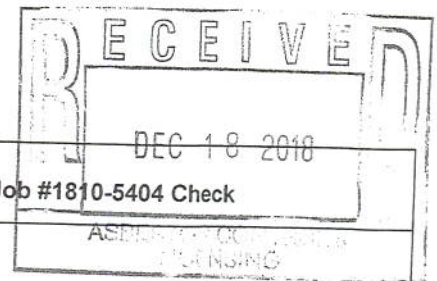
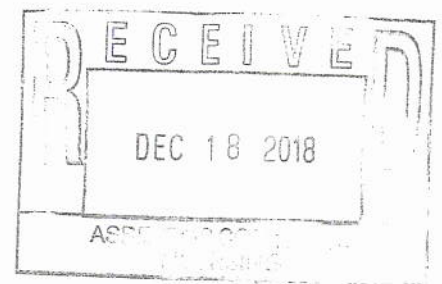


**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <b>12 / 11 / 18</b>		Name of Building Owner/Operator (2) <b>State of NJ Department of Treasury / Job #1810-5404 Check</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>50 Barrack Street</b>					
		City, State, Zip Code <b>Trenton, NJ 08608</b>					
		Name of Contact <b>Mike Wilson</b>	Telephone Number <b>609-512-2345</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Executive State House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address <b>125 West State Street</b>		Square Feet	# of Floors				
City (5) <b>Trenton, NJ</b>		Bldg. Age					
County (6) <b>Mercer</b>		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Langan Engineering</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>300 Kimball Drive</b>		Street Address <b>30 Maple Ave. PO Box 25</b>					
City, State, Zip Code <b>Parsippany, NJ 07054</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>					
Project Manager for Monitoring Firm <b>Vijay Patel</b>		Telephone No. <b>973-560-4900</b>	Telephone No. <b>609-265-2107</b>				
Start Date (10) <b>11 / 12 / 18</b>		License No. <b>00529</b>					
Scheduled Completion Date (11) <b>12 / 31 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical</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>AM- PM/ PM- AM</b>		Street Address <b>200 Route 130 North</b>					
		City, State, Zip Code <b>Cinnaminson, NJ 08077</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							
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>SEE ATTACHED</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>SEE ATTACHED</b>	<b>SEE ATTACHED</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>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>			
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/31/18</b>		City, State <b>Tullytown, PA</b>			
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>12-11-18</b>	

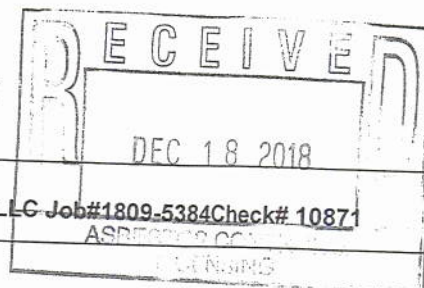
Scope of Work Cont.



<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Governor's Office	NO	Plaster	1,250 SF	Removal
Governor's Office	NO	Duct Insulation	50 SF	Removal
Governor's Office	NO	Vapor Barrier	150 SF	Removal
2 <sup>nd</sup> Floor	NO	Plaster	2,100 SF	Removal
2 <sup>nd</sup> Floor	NO	Duct Insulation	150 SF	Removal
2 <sup>nd</sup> Floor	NO	Vapor Barrier	150 SF	Removal
Building Entrance	NO	Plaster	1,900 SF	Removal
Exterior	NO	Roofing Material	600 SF	Removal
Throughout	NO	Window Caulk	200 LF	Removal
Executive Offices	NO	Ceiling Plaster	120 SF	Removal
Executive Offices	NO	Pipe Insulation	15 LF	Removal
Executive Offices	NO	Black Mastic	320 SF	Removal

