

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

**RECEIVED**  
DEC 17 2018

Date of Notification (1) <b>12 / 11 / 18</b>		Name of Building Owner/Operator (2) <b>E.I. duPont de Nemours</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>1-12/12/18</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>250 Cheesequake Road</b>
			City, State, Zip Code <b>Parlin, NJ 08859</b>
		Name of Contact <b>Nichol Reinhold</b>	Telephone Number <b>732-613-2400</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>DuPont Parlin Facility - Bldg. 1880</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>250 Cheesequake Road</b>		Square Feet	# of Floors
City (5) <b>Parlin</b>	County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)	Bldg. Age
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>John Lutz</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>
Start Date (10) <b>12 / 21 / 18</b>		Scheduled Completion Date (11) <b>12 / 28 / 18</b>	License No. <b>00509</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM-3:30 PM</b> / <b>PM</b> - <b>AM</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Exterior Roof	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>4 Cu Yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Yardley, PA</b>	Disposal Date <b>12/28/18</b>		City, State <b>Fairless Hills, PA</b>
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Estimator</b>	Signature <i>Gino Pizzigoni</i>	Date <b>12/12/18</b>

ASB-41  
MAY 11  
GI 18283

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

OK 5322

PAID

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

RECEIVED  
 DEC 17 2018  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 13 / 18		Name of Building Owner/Operator (2) AirNova	
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 3485 Haddonfield Road		City, State, Zip Code Pennsauken, NJ 08109	
Name of Contact Dennis DeSimone		Telephone Number 609-685-6417	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) AirNova		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 3485 Haddonfield Road		Square Feet 5,000	# of Floors 2
City (5) Pennsauken		Bldg. Age 70	
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial	
Name of Monitoring Firm Management & Enviro. Consulting Services	Hired by Building Owner (8) ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341	Street Address 623 Cutler Avenue		
City, State, Zip Code Chesterfield, NJ 08515	City, State, Zip Code Maple Shade, NJ 08052		
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842
Start Date (10) 12 / 24 / 18	Scheduled Completion Date (11) 12 / 28 / 18	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 200 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"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Front Foyer	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Linoleum	125 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Freehold Cartage	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill
City, State Freehold, NJ	Disposal Date 12/28/2018	City, State Morrisville, PA	
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 12/13/18

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

CK# 1970

Date of Notification (1) 12/12/18		Name of Building Owner/Operator (2) 220 Passaic St Associates							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 220 Passaic St		City, State, Zip Code Passaic, NJ 07055							
Name of Contact		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) BUILDING 3 (Abandoned Commercial Building Scheduled for Demolition)		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 220 Passaic St		Square Feet 10,000	# of Floors 2						
City (5) Passaic		Bldg. Age 50+							
County (6) Passaic		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial Building						
Name of Monitoring Firm n/a		Hired by Building Owner (8) n/a	Name of Abatement Contractor (9) Harmony Contracting Inc						
Street Address n/a		Street Address 360 Palisade Ave							
City, State, Zip Code n/a		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm n/a		Telephone No. n/a	Telephone No. 973460.6026						
Start Date (10) 12/21/18		Scheduled Completion Date (11) 02/15/19	Name of OSHA Monitor Harmony Contracting Inc						
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Scheduled for Demo		Street Address 360 Palisade Ave							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input 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
3rd Floor			x	Transite Wall Panel	1000 SF	x			
Roof			x	Roofing & Flashing	6,075 SF	x			
Entrance To Basement			x	Flashing Material	300 SF				
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033085	Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill					
City, State Garfield, NJ		Disposal Date TBD		City, State Morrisville, PA					
Completed by E. Cirovic		Title Secretary		Signature E. Cirovic		Date 12/12/18			



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

*Check # 10514*

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**RECEIVED**  
DEC 14 2018  
ASBESTOS CONTROL & LICENSING

*Open Window Time Frame*

Date of Notification (1) <b>12/12/18</b>		Name of Building Owner/Operator (2) <b>MARK FRANCHI DEMOLITION</b>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) <b>OLD VACANT HOTEL</b>		Street Address <b>348 HURFFVILLE-GRENLOCH ROAD</b> City, State, Zip Code <b>SEWELL, NJ 08080</b>	
Street Address <b>517 SOUTH PENNSYLVANIA AUBURN ROAD</b> City (5) <b>CARNEYS POINT, NJ 08069</b> County (6) <b>SALEM</b>		Name of Contact <b>MARK FRANCHI</b> Telephone Number <b>856-820-0295</b>	
FACILITY INFORMATION			
Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet # of Floors Bldg. Age	
Current Use (Prior if being demolished) <b>HOTEL</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b> Street Address City, State, Zip Code		ASCM No. <b>N/A</b> Name of Abatement Contractor (9) <b>EPC TECHNOLOGIES INC</b> Street Address <b>P.O. BOX 337</b> City, State, Zip Code <b>NEW EGYPT, NJ 08533</b>	
Project Manager for Monitoring Firm Telephone No.		Telephone No. <b>609-758-3365</b> License No. <b>00394</b>	
Start Date (10) <b>DECEMBER 12, 2018</b> Scheduled Completion Date (11) <b>FEBRUARY 14, 2019</b>		Name of OSHA Monitor <b>EPC TECH</b> Street Address <b>P.O. BOX 337</b> City, State, Zip Code <b>NEW EGYPT, NJ 085633</b>	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED In Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) Abatement Type Removal Repair Encapsulate Enclosure
<b>2 FRONT BLACK ROOFS</b>	<b>X</b>	<b>ROOF BLACK SEAM CAULK</b>	<b>6,000 LF</b> <b>X</b>
Name of Registered Waste Hauler <b>EPC TECHNOLOGIES INC.</b>		NJDEP Waste Hauler ID No. <b>17000</b>	Cubic Yards of Waste <b>10</b> Name of Registered Landfill <b>SALEM COUNTY IMPROVEMENT</b>
City, State <b>NEW EGYPT, NJ</b>		Disposal Date <b>BY 2/14/19</b>	City, State <b>ALLOWAY, NJ</b>
Completed by <b>STEVE SCHENKER</b>		Title <b>PRESIDENT</b>	Signature <i>Steve Schenker</i> Date <b>12/12/18</b>

DEC 14 2018

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 17:27 and 17:28)

Date of Notification (1) <b>12/11/18</b>		Name of Building Owner/Operator (2) <b>Donna O'Malley</b>		DOL 10 DAY LICENSING	
Agency Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment of <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>TEANECK, N.J. 07666</b>	
Name of Facility Where Abatement is Taking Place (3) <b>RENOVATION</b>		Street Address [REDACTED]		Telephone Number [REDACTED]	
City (5) <b>TEANECK</b>		County Code (7) (STATE USE ONLY)		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Child Daycare (Other than K-12) <input type="checkbox"/> Other (e.g., private & commercial buildings, houses, etc.)	
County (6) <b>BERGEN</b>		Square Feet <b>2350</b>		# of Floors <b>2</b>	
Name of Working Firm [REDACTED]		Contractor (8) <b>ESSENTIAL</b>		Bldg. Age <b>+50</b>	
Street Address [REDACTED]		ASCM No.		Name of Abatement Contractor (9) <b>AMAC Consulting Inc.</b>	
City, State, Zip Code [REDACTED]		Telephone No.		Street Address <b>185 Vreeland Ave.</b>	
Project Manager for Abatement Firm [REDACTED]		Telephone No.		City, State, Zip Code <b>Midland Park, NJ 07432</b>	
Start Date (10) <b>12/11/18</b>		Scheduled Completion Date (11) <b>12/20/18</b>		Telephone No. <b>201-252-5841</b>	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacant <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Name of OSHA Consultant <b>Omega Environmental Services Inc.</b>		License No. <b>00156</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ of or $\geq 3$ if $\geq 100$ of or $\geq 250$ if		Renovation Demolition		Full Containment with Negative Pressure Mini-Enclosure Glovebox Procedure Non-Encapsulated (*) and Non-Friable Procedure	
Location of Asbestos Containing Material (ACM) in Facility (13) <b>Boiler Room</b>		Is Location Normally Used Exclusively by Maintenance/ Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (e.g., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Amount (Specify SF or LF) <b>200</b>		Abatement Type Removal Repair Encapsulate Enclose		[REDACTED]	
Name of Registered Waste Handler <b>Nowark Carting Inc.</b>		NJDEP Waste Handler ID No. <b>04508</b>		City, State, Zip Code <b>Newark, NJ 07105</b>	
City, State, Zip Code <b>Newark, NJ 07105</b>		Disposal Date <b>12/11/18</b>		Name of Registered Landfill <b>Gr: rd Central Sanitary Landfill</b>	
Completed by <b>Joseph Vaccaro</b>		Title <b>Vice President</b>		City, State, Zip Code <b>Argyl, PA 05702</b>	
Signature <b>[Signature]</b>		Date <b>12/11/18</b>		[REDACTED]	

