | Telephone Number | |
| <input type="checkbox"/> DOH | <input type="checkbox"/> Cancellation | | |
| <input type="checkbox"/> DCA | | | |

FACILITY INFORMATION

| | | | | | |
|---|--|--|--|--|--|
| Name of Facility Where Abatement is Taking Place (3) Blake Berson | | | 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 | | |
| City Maplewood | | | # of Floors | | |
| County Morris | | | Bldg. Age | | |
| County Code (7) (STATE USE ONLY) | | | Current Use (Prior if being demolished) | | |

| | | | | | |
|---|--|--|--|--|--|
| Name of Monitoring Firm hired by Building Owner (8) N/A | | ASCM No. | | Name of Abatement Contractor (9) AZTECH MANAGEMENT, Inc. | |
| Street Address | | | | Street Address 86 Christopher St. | |
| City, State, Zip Code | | | | City, State, Zip Code Montclair, NJ 07042 | |
| Project Manager for Monitoring Firm | | Telephone Number N/A | | Telephone Number (973) 744-8800 | |
| Sched. Start Date (10) 12 10 19 Month Day Year | | Sched. Completion Date (11) 12 11 19 Month Day Year | | License Number 00371 | |
| 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: «OffHours Descript» <input type="checkbox"/> Other - Describe: «Other Occupancy Descript» | | | | Name of OSHA Monitor N/A | |
| | | | | Street Address | |
| | | | | City, State, Zip Code | |

Scope of Work (Check all that apply)

☒ >3 sf or >3 lf
☐ >160 sf or >260 lf

☒ Renovation
☐ Demolition

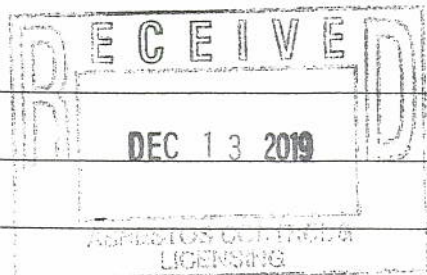
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☒ Glovebag Procedure
☐ Non-Friable Procedure

| 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 | | | R E M O V E M E N T | R E P A I R | E N C A P S U L E | E N C L O S U R E |
| Basement | | | X | Plaster Wall encapsulation | 30 SF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| | | | | | | | |
|---|--|---|--|--|--|---|--|
| Name of Registered Waste Hauler AZTECH MANAGEMENT, INC. | | NJDEP Waste Hauler ID No. 17040 | | Cubic Yards of Waste .5 | | Name of Registered Landfill Tri - State | |
| City, State Montclair, NJ 07042 | | Disposal Date 12/12/19 | | City, State Bronx, NY, 10474 | | | |
| Completed By (Print or Type) Constantine Vivian | | Title President | | Signature <i>Constantine Vivian</i> | | Date 12/9/2019 | |

Inv# 16700
OK 2084
PAID

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



| | | | | | | | | | |
|--|--|--|---|---|----------------|--------------------|--------|-------------|-----------|
| Date of Notification (1) 12/11/2019 | | Name of Building Owner/Operator (2) Scotch Plains Fanwood BOE | | <div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 13 2019 DEPARTMENT OF ENVIRONMENTAL PROTECTION LICENSING </div> | | | | | |
| Agencies Notified | Type Notification | Street Address 512 Cedar Street | | | | | | | |
| <input 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 Scotch Plains, NJ 07076 | | | | | | | |
| | | Name of Contact Anthony Miranda | | Telephone Number 908-296-5773 | | | | | |
| FACILITY INFORMATION | | | | | | | | | |
| Name of Facility Where Abatement is Taking Place (3) Terrill Middle School | | | Type of Facility (4) | | | | | | |
| Street Address 1301 Terrill Road | | | <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) | | | | | | |
| City (5) Scotch Plains | | | Square Feet | # of Floors | Bldg. Age | | | | |
| County (6) Union | | County Code (7) (STATE USE ONLY) | Current Use (Prior if being demolished) school | | | | | | |
| Name of Monitoring Firm Hired by Building Owner (8) Environmental Remediation & Management | | ASCM No. | Name of Abatement Contractor (9) VMC Company, Inc. | | | | | | |
| Street Address 20-10 Maple Avenue | | Street Address 208 Piaget Avenue | | | | | | | |
| City, State, Zip Code Fair Lawn, NJ 07410 | | City, State, Zip Code Clifton, NJ 07011 | | | | | | | |
| Project Manager for Monitoring Firm Cathy DiNardo | | Telephone No. 973-949-3525 | Telephone No. 973-253-8828 | License No. 00704 | | | | | |
| Start Date (10) 12/23/2019 | | Scheduled Completion Date (11) 12/24/2019 | | Name of OSHA Monitor VMC Company, Inc. | | | | | |
| Occupancy Status During Abatement (Check Only One) | | | Street Address | | | | | | |
| <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: | | | City, State, Zip Code | | | | | | |
| Scope of Work (Check All That Apply) | | | | | | | | | |
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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 |
| Pipe chase | X | | | Pipe/fitting insulation | 6 LF | X | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| Name of Registered Waste Hauler Newark Carting Inc. | | NJDEP Waste Hauler ID No. 05409 | Cubic Yards of Waste | Name of Registered Landfill GROWS | | | | | |
| City, State Newark, NJ | | Disposal Date | | City, State Morrisville, PA | | | | | |
| Completed by Voytek Roszkowski | | Title President | Signature <i>Voytek Roszkowski</i> | | | Date 12/11/2019 | | | |