OK 1185

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 12:12a)DEC 4 11 56  
2018


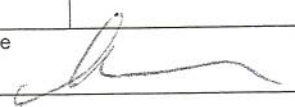
DOL - 10 DAY

Date of Notification (1) 12/11/18		Name of Building Owner/Operator (2) ESTATE OF AGNES GEMEINHARDT		Asbestos Containing Material Licensing TV	
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 of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip ROCHELLE PARK, N.J. 07662	
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Name of Contact MARY TUTSCHER		Telephone Number	
Street Address [REDACTED]		Type of Facility (4) <input checked="" type="checkbox"/> Single-Family (K-12) <input type="checkbox"/> Chapter 2 (Other than K-12) <input type="checkbox"/> Other (e.g., private & commercial buildings, homes, etc.)		Square Feet 1000	
City (5) ROCHELLE PARK		County (6) BERGEN		No. of Floors 2	
County Code (7) STATE USE ONLY		Current Use (Prior to being demolished) RESIDENTIAL		Avg. Age +50	
Name of Monitoring Firm [REDACTED]		ASCM No.		Name of Abatement Contractor (8) AMAC Consulting Inc.	
Street Address [REDACTED]		Street Address 185 Vreeland Ave		City, State, Zip Code Midland Park, NJ 07432	
City, State, Zip Code [REDACTED]		Telephone No. 201-262-6611		License No. 00156	
Start Date (10) 12/12/18		Scheduled Completion Date (11) 12/20/18		Name of OSHA Monitor Omega Environmental Services Inc.	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacant <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours		Street Address 280 Huyler Street		City, State, Zip Code Hackensack, NJ 07608	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 25 sq ft or less <input type="checkbox"/> 2500 sq ft or less <input type="checkbox"/> 2500 sq ft or more		Non-Occupancy Description <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Partial Containment <input type="checkbox"/> Other		Full Containment with Negative Pressure Partial Containment Other	
Location of Asbestos-Containing Material (ACM) in Facility (13) BASEMENT		Is Location Normally Used Solely by Maintenance/Cleaning Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (e.g., thermal system insulation, surfacing, VAT, or other miscellaneous)	
[REDACTED]		[REDACTED]		Amount (Specify SF or LF) 600	
[REDACTED]		[REDACTED]		Abatement Type Removal Repair Encapsulation Enclosure	
Name of Registered Waste Handler Newark Carting Inc.		NJ DEP Waste Handler ID No. 04509		Cubic Yards of Waste 2	
City, State Newark, NJ 07105		Disposal Date 12/12/18		City, State Pottsville, PA 06702	
Completed by Joseph Vocaturo		Title Vice President		Signature J. Vocaturo	
[REDACTED]		[REDACTED]		Date 12/11/18	

PAID

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

Check 18348

Date of Notification (1) 12/11/18		Name of Building Owner/Operator (2) Delbarton School							
Agencies Notified		Street Address 230 Mendham Road							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code Morristown, NJ 07960							
<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Michel Rimpel Telephone Number (973) 538-3291 x3265							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Old Main Building			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 230 Mendham Road			Square Feet 20,000 # of Floors 5 Bldg. Age 70						
City (5) Morristown			Current Use (Prior if being demolished) school						
County (6) Morris			County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) ABS Environmental Services, LLC					
Street Address		Street Address 4 E Gate Drive, PO Box 483							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-764-2276 License No. 703					
Start Date (10) 12/21/18		Scheduled Completion Date (11) 3/21/19		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:				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input 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) <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 301			x	wall plaster	4 SF		x		
Attic			x	ceiling plaster	56 SF		x		
Basement			x	wall/ceiling plaster	100 SF		x		
Name of Registered Waste Hauler									
NJDEP Waste Hauler ID No.			Cubic Yards of Waste		Name of Registered Landfill				
City, State			Disposal Date		City, State				
Completed by A. Scott Higgins			Title President		Signature 			Date 12/11/18	

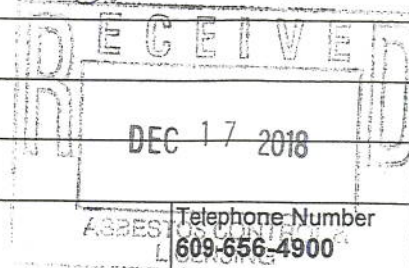
chk # 3485

APPROVED BY:  
TOM Voorhees,  
NJ DOL

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8:60 and 12:120)

CHK # 3481

Date of Notification (1) <b>12/11/18</b>		Name of Building Owner / Operator (2) <b>Trenton Board of Education</b>	
Agencies Notified	Type Notification	Street Address <b>1490 Prospect Street</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Trenton, NJ 08638</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Mr. Dwayne Mosley</b>	
<input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Emergency	Telephone Number <b>609-656-4900</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Grace Dunn Middle School</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <b>NON FRIABLE</b> <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>401 Dayton Street</b>		Square Feet <b>60000</b>	# of Floors <b>3</b>
City (5) <b>Trenton</b>		Bldg. Age <b>60+</b>	
County (6) <b>Mercer</b>	County Code (7)	Current Use (Prior if being demolished) <b>School</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection</b>		Name of Abatement Contractor (9) <b>Bristol Environmental, Inc.</b>	
Street Address <b>120 North Warren Street</b>		Street Address <b>1123 Beaver Street</b>	
City, State & Zip Code <b>Trenton, NJ 08010</b>		City, State & Zip Code <b>Bristol, PA 19007</b>	
Project Manager for Monitoring Firm <b>Steve Mania</b>	Telephone Number <b>609-392-4200</b>	Telephone Number <b>(215)788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>12/11/18</b>	Scheduled Completion Date (11) <b>12/13/18</b>	Name of OSHA Monitor <b>Bristol Environmental Inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours - 7am to 3pm Describe: <b>3:00PM - 12:30AM</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 Beaver Street</b>	
		City, State & Zip Code <b>Bristol, PA 19007</b>	

Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glove Bag Procedures	
		<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 or 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
Rooms A-37, A-43, A-45	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Nail Crete	400 SF	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

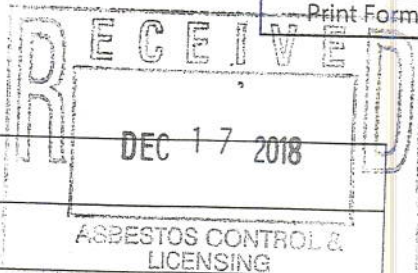
Name of Registered Waste Hauler <b>Bristol Environmental Inc</b>	NJDEP Waste Hauler ID No. <b>18706</b>	Cubic Yards of Waste <b>1 Cu yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>
City, State <b>Bristol, PA</b>		Disposal Date <b>TBD</b>	City, State <b>Fairless Hills, PA</b>
Completed By (Print or Type) <b>Gino Pizzigoni</b>	Title <b>Project Manager</b>	Signature <i>Gino Pizzigoni</i>	Date <b>12/11/18</b>

CK # 9353

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

Print Form



Date of Notification (1) <b>12/10/18</b>		Name of Building Owner/Operator (2) PSE&G					
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 <b>4000 HADLEY ROAD</b>		City, State, Zip Code <b>SOUTH PLAINFIELD, NJ 07080</b>					
Name of Contact <b>ALEX SCOTT</b>		Telephone Number <b>732-215-3724</b>					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <b>17-53 NEVINS RD</b>		Square Feet <b>2700</b>					
City (5) <b>FAIR LAWN</b>		# of Floors <b>1</b>					
County (6) <b>BERGEN</b>		Bldg. Age <b>63 yrs</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>SWITCH STATION</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>ENVIRONMENTAL TACTICS</b>		ASCM No. <b>0045</b>					
Street Address <b>64 BROAD STREET</b>		Name of Abatement Contractor (9) <b>UNIQUE SYSTEMS OF AMERICA INC</b>					
City, State, Zip Code <b>MATAWAN, NJ 07747</b>		Street Address <b>396 WHITEHEAD AVE.</b>					
Project Manager for Monitoring Firm <b>TOM GEIGER</b>		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>					
Start Date (10) <b>1/4/2019</b>		Telephone No. <b>732-290-2217</b>					
Scheduled Completion Date (11) <b>1/7/2019</b>		Telephone No. <b>732-432-8350</b>					
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>necessary operators only</b>		License No. <b>01111</b>					
Name of OSHA Monitor <b>UNIQUE SYSTEMS OF AMERICA INC.</b>		Street Address <b>396 WHITEHEAD AVE.</b>					
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		City, State, Zip Code <b>SOUTH RIVER, NJ 08882</b>					
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>CONTROL ROOM</b>	<b>X</b>	<b>TILE &amp; MASTIC</b>	<b>2385 SF</b>	<b>X</b>			
		<b>FLOOR PANELS</b>	<b>230 SF</b>	<b>X</b>			
Name of Registered Waste Hauler <b>WASTE MANAGEMENT</b>		NJDEP Waste Hauler ID No. <b>1125</b>	Cubic Yards of Waste <b>APPX 20</b>	Name of Registered Landfill <b>FAIRLESS</b>			
City, State <b>ELIZABETH, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>MORRISVILLE, PA</b>			
Completed by <b>CAROL RAIMO</b>		Title <b>OFFICE MGR.</b>	Signature <b>Carol Raimo</b>	Date <b>12/10/18</b>			

Check#3228

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

RECEIVED  
DEC 17 2018

Date of Notification (1) 12 / 12 / 18		Name of Building Owner/Operator (2) Rita Lynch	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Whippany, NJ 07981	
Name of Contact Ryan Bruen		Telephone Number _____	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age	
City (5) Whippany, NJ 07981		County Code (7) (STATE USE ONLY)	
County (6) Morris		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Street Address	
City, State, Zip Code		City, State, Zip Code	
Project Manager for Monitoring Firm		License No.	
Telephone No.		Telephone No.	
Start Date (10) 12 / 21 / 18		Scheduled Completion Date (11) 12 / 22 / 18	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SIF or LF)	
Yes No N/A		Abatement Type	
Basement		Pipe insulation 80 LF	
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	
Gr Tech LLC		0033785	
City, State		Cubic Yards of Waste	
Wayne, NJ 07470		TBD	
Completed By (Print or Type)		Signature	
N.Jevtic		Jevtic Wenad	
Title		Date	
Owner		12/12/18	

ASB-41  
MAY 11

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

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

RECEIVED  
 DEC 17 2018

Date of Notification (1) 12 / 1 / 18		Name of Building Owner/Operator (2) Commercial Interior Direct	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 South Corporate Drive	
	City, State, Zip Code Riverdale, NJ 07457		
	Name of Contact Steve	Telephone Number 973-769-5862	
	<div style="border: 1px solid black; padding: 2px;">ASBESTOS CONTROL &amp; LICENSING</div>		

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1500	# of Floors 2
City (5) Ocean Grove		Bldg. Age 65	
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) Guardian Contracting, Inc.	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 12 / 12 / 18	Scheduled Completion Date (11) 12 / 14 / 18	Name of OSHA Monitor E.M.S.L. Analytical	
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 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	

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 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/crawlspace	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	175 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 Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 12/14/18	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature <i>[Signature]</i>	Date 12/11/18

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

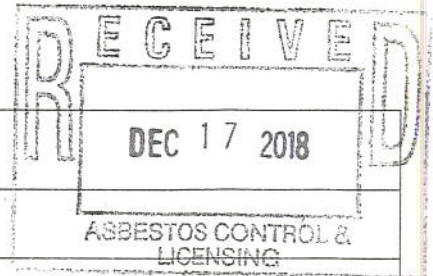
**RECEIVED**  
DEC 17 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 1 / 18		Name of Building Owner/Operator (2) Benchmark Property Group, LLC					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1868 North Gate Road				
			City, State, Zip Code Scotch Plains, NJ 07076				
		Name of Contact Kathy Jenkins	Telephone Number 908-406-0442				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address [REDACTED]							
City (5) Scotch Plains		Square Feet 1100 sf	# of Floors 1				
County (6) Union		Bldg. Age 65					
		County Code (7)(STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		Current Use (Prior if being demolished) Residence					
Street Address		Name of Abatement Contractor (9) Guardian Contracting, Inc.					
City, State, Zip Code		Street Address 1889 Route 9, Unit 61					
Project Manager for Monitoring Firm		City, State, Zip Code Toms River, New Jersey 08755					
Telephone No.		Telephone No. 732-349-9932	License No. 00624				
Start Date (10) 12 / 26 / 18		Scheduled Completion Date (11) 12 / 28 / 18					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor E.M.S.L. Analytical					
		Street Address 1056 Stelton					
		City, State, Zip Code Piscataway, New Jersey 08854					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
exterior	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A <input type="checkbox"/>	asbestos siding	1064 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"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.				
City, State Toms River, New Jersey	Disposal Date 12/28/18		City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/11/18				

CL 5333

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



Date of Notification (1) 12 / 13 / 18		Name of Building Owner/Operator (2) Deborah Dunn							
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 Millville, NJ 08332		Telephone Number						
	Name of Contact Bill White								
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Millville	Square Feet 1,600	# of Floors 2	Bldg. Age 80						
County (6) Cumberland	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence						
Name of Monitoring Firm Management & Enviro. Consulting Services	Hired by Building Owner (8) ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341	Street Address 623 Cutler Avenue								
City, State, Zip Code Chesterfield, NJ 08015	City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Bill Weisgarber	Telephone No. 609-298-4070	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 12 / 27 / 18	Scheduled Completion Date (11) 12 / 31 / 18		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM	Street Address 200 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 checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Living Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Ceiling	190 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Ceiling	44 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Walls	250 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Bathroom	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Tile and Mastic	44 SF	<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 5	Name of Registered Landfill Fairless Landfill						
City, State Freehold, NJ	Disposal Date 12/31/2018		City, State Morrisville, PA						
Completed By (Print or Type) Christina Lynch	Title Vice President of Operations	Signature 	Date 12/13/18						

CK 1488

PAID

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

RECEIVED  
DEC 17 2018 1488  
ASBESTOS CONTROL & LICENSING  
TV  
Telephone Number  
(973) 234-7026

Date of Notification (1) December 12, 2018		Name of Building Owner/Operator (2) Parker Landscaping & Construction, Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) Warehouse Street Address 710 Water Street City (5) Gloucester City, NJ County (6) Camden		Street Address PO BOX 401 City, State, Zip Code Glenwood, NJ 07418 Name of Contact Project Manager	
Name of Monitoring Firm Hired by Building Owner (8) Criterian Labs Street Address 3370 Progress Drive, Suite J City, State, Zip Code Bensalem, PA 19020 Project Manager for Monitoring Firm Project Manager Start Date (10) 12/13/18		FACILITY INFORMATION Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age Current Use (Prior if being demolished) Warehouse Name of Abatement Contractor (9) The MACK Group, LLC Street Address 1500 Kings Hwy N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034 Telephone No. 215.244.1300 (973) 759-5000 License No. 00781 Name of OSHA Monitor The MACK Group, LLC Street Address 1500 Kings Hwy N, STE 209 City, State, Zip Code Cherry Hill, NJ 08034	
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:		Sched. Completion Date (11) 3/13/19	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥250 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 Box Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Roofing & Siding	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) transite
	Amount (Specify SF or LF) TBD		
Name of Registered Waste Hauler Spartan Environmental Enterprises, Inc. City, State Donora, PA Completed by Mike Cooper		NJ DEP Waste Hauler ID No. Cubic Yards of Waste TBD Disposal Date 3/13/19 Title President Signature Date 12/12/18	
Name of Registered Landfill Mingva Enterprises, LLC City, State Waynesburg, OH			

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

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

Pg. 4

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 - 10/9/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 175 Broadway
			City, State, Zip Code Hillsdale, NJ 07642
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 175 Broadway			Square Feet 32,775
City (5) Hillsdale			# of Floors 3
County (6) Hillsdale	County Code (7) (STATE USE ONLY)	Bldg. Age +50	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218	Telephone No. 215-788-6040
Start Date (10) 10 / 1 / 18		Scheduled Completion Date (11) 11 / 16 / 18	License No. 00509
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement Meter Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Basement AC Room 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste
City, State NEW CASTLE, DE		Disposal Date TBD	Name of Registered Landfill MINERVA LANDFILL
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature Dillan DeCaro / [Signature]
			Date 10-9-18

ASB-41  
JAN 13 DP18079

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

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

*Chk # 3435*

Date of Notification (1) <b>9 / 3 / 18</b>		Name of Building Owner/Operator (2) <b>Verizon Westwood Co</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA 9258 <input checked="" type="checkbox"/> DOLWD 9241 <input checked="" type="checkbox"/> DOH 9245 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>175 Broadway</b> City, State, Zip Code <b>Hillsdale, NJ 07642</b> Name of Contact <b>Renzo Contreras</b> Telephone Number <b>973-951-0542</b>						
	Name of Facility Where Abatement is Taking Place (3) <b>Verizon Westwood Co.</b> Street Address <b>175 Broadway</b> City (5) <b>Hillsdale</b> County (6) <b>Bergen</b>								
<b>FACILITY INFORMATION</b>									
Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		Square Feet <b>32,775</b> # of Floors <b>3</b> Bldg. Age <b>+50</b>							
Current Use (Prior if being demolished) <b>Verizon Communications</b>		County Code (7) (STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc</b> Street Address <b>1253 North Church Street</b> City, State, Zip Code <b>Moorestown, NJ 08057</b> Project Manager for Monitoring Firm <b>Kris Smith</b> Start Date (10) <b>10 / 1 / 18</b>		ASCM No. Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b> Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b> Telephone No. <b>215-788-6040</b> License No. <b>00509</b>							
Scheduled Completion Date (11) <b>11 / 2 / 18</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM- PM/5:00PM-2:00AM</b>		Street Address <b>1123 BEAVER STREET</b> City, State, Zip Code <b>BRISTOL, PA 19007</b>							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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 Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Boiler Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	315 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b> City, State <b>NEW CASTLE, DE</b>		NJDEP Waste Hauler ID No. <b>20990</b> Cubic Yards of Waste Disposal Date <b>TBD</b>		Name of Registered Landfill <b>MINERVA LANDFILL</b> City, State <b>WAYNESBURG, OH</b>					
Completed By (Print or Type) <b>Dillian DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillian DeCaro / gk</i> Date <b>9-13-18</b>					

ASB-41  
JAN 13 **DD18079**

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

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

*Chart #3435*

Date of Notification (1) <div style="text-align: center;">9 / 13 / 18</div>		Name of Building Owner/Operator (2) <b>Verizon Westwood Co</b>					
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 <b>175 Broadway</b>					
		City, State, Zip Code <b>Hillsdale, NJ 07642</b>					
		Name of Contact <b>Renzo Contreras</b>	Telephone Number <b>973-951-0542</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Westwood Co.</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>175 Broadway</b>							
City (5) <b>Hillsdale</b>		Square Feet <b>32,775</b>	# of Floors <b>3</b>				
County (6) <b>Bergen</b>		Bldg. Age <b>+50</b>					
		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>1253 North Church Street</b>		Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>Kris Smith</b>		Telephone No. <b>609-313-8218</b>	License No. <b>00509</b>				
Start Date (10) <b>10 / 1 / 18</b>		Scheduled Completion Date (11) <b>11 / 2 / 18</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM- PM/5:00PM-2:00AM</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
<b>Basement Power Room</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>VAT/Mastic</b>	<b>2,200 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>			
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>				
Completed By (Print or Type) <b>Dillian DeCaro</b>		Title <b>Estimator</b>	Signature <i>Dillian DeCaro</i>		Date <b>9-13-18</b>		

ASB-41  
JAN 13 **DD18079**

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

11-09-'18 15:36 FROM- SKY CONTRACTING

973-928-5311

T-076 P0002/0004 F-128

CK 2947

PAID

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:80 and 12:120)

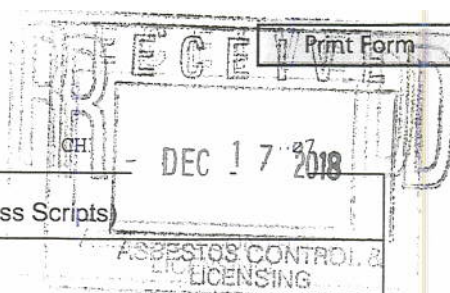
**RECEIVED**  
 DEC 17 2018  
 ASBESTOS CONTROL  
 LICENSING  
 Telephone Number

Date of Notification (1) 11/9/2018		Name of Building Owner/Operator (2) Residential		Street Address [REDACTED]	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Rutherford, NJ, 07070	
		Name of Contact Mark Provost		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 2000		
City (5) Rutherford			# of Floors 2		
County (6) Bergen			Bldg. Age 70		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.		Name of Abatement Contractor (9) Sky Contracting, LLC	
Street Address		Street Address 1385 Valley Road, Suite K			
City, State, Zip Code		City, State, Zip Code Wayne, New Jersey 07470			
Project Manager for Monitoring Firm		Telephone No. (973) 928-5040		License No. 00874	
Start Date (10) 11/12/2018		Scheduled Completion Date (11) 11/15/2018		Name of OSHA Monitor Sky Contracting, 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 1385 Valley Road, Suite K		City, State, Zip Code Wayne, New Jersey 07470	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥280 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	
		Yes No N/A			
Basement		X		Pipe Insulation & Fittings	
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste 3	
City, State New Castle, Delaware		Disposal Date TBD		Name of Registered Landfill Minerva Enterprises, LLC	
Completed by Predrag Sarcev		Title Vice President		City, State Wynesburg, Ohio	
		Signature		Date 11/9/2018	

OK 25827

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



Date of Notification (1) 12-12-18		Name of Building Owner/Operator (2) Medco Health Solutions, Inc. (dba Express Scripts)							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 Parsons Pond Dr. City, State, Zip Code Franklin Lakes, NJ 07417 Name of Contact Mace Bell Telephone Number (201) 269-2326						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 100 Parsons Pond Road		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Franklin Lakes	County (6) Bergen	County Code (7) (STATE USE ONLY)	Square Feet 87,000 # of Floors 3 Bldg. Age 48 years						
Name of Monitoring Firm BEM Systems, Inc.		Hired by Building Owner (8) ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 100 Passaic Ave		Street Address 200 Broad Street							
City, State, Zip Code Chatham, NJ 07923		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Venkat Balasubramanian		Telephone No. (908) 598-2600	Telephone No. 201-939-6565 License No. 00756						
Start Date (10) 12-14-18(1)12-20-18		Scheduled Completion Date (11) 06-30-19							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor Even-Air Inc. Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable 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
3C: C3-017			x	Fireproofing	20SF	x			
3C: C3-017			x	Sheetrock Compound	48SF	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Kevin Moriarty		Title Project Manager		Signature 			Date 12-12-18		

# State of New Jersey - Notification of Asbestos Abatement

PAID

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

RECEIVED

DEC 17 2018

<b>Date of Notification (1)</b> <b>December 12, 2018</b>		<b>Name of Building Owner/Operator (2)</b> <b>The Valley Hospital</b>	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (including justification)	
<b>Street Address</b> <b>223 North Van Dien Avenue</b>		<b>Street Address</b> <b>223 North Van Dien Avenue</b>	
<b>City (5)</b> <b>Ridgewood</b>		<b>City, State, Zip Code</b> <b>Ridgewood, NJ 07450-2736</b>	
<b>County (6)</b> <b>Bergen</b>		<b>Name of Contact</b> <b>William Stasiak</b>	
<b>County Code (7)</b> <b>(State Use Only)</b>		<b>Telephone Number</b> <b>201-447-8141</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>The Valley Hospital</b> <b>Bergen 3<sup>rd</sup> Floor</b>		<b>Type of Facility (4)</b> <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.)	
<b>Street Address</b> <b>223 North Van Dien Avenue</b>		<b>Sq. Feet: Unknown # of Floors: 4 Bldg. Age: 50+ years</b>	
<b>Current Use (prior if being demolished): Hospital</b>			
<b>Name of Monitoring Firm Hired</b> <b>Colden Corporation</b>		<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>Street Address</b> <b>28 Washington Street</b>		<b>Street Address</b> <b>511 MAIN STREET</b>	
<b>City, State, Zip Code</b> <b>Ballston Spa, NY 12020</b>		<b>City, State, Zip Code</b> <b>Butler, NJ 07405</b>	
<b>Project Manager for Monitoring Firm</b> <b>Jim Miades</b>		<b>Telephone Number</b> <b>347.435.3561</b>	
<b>Scheduled Start Date (10)</b> <b>December 14, 2018</b>		<b>Scheduled Completion Date (11)</b> <b>December 17, 2018</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		<b>Name of OSHA Monitor</b> <b>EMSL inc.</b>	
<b>Street Address</b> <b>1056 Stelton Road</b>		<b>City, State, Zip Code</b> <b>Piscataway, NJ 08854</b>	
<b>Source of Work (Check all that apply)</b> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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			
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>Room # B3239</b>		<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES NO NA	
<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>VAT &amp; Mastic</b>		<b>Amount (Specify SF or LF)</b> <b>20 sf</b>	
<b>Abatement Type</b> <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose			
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below # 1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b>		<b>Cubic Yards of Waste:</b> <b>5</b>	
<b>Hauler #2) Newark Carting Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		<b>Name of Registered Landfill</b> <b>Meadowfill Landfill/GROWS</b>	
<b>Disposal Date</b> <b>December 17, 2018</b>		<b>City, State</b> <b>Route 2, Box 68</b> <b>Bridgeport, WVA</b> <b>304-842-2784</b>	
<b>Completed by (Print or Type)</b> <b>Marin Graure</b>		<b>Title</b> <b>SENIOR PROJECT MANAGER</b>	
<b>Signature</b> <i>Marin Graure</i>		<b>Date</b> <b>December 12, 2018</b>	

GAC # 2018-633-007

From: GREENWOOD ABATEMENT

19734920133

12/12/2018 15:26

#066 P.002/004

## State of New Jersey - Notification of Asbestos Abatement

(Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

DEC 17 2018

<b>Date of Notification (1)</b> <b>December 12, 2018</b>		<b>Name of Building Owner/Client (2)</b> <b>The Valley Hospital</b>	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amendment <input checked="" type="checkbox"/> Emergency (Including Justification)	
<b>Street Address</b> <b>223 North Van Dien Avenue</b>		<b>City, State, Zip Code</b> <b>Ridgewood, NJ 07070-2736</b>	
<b>City (3)</b> <b>Ridgewood</b>		<b>Name of Contact</b> <b>William Stasak</b>	
<b>County (6)</b> <b>Bergen</b>		<b>Telephone Number</b> <b>201-447-8141</b>	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>The Valley Hospital Bergen 3<sup>rd</sup> Floor</b>		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (other than 12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<b>Street Address</b> <b>223 North Van Dien Avenue</b>		<b>So. East: Unknown # of Floors: 4 Bldg. Age: 50+ years</b>	
<b>City, State, Zip Code</b> <b>Ballston Spa, NY 12020</b>		<b>Current Use (prior if being demolished): Hospital</b>	
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>Colden Corporation</b>		<b>Name of Contractor (8)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<b>Street Address</b> <b>28 Washington Street</b>		<b>Street Address</b> <b>611 MAIN STREET</b>	
<b>City, State, Zip Code</b> <b>Ballston Spa, NY 12020</b>		<b>City, State, Zip Code</b> <b>Burlington, NJ 07405</b>	
<b>Project Manager for Monitoring Firm</b> <b>Jim Mladec</b>		<b>Telephone Number</b> <b>347-435-3561</b>	
<b>Scheduled Start Date (10)</b> <b>December 14, 2018</b>		<b>Telephone Number</b> <b>973-492-0477</b>	
<b>Scheduled Completion Date (11)</b> <b>December 17, 2018</b>		<b>License Number</b> <b>00840</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:		<b>Name of OSHA Monitor</b> <b>EMSL Inc.</b>	
<b>Source of Work (Check all that apply)</b> <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 180 sf or ≥ 240 lf		<b>Street Address</b> <b>1056 Stelton Road</b>	
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>Room # B3239</b>		<b>City, State, Zip Code</b> <b>Placetaway, NJ 08818</b>	
<b>Is Location Normally Used Solely by Main/Custodial Staff? (12)</b> <b>YES NO NA</b>		<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other misc.)</b> <b>VAT &amp; Mastic</b>	
<b>Amount (Specify SF or LF)</b> <b>20 sf</b>		<b>Abatement Type</b> <b>Remove, Repair, Encap, Enclose</b>	
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below # 1 &amp; 2</b>		<b>Amount (Specify SF or LF)</b> <b>20 sf</b>	
<b>N.J. DEP Waste Hauler ID #</b> <b>See Below</b>		<b>Cubic Yards of Waste:</b>	
<b>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b>		<b>Name of Registered Landfill</b> <b>Meadow Hill Landfill/GROWS</b>	
<b>Hauler #2) Newark Carting, Inc. - Newark, NJ 07102, NJ DEP # 19531</b>		<b>Disposal Date</b> <b>December 17, 2018</b>	
<b>Completed by (Printer Type)</b> <b>Marin Graure</b>		<b>City, State</b> <b>Route 2, Box 88 Bridgeport, WVA 26442-2784</b>	
<b>Title</b> <b>SENIOR PROJECT MANAGER</b>		<b>Signature</b> <b>Marin Graure</b>	
<b>Date</b> <b>December 12, 2018</b>		<b>Date</b> <b>December 12, 2018</b>	

GAC # 2018-633-007

DEC 17 2018

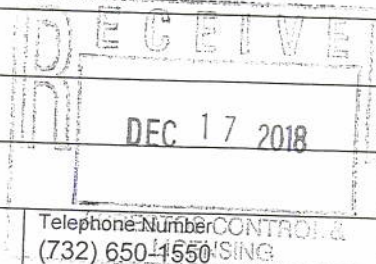
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)

**CK 13 the PAID**

Date of Notification 12/12/2018	1) Name of Building Owner/Operator (2) Elizabeth Board of Education		CHECK# 1346 LICENSING	
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 # <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	Street Address 500 North Boulevard Street	City, State, Zip Code Elizabeth, New Jersey 07208	
		Name of Contact Luis Milanes	Telephone Number 908-435-5000	
<b>FACILITY INFORMATION</b>				
Name of Facility Where Abatement is Taking Place (3) John Marshall School # 20	Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address 621 Magnolia Avenue	Square Feet 30,000	# of Floors 2	Bldg. Age 50+	
City (5) Elizabeth, New Jersey 07208	County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (8) (If being demolished) Public School	
Name of Monitoring Firm Detail Associates, Inc.	Name of Building Owner (9) ASCOM No.	Name of Abatement Contractor (6) Lilich Corporation		
Street Address 300 Grand Ave	City, State, Zip Code Englewood, NJ 07631	Street Address 608 McBride Ave	City, State, Zip Code Woodland Park, New Jersey	
Project Manager for Monitoring Firm Anthony Valentine	Telephone No. 201-569-8078	Telephone No. 973-225-8401	License No. 01104	
Start Date (10) 12/15/2018	Scheduled Completion Date (11) 12/17/2018	Name of OSHA Monitor Iris Environmental Laboratories, LLC		
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe	Street Address 2333 Route 2 West		City, State, Zip Code Union, NJ 07183	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 150$ sf or $\geq 250$ 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"/> Glove bag Procedure / Limited Containment & Tent <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 (14) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type
	Yes No N/A			Removal Repair Encapsulate Enclosure
Kitchen Area		Pipe Insulation (O&M Procedure)	5 LF	X
Chiller Room		Pipe Insulation (O&M Procedure)	4 LF	X
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 2	Name of Registered Landfill Airless Landfill
City, State Woodland Park, New Jersey		Disposal Date 12/17/2018	City, State Yorkville, PA	
Completed by Adriana Olejrova		Title President	Signature 	Date 12/13/2018

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

CHECK # 2977



Date of Notification (1) 12/10/2018		Name of Building Owner/Operator (2) Open Road Auto Group									
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation									
Name of Facility Where Abatement is Taking Place (3) Former Motel Building		Street Address 1140 Route 22 City, State, Zip Code Bridgewater, NJ 08807 Name of Contact Mr. Larry Styles, Construction Director Telephone Number (732) 650-1550									
<b>FACILITY INFORMATION</b>											
Street Address 19 East Side Avenue		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) Edison	County (6) Middlesex	Square Feet 3,000	# of Floors 1 Bldg. Age 60								
Name of Monitoring Firm TBD		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Commercial								
Street Address		Name of Abatement Contractor (9) Sky Contracting, LLC									
City, State, Zip Code		Street Address 1385 Valley Road, Suite K									
Project Manager for Monitoring Firm		City, State, Zip Code Wayne, New Jersey 07470									
Telephone No.		Telephone No. (973) 928-5040	License No. 00874								
Start Date (10) 12/24/2018	Scheduled Completion Date (11) 1/31/2019		Name of OSHA Monitor Sky Contracting, 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 1385 Valley Road, Suite K									
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) <table border="1"> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> </tr> <tr> <td></td> <td>X</td> <td></td> </tr> </table>	Yes	No	N/A		X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Amount (Specify SF or LF) 2,870 SF		
Yes	No	N/A									
	X										
Perimeter Wall			Abatement Type <table border="1"> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> <tr> <td>X</td> <td></td> <td></td> <td></td> </tr> </table>	Removal	Repair	Encapsulate	Enclosure	X			
Removal	Repair	Encapsulate	Enclosure								
X											
Name of Registered Waste Hauler Service Transport Group, Inc.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 20								
City, State New Castle, Delaware		Name of Registered Landfill Minerva Enterprises, LLC									
Completed by Predrag Sarcev		Disposal Date TBD	City, State Waynesburg, Ohio								
Title Vice President		Signature 	Date 12/10/2018								

NOCK

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

Date of Notification (1)

12 / 11

/18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)  
PRUDENTIAL INSURANCE CO.

Street Address

213 WASHINGTON STREET

City, State, Zip Code

NEWARK, NEW JERSEY 07102

Name of Contact

WILLIAM BARRETT

Telephone Number

973-802-2175

DEC 17 2018

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

PRUDENTIAL

Street Address

213 WASHINGTON STREET

City (5)

NEWARK

County (6)

ESSEX

County Code (7)

(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)

ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

ASCM No.

Street Address

28 NORTH PENNELL ROAD

City, State, Zip Code

MEDIA, PA 19063

Project Manager for Monitoring Firm

JASON MCCAULEY

Telephone Number

610-891-0114

Expected State Date (10)

12 / 06/  
Month Day

18

Year

Sched. Completion Date (11)

3 / 30 /19  
Month Day Year

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe:  
MONDAY - FRIDAY 6PM-4 AM  
SATURDAY & SUNDAY 7AM-4 PM

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 250 LF  
☒ Renovation

☒ Full Containment☐ Mini-Enclo ,☐ Glovebag Procedure☐ Non-Friable Procedure

Type of Facility (4)

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

Square Feet

750,000

# of Floors

22

Bldg. Age

78

Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Telephone Number

845-369-7500

License Number

1101

Name of OSHA Monitor

QUALITY

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

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

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

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

Amount  
(Specify  
SF or LF)

Abatement Type

REMOVAL

REPAIR

ENCAPSUL

ENCLOSUR

1 B FLOOR MILITARY PARK AREA

Yes

No

N/A

X

VAT &amp; MASTIC

1,500 SF

x

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste

Hauler ID No.  
913

Cubic Yards of Waste

30

Name of Registered Landfill  
GRAND CENTRAL SANITARY

City, State

NEWARK, NEW JERSEY

Disposal Date

12/06-03/30/19

City, State

PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

Date

12/17/18

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

**RECEIVED**  
DEC 17 2018  
ASBESTOS CONTROL & LICENSING

Date of Notification (1)

12 / 5 /18

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type

Notification

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

Name of Building Owner/Operator (2)  
PRUDENTIAL INSURANCE CO.

Street Address

213 WASHINGTON STREET

City, State, Zip Code

NEWARK, NEW JERSEY 07102

Name of Contact

WILLIAM BARRETT

Telephone Number

973-802-2175

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

PRUDENTIAL

Type of Facility (4)

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

Street Address

213 WASHINGTON STREET

Square Feet

750,000

# of Floors

22

Bldg. Age

78

City (5)

NEWARK

County (6)

ESSEX

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab. COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)  
ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

28 NORTH PENNELL ROAD

City, State, Zip Code

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

JASON MCCAULEY

Telephone Number

610-891-0114

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 / 06 /  
Month Day Year

Sched. Completion Date (11)

18 3 / 30 /19  
Month Day Year

Name of OSHA Monitor  
QUALITY

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe:  
MONDAY - FRIDAY 6PM-4 AM  
SATURDAY & SUNDAY 7AM-4 PM

Street Address

1376 ROUTE 9

City, State, Zip Code

WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

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

☒ Full Containment  
☐ Mini-Enclo,  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
18TH FLOOR MILITARY PARK AREA			X	VAT & MASTIC	1,500 SF	x			

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
913

Cubic Yards of Waste  
30

Name of Registered Landfill  
GRAND CENTRAL SANITARY

City, State

NEWARK, NEW JERSEY

Disposal Date

12/06-03/30/19

City, State

PLAINFIELD TOWNSHIP, PA

Completed by (Print or Type)  
BENJAMIN SANCHEZ

Title  
DIRECTOR OF OPERATIONS

Signature

Date

12-5-18

33080

PAID

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

RECEIVED  
DEC 17 2018  
ASBESTOS CONTROL  
LICENSING

Date of Notification (1)

12 /

1 / 18

Agencies Notified

Type Notification

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

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

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

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

732-594-7746

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 M

Square Feet  
39,400

# of Floors  
2

Bldg. Age  
54

City (5)

RAHWAY

County (6)

UNION

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

12 /

12

Month

Day

/18

Year

Sched. Completion Date (11)

3 /

30 /

19

Month

Day

Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

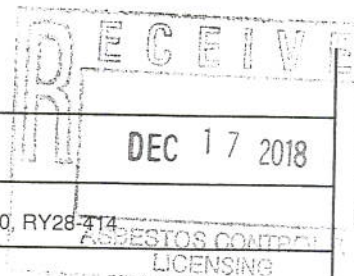
☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF

☒ Renovation

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

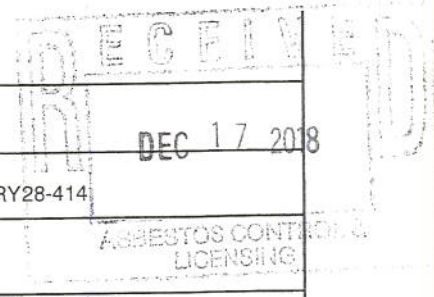
Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1st Floor labs 108b,112b,112c,114a,124			X	Floor tile and Mastic	535sf	X			
1st Floor labs 108,112,114,120,124			x	Duct Mastic	36sf	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 20	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15				
825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		Disposal Date 12/12/18-03/30/19		City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS		Signature [Signature]		Date 12/11/18			

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



<b>Date of Notification (1)</b> 11 / 7 / 18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.		<b>DEC 17 2018</b>	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification 2 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 <b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> PATRICIA JOHNSON		<b>Telephone Number</b> 732-594-7746	
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80 M			<b>Square Feet</b> 39,400	<b># of Floors</b> 2	<b>Bldg. Age</b> 54
<b>City (5)</b> RAHWAY		<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			<b>ASCM No.</b> 104		
<b>Street Address</b> 655 WEST SHORE TRAIL			<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION		
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871			<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Expected State Date (10)</b> 11 / 8 / 18			<b>Sched. Completion Date (11)</b> 12 / 31 / 18		
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" 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: MONDAY -FRIDAY, 7AM-3:30 PM			<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480		
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A		<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	
1st Floor labs 108b,112b,112c		114a,124		Floor tile and Mastic	
1st Floor labs 108,112,114,120		114a,124		Duct Mastic	
<b>Name of Registered Waste Hauler</b> 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939		<b>Cubic Yards of Waste</b> 20	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	
		<b>Disposal Date</b> 11/7/18-12/31/18		<b>Signature</b> 	
				<b>Date</b> 11/7/18	

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



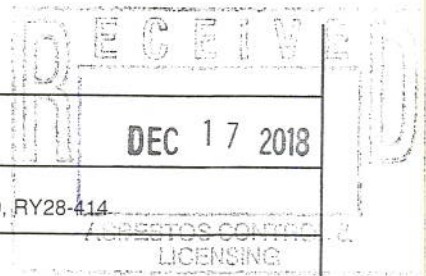
<b>Date of Notification (1)</b> 10 / 29 /18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification 1 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> PATRICIA JOHNSON	<b>Telephone Number</b> 732-594-7746

<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION			<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80 M			<b>Square Feet</b> 39,400	<b># of Floors</b> 2	<b>Bldg. Age</b> 54
<b>City (5)</b> RAHWAY	<b>County (6)</b> UNION	<b>County Code (7) (STATE USE ONLY)</b>	<b>Current Use (Prior if being demolished)</b> RESEARCH LABORATORY AND OFFICE FACILI		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			<b>ASCM No.</b> 104	<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Street Address</b> 655 WEST SHORE TRAIL			<b>Street Address</b> 313 SPOOK ROCK ROAD		
<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871			<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901		
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649	<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101	
<b>Expected State Date (10)</b> 11 / 8		<b>Sched. Completion Date (11)</b> 12 / 31 18		<b>Name of OSHA Monitor</b> AMERISCI LABORATORIES INC #11480	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" 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: MONDAY -FRIDAY 7AM-3:30 PM			<b>Street Address</b> 117 EAST 30TH STREET		
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo , <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1st Floor labs 108b,112b,112c,114a,124			X	Floor tile and Mastic	535sf	X			
1st Floor labs 108,112,114,120,124			x	Duct Mastic	36sf	X			

<b>Name of Registered Waste Hauler</b> 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	<b>NJDEP Waste Hauler ID No.</b> 15939	<b>Cubic Yards of Waste</b> 20	<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752
<b>Disposal Date</b> 11/7/18-12/31/18		<b>Title</b> DIRECTOR OF OPERATIONS	<b>Signature</b> 
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Date</b> 10/29/18	

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



<b>Date of Notification (1)</b> 10 / 23 / 18		<b>Name of Building Owner/Operator (2)</b> MERCK SHARP & DOHME CORP.		<b>DEC 17 2018</b>	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Street Address</b> 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414 <b>City, State, Zip Code</b> RAHWAY, NEW JERSEY 07065	
		<b>Name of Contact</b> PATRICIA JOHNSON		<b>Telephone Number</b> 732-594-7746	
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> MERCK SHARP & DOHME CORPORATION		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)			
<b>Street Address</b> 126 EAST LINCOLN AVENUE - BUILDING 80 M		<b>Square Feet</b> 39,400		<b># of Floors</b> 2	
<b>City (5)</b> RAHWAY		<b>County (6)</b> UNION		<b>County Code (7)</b> (STATE USE ONLY)	
<b>Name of Monitoring Firm</b> ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.		<b>Hired by Building Owner (8)</b> INVESTIGATIONS, INC.		<b>ASCM No.</b> 104	
<b>Street Address</b> 655 WEST SHORE TRAIL		<b>City, State, Zip Code</b> SPARTA, NEW JERSEY 07871		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>Project Manager for Monitoring Firm</b> WILLIAM S. KERBEL, CIH		<b>Telephone Number</b> 973-729-5649		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Expected State Date (10)</b> 11 / 6 / 18		<b>Sched. Completion Date (11)</b> 12 / 31 / 18		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY - FRIDAY 7AM-3:30 PM		<b>Telephone Number</b> 845-369-7500		<b>License Number</b> 1101	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Renovation		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini Enclo. <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A		<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	
1st Floor labs 108b, 112b, 112c, 114a, 124		X		Floor tile and Mastic	
1st Floor labs 108, 112, 114		x		Duct Mastic	
<b>Name of Registered Waste Hauler</b> 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		<b>NJDEP Waste Hauler ID No.</b> 15939		<b>Cubic Yards of Waste</b> 20	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 	
				<b>Date</b> 10/23/18	
				<b>Name of Registered Landfill</b> LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752	

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

check # 13366  
**RECEIVED**

GAC Project # 060-18

Date of Notification (1) <b>December 11, 2018</b>		Name of Building Owner/Operator (2) <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Name of Facility Where Abatement is Taking Place (3) <b>MARTIN HALL, BLDG # 6006</b>		Street Address <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
Street Address <b>COOK CAMPUS</b>		City, State, Zip Code <b>PISCATAWAY, NJ 08854</b>	
City (5) <b>NEW BRUNSWICK</b>		Name of Contact <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>ATC</b>		Telephone Number <b>848-445-2550</b>	
Street Address <b>3 TERRI LANE</b>		FACILITY INFORMATION Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>N/A</b> # of Floors: <b>4</b> Bldg. Age: <b>80+ years</b> Current Use (prior if being demolished): <b>ACADEMIC</b>	
City, State, Zip Code <b>BURLINGTON, NJ 08016</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Project Manager for Monitoring Firm <b>BRIAN R. KEARNEY</b>		Street Address <b>511 MAIN STREET</b>	
Scheduled Start Date (10) <b>12/21/18</b>		City, State, Zip Code <b>BUTLER, NJ 07405</b>	
Scheduled Completion Date (11) <b>12/24/18</b>		Telephone Number <b>973-492-0477</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 5PM - 5AM Daily (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		License Number <b>00840</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $>3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 20$ 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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Suite 104</b>		Name of OSHA Monitor <b>ENVIROVISION, INC.</b>	
Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>		Street Address <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>VAT</b>		City, State, Zip Code <b>FAIRLAWN, NJ 07410</b>	
Amount (Specify SF or LF) <b>1000 SF</b>		Abatement Type <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose	
Name of Reg. Waste Hauler <b>See Hauler Below #1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Cubic Yards of Waste: <b>15 CY</b>	
Completed by (Print or Type) <b>RAYMOND C. PEDALINO</b>		Name of Registered Landfill <b>G.R.O.W.S. North Landfill</b>	
Title <b>SENIOR PROJECT MANAGER</b>		Disposal Date <b>12/24/2018</b>	
Signature <i>Raymond C. Pedalino</i>		City, State <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>	
Date <b>December 11, 2018</b>			

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

**PAID**

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

Check # 1666

Date of Notification (1) <b>December 12, 2018</b>		Name of Building Owner / Operator (2) <b>Artis Senior Living</b>							
Agencies Notified	Type Notification	Street Address <b>1651 Old Meadow Road, Suite 100</b>							
<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"/> Cancellation	City, State & Zip Code <b>McLean, VA 22102</b>							
		Name of Contact <b>Dany Ramia</b>	Telephone Number <b>571-376-6200</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Residence</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)							
Street Address [REDACTED]		Square Feet <b>3,000</b>	# of Floors <b>1 + Basement</b>						
City (5) <b>Eatontown</b>		Bldg. Age <b>60 years</b>							
County (6) <b>Monmouth</b>		Current Use (Prior if being demolished) <b>Residence</b>							
County Code (7) <b>USE ONLY</b>									
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) <b>Synatech, Inc.</b>						
Street Address			Street Address <b>829 Radio Road</b>						
City, State & Zip Code			City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>						
Project Manager for Monitoring Firm		Telephone Number	Telephone Number <b>609-296-6916</b>						
Scheduled Start Date (10) <b>December 26, 2018</b>		Scheduled Completion Date (11) <b>January 24, 2019</b>	License Number <b>00817</b>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor <b>Synatech, Inc.</b>							
		Street Address <b>829 Radio Road</b>							
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input 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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Basement		X		Floor Tile/Mastic	20 SF	X			
Basement		X		Pipe Wrap/Elbows	200 LF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>6</b>	Name of Registered Landfill <b>Fairless Hills</b>					
City, State <b>Little Egg Harbor, NJ</b>		Disposal Date <b>January 25, 2019</b>		City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>		Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>December 12, 2018</b>					

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

PAID

State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)RECEIVED  
DEC 17 2018  
ASBESTOS CONTAINMENT  
LICENSING

Date of Notification (1) 12/12/2018		Name of Building Owner/Operator (2) Elina & David Schaller	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) Private Dwelling		Street Address [REDACTED] City, State, Zip Code Westfield, NJ 07090	
Street Address [REDACTED]		Name of Contact Elina Schaller	
City (5) Westfield		Telephone Number	
County (6) Union		FACILITY INFORMATION	
Name of Monitoring Firm Iris Environmental Laboratories		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 2333 Route 22 West		Square Feet 1,926	
City, State, Zip Code Union, NJ 07083		# of Floors 2	
Project Manager for Monitoring Firm Rick Eustaquo		Bldg. Age 70+	
Start Date (10) 12/27/2018		Current Use (Prior if being demolished) Private Dwelling	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of Abatement Contractor (9) United Safety LLC	
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		Street Address 22 Troy Lane	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code Lincoln Park, NJ 07035	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Telephone No. 908-206-0073	
Amount (Specify SF or LF)		License No. 01317	
Abatement Type Removal Repair Encapsulate Enclosure		Name of OSHA Monitor United Safety LLC	
Basement		Street Address 22 Troy Lane	
Basement		City, State, Zip Code Lincoln Park, NJ 07035	
Basement		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820	
City, State Lincoln Park, NJ		Cubic Yards of Waste TBD	
Completed by Vanco Petkov		Disposal Date TBD	
Title Project Manager		Name of Registered Landfill Grows Landfill	
Signature [Signature]		City, State Tullytown, PA	
Date 12/12/2018			

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

*Chk #3482*

Date of Notification (1) <b>12 / 11 / 18</b>		Name of Building Owner/Operator (2) <b>E.I. duPont de Nemours</b>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <b>4725</b> <input checked="" type="checkbox"/> DHSS <b>4718</b> <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 <b>250 Cheesequake Road</b>				
			City, State, Zip Code <b>Parlin, NJ 08859</b>				
		Name of Contact <b>Nichol Reinhold</b>	Telephone Number <b>732-613-2400</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>DuPont Parlin Facility - Bldg. 2018</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>250 Cheesequake Road</b>		Square Feet	# of Floors				
City (5) <b>Parlin</b>		Bldg. Age					
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8) <b>Cardno ATC</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>				
Street Address <b>3 Terri Lane</b>		Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Burlington, NJ 08016</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>John Lutz</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>				
Start Date (10) <b>12 / 21 / 18</b>		Scheduled Completion Date (11) <b>12 / 28 / 18</b>	License No. <b>00509</b>				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM - 3:30 PM</b> / _____ PM - _____ AM		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address <b>1123 BEAVER STREET</b>					
		City, State, Zip Code <b>BRISTOL, PA 19007</b>					
		<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) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Exterior Roof	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Transite	360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>4 Cu Yd</b>	Name of Registered Landfill <b>Fairless Landfill</b>			
City, State <b>Yardley, PA</b>		Disposal Date <b>12/28/18</b>		City, State <b>Fairless Hills, PA</b>			
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Estimator</b>	Signature <i>Gino Pizzigoni / gm</i>	Date <b>12-11-18</b>			

ASB-41  
MAY 11 **GI18283**

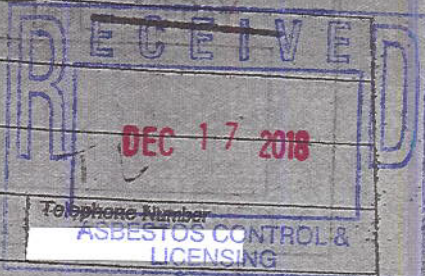
\* Do not use this form for asbestos licensure exempted activities.

CK254198004561

NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 8-26 and 12-12a)

PAID

E-MAILED



Date of Notification (1)

12/12/2018

Agencies Notified

- ☒ EPA  
☒ DEP  
☒ DOL  
☒ DCM  
☐ DCA

Type Notification

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

Name of Building Owner/Operator (2)

Joseph Hagonese

Street Address

City, State, Zip Code

Cranford, NJ

Name of Contact

Joseph Hagonese

Telephone Number

ASBESTOS CONTROL & LICENSING

Name of Facility Where Abatement is Taking Place (3)

Street Address

City (5)

Cranford

County (6)

union

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Current Use (Prior if being demolished)

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)

BP Removal LLC

Street Address

Street Address

8800 Newkirk Ave

City, State, Zip Code

City, State, Zip Code

North Bergen, NJ 07047

Project Manager for Monitoring Firm

Telephone No.

Telephone No.

License No.

Start Date (10)

12/12/2018

Scheduled Completion Date (11)

12/20/18

Name of OSHA Monitor

Occupancy Status During Abatement (Check Only One)

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

Street Address

City, State, Zip Code

Scope of Work (Check All That Apply)

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

- ☐ Renovation  
☒ Demolition

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

Location of  
Asbestos-Containing Material (ACM)

TO BE ABATED

In Facility  
(13)

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

Yes No N/A

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

Amount  
(Specify  
SF or LF)

Abatement  
Type

Removal

Repair

Encapsulate

Encapsulate

Exterior

Siding

1200 SF

x

Name of Registered Waste Hauler

Newark Carting

Waste  
Hauler ID No.  
04509

Cubic Yards  
of Waste

Disposal Date

Name of Registered Landfill

WASTE MANAGEMENT GROWS INC

City, State

Hillside, NJ

City, State

MORRISVILLE PA

Completed by

Bryan Parra

Title

Owner

Signature

Date

12/12/2018

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

Pg 1

Date of Notification (1) 9 / 11 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   DEC 17 2018   NEW JERSEY DEPARTMENT OF  ENVIRONMENTAL CONTROL &amp;  LICENSING </div>			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5-12/14/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway					
City, State, Zip Code Hillsdale, NJ 07642							
		Name of Contact Renzo Contreras		Telephone Number 973-951-0542			
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address 175 Broadway			Square Feet 32,775				
City (5) Hillsdale			# of Floors 3		Bldg. Age +50		
County (6) Hillsdale			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.			
Street Address 1253 North Church Street				Street Address 1123 BEAVER STREET			
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218		License No. 00509			
Start Date (10) 11 / 28 / 18		Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM			Street Address 1123 BEAVER STREET				
			City, State, Zip Code BRISTOL, PA 19007				
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Exterior Boiler Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Duct Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Pipe Fittings	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Pipe Insulation	315 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro /jl		Date 12/14/18	

ASB-41  
JAN 13 0018079

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

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

Pg 2

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5-12/14/18	Street Address 175 Broadway					
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Hillsdale, NJ 07642					
	<input type="checkbox"/> Cancellation	Name of Contact Renzo Contreras	Telephone Number 973-951-0542				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway							
City (5) Hillsdale		Square Feet 32,775	# of Floors 3				
County (6) Hillsdale		County Code (7) (STATE USE ONLY)	Bldg. Age +50				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.				
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218	License No. 00509				
Start Date (10) 11 / 28 / 18		Scheduled Completion Date (11) ON HOLD					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Power Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	2,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSB Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	288 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pad Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	1760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meter Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	135 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature Dillan DeCaro / jh		Date 12/14/18		

ASB-41  
JAN 13 DD18079

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

pg 3

Date of Notification (1) 9 / 2 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5-12/14/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway	
		City, State, Zip Code Hillsdale, NJ 07642	
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 175 Broadway			
City (5) Hillsdale		Square Feet 32,775	# of Floors 3
County (6) Hillsdale		County Code (7) (STATE USE ONLY)	Bldg. Age +50
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218	License No. 00509
Start Date (10) 11 / 28 / 18		Scheduled Completion Date (11) ON HOLD	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement Sprinkler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic
Basement Diesel Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/mastic
Hallway Power Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/mastic
Stairwell Landing	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Name of Registered Landfill MINERVA LANDFILL
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro / jh	Date 12/14/18

ASB-41  
JAN 13 0018079

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

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 5:16)

Pg 4  
DEC 17 2018

Date of Notification (1) <u>9</u> / <u>12</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Verizon Westwood C.O.</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5-12/14/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>175 Broadway</b>					
	City, State, Zip Code <b>Hillsdale, NJ 07642</b>						
	Name of Contact <b>Renzo Contreras</b>	Telephone Number <b>973-951-0542</b>					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Westwood C.O.</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>175 Broadway</b>							
City (5) <b>Hillsdale</b>		Square Feet <b>32,775</b>	# of Floors <b>3</b>				
County (6) <b>Hillsdale</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>+50</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>1253 North Church Street</b>		Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>Kris Smith</b>		Telephone No. <b>609-313-8218</b>	License No. <b>00509</b>				
Start Date (10) <u>11</u> / <u>28</u> / <u>18</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00</u> AM - <u>2:00</u> PM		Street Address <b>1123 BEAVER STREET</b>					
		City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Meter Storage Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Room 2	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>			
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>				
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>		Date <u>12/14/18</u>		

**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:26 and 5:16)**

Pg. 1

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-11/30/18	Street Address 175 Broadway	
	<input type="checkbox"/> Emergency (including justification)	City, State, Zip Code Hillsdale, NJ 07642	
	<input type="checkbox"/> Cancellation	Name of Contact Renzo Contreras	
		Telephone Number 973-951-0542	

**RECEIVED**  
DEC 17 2018  
ASBESTOS CONTROL

Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 175 Broadway			Square Feet 32,775		
City (5) Hillsdale			# of Floors 3		Bldg. Age +50
County (6) Hillsdale			County Code (7) (STATE USE ONLY)		
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.			Current Use (Prior if being demolished) Verizon Communications		

Street Address 1253 North Church Street		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
City, State, Zip Code Moorestown, NJ 08057		Street Address 1123 BEAVER STREET	
Project Manager for Monitoring Firm Kris Smith		City, State, Zip Code BRISTOL, PA 19007	
Telephone No. 609-313-8218		Telephone No. 215-788-6040	
Start Date (10) 11 / 28 / 18		License No. 00509	

Scheduled Completion Date (11) 12 / 14 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM:5:00PM-2:00AM		Street Address 1123 BEAVER STREET	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code BRISTOL, PA 19007	

<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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 Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Boiler Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Fittings	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	315 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL	
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro		Date 11-30-18	

ASB-41  
JAN 13 DD18079

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

Pg. 2

Date of Notification (1) <div style="text-align: center;">9 / 11 / 18</div>		Name of Building Owner/Operator (2) <b>Verizon Westwood C.O.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4-11/30/18</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>175 Broadway</b>	
		City, State, Zip Code <b>Hillsdale, NJ 07642</b>	
		Name of Contact <b>Renzo Contreras</b>	Telephone Number <b>973-951-0542</b>

DEC 17 2018

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Verizon Westwood C.O.</b>			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address <b>175 Broadway</b>			Square Feet <b>32,775</b>		
City (5) <b>Hillsdale</b>			# of Floors <b>3</b>		Bldg. Age <b>+50</b>
County (6) <b>Hillsdale</b>			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Verizon Communications</b>

Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>1253 North Church Street</b>		Street Address <b>1123 BEAVER STREET</b>		
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>Kris Smith</b>	Telephone No. <b>609-313-8218</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>	

Start Date (10) <div style="text-align: center;">11 / 28 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 14 / 18</div>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>AM- PM/5:00PM-2:00AM</b>		Street Address <b>1123 BEAVER STREET</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>BRISTOL, PA 19007</b>	

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

Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Removal	Repair	Encapsulate	Enclosure
Basement Power Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	2,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSB Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	288 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pad Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	1760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meter Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	135 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>		
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>	Date <b>11-30-18</b>	

ASB-41  
JAN 13 DD18079

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

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

Pg. 3  
DEC 17 2018

Date of Notification (1) <u>9</u> / <u>12</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Verizon Westwood C.O.</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-11/30/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>175 Broadway</b>
			City, State, Zip Code <b>Hillsdale, NJ 07642</b>
			Name of Contact <b>Renzo Contreras</b>
		Telephone Number <b>973-951-0542</b>	

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Verizon Westwood C.O.</b>		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>175 Broadway</b>		Square Feet <b>32,775</b>	# of Floors <b>3</b>
City (5) <b>Hillsdale</b>		Bldg. Age <b>+50</b>	
County (6) <b>Hillsdale</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc.</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Street Address <b>1253 North Church Street</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Kris Smith</b>		Telephone No. <b>609-313-8218</b>	Telephone No. <b>215-788-6040</b>
Start Date (10) <u>11</u> / <u>28</u> / <u>18</u>		License No. <b>00509</b>	
Scheduled Completion Date (11) <u>12</u> / <u>14</u> / <u>18</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM</u> <u>5:00</u> PM- <u>2:00</u> AM		Street Address <b>1123 BEAVER STREET</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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 <b>BRISTOL, PA 19007</b>	

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Sprinkler Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/mastic	720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell Landing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	81 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>NEW CASTLE, DE</b>	Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>	
Completed By (Print or Type) <b>Dillan DeCaro</b>	Title <b>Estimator</b>	Signature <i>Dillan DeCaro</i>	Date <b>11-30-18</b>

ASB-41  
JAN 13 DD18079

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

Pg. 4

Date of Notification (1) 9 / 11 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-11/30/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway					
	City, State, Zip Code Hillsdale, NJ 07642						
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway		Square Feet 32,775	# of Floors 3				
City (5) Hillsdale		Bldg. Age +50					
County (6) Hillsdale	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Kris Smith	Telephone No. 609-313-8218	Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 11 / 28 / 18	Scheduled Completion Date (11) 12 / 14 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM-5:00PM-2:00AM		Street Address 1123 BEAVER STREET					
		City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Meter Storage Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Room 2	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro	Date 11-30-18				

ASB-41  
JAN 13 DP18079

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

Pg 1

DEC 17 2018

ALBERTO S. CONTRERAS  
LICENSING

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\*\*\* NOTE: BACK ON SITE 11/28-11/29. PROJECT ON HOLD AGAIN 11/29/18

Pg 2

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

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-11/28/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway					
	City, State, Zip Code Hillsdale, NJ 07642						
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway		Square Feet 32,775	# of Floors 3				
City (5) Hillsdale		Bldg. Age +50					
County (6) Hillsdale		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.					
Street Address 1253 North Church Street		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
City, State, Zip Code Moorestown, NJ 08057		Street Address 1123 BEAVER STREET					
Project Manager for Monitoring Firm Kris Smith		City, State, Zip Code BRISTOL, PA 19007					
Telephone No. 609-313-8218		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 11 / 28 / 18	Scheduled Completion Date (11) 11 / 29 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00AM-2:00PM		Street Address 1123 BEAVER STREET					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code BRISTOL, PA 19007					
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Power Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	2,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSB Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	288 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pad Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	1760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meter Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	135 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature Dillon DeCaro / jcl	Date 11/28/18			

ASB-41 DD 18079  
JAN 13

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\*\*\* NOTE: BACK ON SITE 11/28 + 11/29. PROJECT ON HOLD AGAIN 11/29/18

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

Pg 3

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-11/28/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway					
		City, State, Zip Code Hillsdale, NJ 07642					
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway		Square Feet 32,775	# of Floors 3				
City (5) Hillsdale		Bldg. Age +50					
County (6) Hillsdale		County Code (7) (STATE USE ONLY)					
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Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218	License No. 00509				
Start Date (10) 11 / 28 / 18		Scheduled Completion Date (11) 11 / 29 / 18					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1123 BEAVER STREET					
		City, State, Zip Code BRISTOL, PA 19007					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Sprinkler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/mastic	720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway Power Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell Landing	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	81 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date TBD		City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / jh		Date 11/28/18	

ASB-41 10018079  
JAN 13

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

\*\*\* NOTE: BACK ON SITE 11/28 + 11/29. PROJECT ON HOLD AGAIN 11/29/18

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

pg 4

RECEIVED  
DEC 17 2018  
ASBESTOS CONTROL  
LICENSING

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type of Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #3-11/28/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway					
		City, State, Zip Code Hillsdale, NJ 07642					
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway		Square Feet 32,775	# of Floors 3				
City (5) Hillsdale		Bldg. Age +50					
County (6) Hillsdale		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218	License No. 00509				
Start Date (10) 11 / 28 / 18		Scheduled Completion Date (11) 11 / 29 / 18					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 1123 BEAVER STREET					
City, State, Zip Code BRISTOL, PA 19007							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Meter Storage Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Room 2	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE	Disposal Date TBD		City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro / jl	Date 11/28/18				

ASB-41 DP18079  
JAN 13

NOTE! BACK ON SITE 11/28 & 11/29. PROJECT ON HOLD AGAIN 11/29/18

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

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

*Pg 1*

**RECEIVED**  
DEC 17 2018  
ASBESTOS CONTROL  
LICENSING

Date of Notification (1) 9 / 2 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-11/7/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway					
	City, State, Zip Code Hillsdale, NJ 07642						
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway		Square Feet 32,775	# of Floors 3				
City (5) Hillsdale		Bldg. Age +-50					
County (6) Hillsdale	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Kris Smith	Telephone No. 609-313-8218	Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 10 / 1 / 13	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Street Address 1123 BEAVER STREET					
		City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Exterior Boiler Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Duct Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Fittings	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	315 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillon DeCaro / jf	Date 11/7/18				

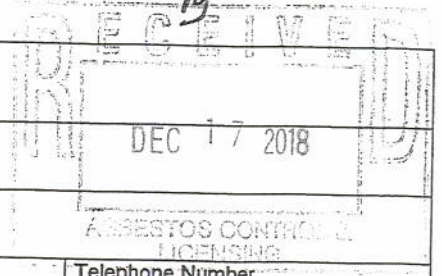
ASB-41  
JAN 13

0018079

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

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

*62*



Date of Notification (1) 9 / 11 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2 - 11/7/18</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 175 Broadway
			City, State, Zip Code Hillsdale, NJ 07642
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 175 Broadway		Square Feet 32,775	# of Floors 3
City (5) Hillsdale		Bldg. Age +50	
County (6) Hillsdale		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218	License No. 00509
Start Date (10) 10 / 1 / 18		Scheduled Completion Date (11) <i>ON HOLD</i>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Basement Power Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> VAT/Mastic
HSB Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> VAT/mastic
Pad Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> VAT/mastic
Meter Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> VAT/Mastic
Amount (Specify SF or LF)		Abatement Type	
2,200 SF		Removal	Repair
288 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>
1760 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>
135 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Encapsulate		Enclosure	
<input type="checkbox"/>		<input type="checkbox"/>	
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste
City, State NEW CASTLE, DE		Disposal Date TBD	Name of Registered Landfill MINERVA LANDFILL
City, State WAYNESBURG, OH			
Completed By (Print or Type) Dillon DeCaro		Title Estimator	Signature <i>Dillon DeCaro</i>
		Date 11/7/18	

ASB-41  
JAN 13 *DD 18079*

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

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

Pg 3

DEC 17 2018

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type of Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 - 11/7/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway					
		City, State, Zip Code Hillsdale, NJ 07642					
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway	Square Feet 32,775		# of Floors 3				
City (5) Hillsdale	Bldg. Age +50						
County (6) Hillsdale	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street	Street Address 1123 BEAVER STREET						
City, State, Zip Code Moorestown, NJ 08057	City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Kris Smith	Telephone No. 609-313-8218	Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 10 / 1 / 18	Scheduled Completion Date (11) ON HOLD		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM		Street Address 1123 BEAVER STREET					
		City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)  <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Sprinkler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/mastic	720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway Power Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell Landing	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	81 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE	Disposal Date TBD		City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro	Date 11/7/18				

ASB-41  
JAN 13  
0018079

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

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

Pg 4

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.		DEC 17 2018					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2 -11/7/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 175 Broadway		ASBESTOS CONTAINMENT LICENSING				
			City, State, Zip Code Hillsdale, NJ 07642						
			Name of Contact Renzo Contreras		Telephone Number 973-951-0542				
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 175 Broadway									
City (5) Hillsdale			Square Feet 32,775	# of Floors 3	Bldg. Age +50				
County (6) Hillsdale			County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.			Current Use (Prior if being demolished) Verizon Communications						
Street Address 1253 North Church Street			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
City, State, Zip Code Moorestown, NJ 08057			Street Address 1123 BEAVER STREET						
Project Manager for Monitoring Firm Kris Smith			City, State, Zip Code BRISTOL, PA 19007						
Start Date (10) 10 / 1 / 18			Telephone No. 609-313-8218	Telephone No. 215-788-6040	License No. 00509				
Scheduled Completion Date (11) ON HOLD			Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM			Street Address 1123 BEAVER STREET						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf			City, State, Zip Code BRISTOL, PA 19007						
			<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition						
			<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		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 Meter Storage Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	75 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Room 2	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	420 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.			NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE			Disposal Date TBD		City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro			Title Estimator		Signature Dillan DeCaro /jl		Date 11/7/18		

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Chk 43435,  
3447.

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

93-1  
DEC 17 2018  
ASBESTOS CONTAMINATION  
LICENSING

Date of Notification (1) 9 / 1 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-10/9/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway City, State, Zip Code Hillsdale, NJ 07642 Name of Contact Renzo Contreras Telephone Number 973-951-0542					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway		Square Feet 32,775	# of Floors 3				
City (5) Hillsdale		Bldg. Age +50					
County (6) Hillsdale		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218	License No. 00509				
Start Date (10) 10 / 1 / 18		Scheduled Completion Date (11) 11 / 16 / 18					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) IN Facility (13) <b>TO BE ABATED</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Exterior Boiler Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Duct Insulation	90 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Fittings	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Boiler Room	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Pipe Insulation	315 LF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature Dillan DeCaro / Jm		Date 10-9-18		

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

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

Pg. 2

Date of Notification (1) 9 / 12 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type of Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 - 10/9/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway					
		City, State, Zip Code Hillsdale, NJ 07642					
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway	Square Feet 32,775		# of Floors 3				
City (5) Hillsdale	Bldg. Age +50						
County (6) Hillsdale	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications				
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street	Street Address 1123 BEAVER STREET						
City, State, Zip Code Moorestown, NJ 08057	City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Kris Smith	Telephone No. 609-313-8218	Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 10 / 1 / 18	Scheduled Completion Date (11) 11 / 16 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC				
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: M- PM:5:00PM-2:00AM		Street Address 1123 BEAVER STREET					
		City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Power Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	2,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HSB Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	288 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pad Area	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	1760 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meter Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	135 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL			
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro		Title Estimator	Signature Dillan DeCaro		Date 10-9-18		

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

Pg. 3

Date of Notification (1) 9 / 1 / 18		Name of Building Owner/Operator (2) Verizon Westwood C.O.					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 - 10/9/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 175 Broadway					
		City, State, Zip Code Hillsdale, NJ 07642					
		Name of Contact Renzo Contreras	Telephone Number 973-951-0542				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Verizon Westwood C.O.		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 175 Broadway		Square Feet 32,775	# of Floors 3				
City (5) Hillsdale		Bldg. Age +50					
County (6) Hillsdale	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 North Church Street		Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Kris Smith	Telephone No. 609-313-8218	Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 10 / 1 / 18	Scheduled Completion Date (11) 11 / 16 / 18	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM		Street Address 1123 BEAVER STREET					
		City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Basement Sprinkler Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Diesel Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	720 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hallway Power Room	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairwell Landing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	81 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State NEW CASTLE, DE		Disposal Date TBD	City, State WAYNESBURG, OH				
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature Dillan DeCaro	Date 10-9-18				

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