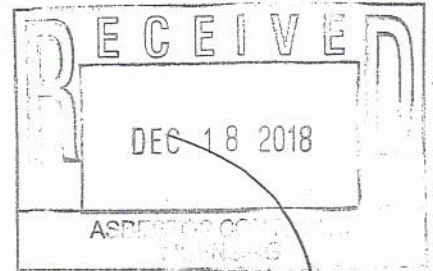


**PAID**  
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 8:16)



<b>Date of Notification (1)</b> 12 / 11 / 18		<b>Name of Building Owner/Operator (2)</b> Seaview Resorts Acquisition Group, LLC		<b>Job#</b> 1809-5384 <b>Check#</b> 10871	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		<b>Type Notification</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		<b>Street Address</b> 5600 Mariner Street, Suite 200 <b>City, State, Zip Code</b> Tampa, FL 33609	
		<b>Name of Contact</b> Chris Walsh		<b>Telephone Number</b> 609-517-5741	
<b>FACILITY INFORMATION</b>					
<b>Name of Facility Where Abatement is Taking Place (3)</b> Stockton Seaview Hotel & Golf Club			<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 and commercial buildings, homes, etc.)		
<b>Street Address</b> 401 South New York Road			<b>Square Feet</b> <b># of Floors</b> <b>Bldg. Age</b>		
<b>City (5)</b> Galloway, NJ 08205			<b>County Code (7) (STATE USE ONLY)</b>		
<b>County (6)</b> Atlantic			<b>Current Use (Prior if being demolished)</b> Hotel		
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> Heath & Safety Services		<b>ASCM No.</b>		<b>Name of Abatement Contractor (9)</b> AbateTech, Inc.	
<b>Street Address</b> PO Box 365				<b>Street Address</b> 30 Maple Ave. PO Box 25	
<b>City, State, Zip Code</b> Berlin, NJ 08009				<b>City, State, Zip Code</b> Lumberton, NJ 08048	
<b>Project Manager for Monitoring Firm</b> Jim Proctor		<b>Telephone No.</b> 609-704-8850		<b>Telephone No.</b> 609-265-2107	
<b>Start Date (10)</b> 10 / 15 / 18		<b>Scheduled Completion Date (11)</b> 12 / 31 / 18		<b>License No.</b> 00529	
<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 Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM			<b>Name of OSHA Monitor</b> EMSL Analytical		
			<b>Street Address</b> 200 Route 130 North		
			<b>City, State, Zip Code</b> Cinnaminson, NJ 08077		
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
<b>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</b>		<b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b> Yes    No    N/A		<b>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	
Regency Wing 1 <sup>st</sup> Fl.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Accoustical Fire proofing	
Regency Wing 2 <sup>nd</sup> Fl.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Accoustical Fire proofing	
Regency Wing 3 <sup>rd</sup> Fl.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Accoustical Fire proofing	
Bay Wing 3 <sup>rd</sup> Fl.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		Accoustical Fire proofing	
				2,500 SF	
<b>Name of Registered Waste Hauler</b> AbateTech, Inc.		<b>NJDEP Waste Hauler ID No.</b> 18750		<b>Name of Registered Landfill</b> G.R.O.W.S. Landfill	
<b>City, State</b> Lumberton, NJ		<b>Cubic Yards of Waste</b> 40		<b>City, State</b> Tullytown, PA	
<b>Completed By (Print or Type)</b> Gwendolyn Trumbetti		<b>Title</b> Operations Coordinator		<b>Signature</b> 	
				<b>Date</b> 12-11-18	

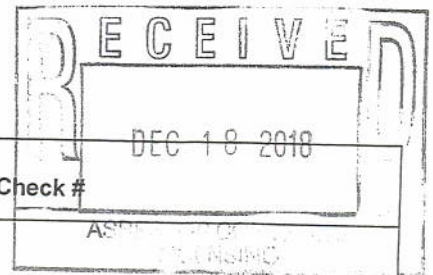
Scope of Work Cont.



<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Dining Room	NO	Acoustical material on plaster	3,000 SF	Removal



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



Date of Notification (1) <b>12 / 11 / 18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1810-5388 Check #</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>3</b> <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</b>				
	Name of Contact <b>Christina Meerlo</b>		Telephone Number <b>908-756-7736</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- North Brunswick Station Control House</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>301 Victory Blvd.</b>	Square Feet		# of Floors				
City (5) <b>North Brunswick, NJ</b>	Bldg. Age						
County (6) <b>Middlesex</b>	County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Control House</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>PO Box 365</b>	Street Address <b>30 Maple Ave. PO Box 25</b>						
City, State, Zip Code <b>Berlin, NJ 08009</b>	City, State, Zip Code <b>Lumberton, NJ 08048</b>						
Project Manager for Monitoring Firm <b>Jim Proctor</b>	Telephone No. <b>609-704-8850</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>				
Start Date (10) <b>10 / 11 / 18</b>	Scheduled Completion Date (11) <b>12 / 21 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical</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>AM- PM- PM- AM</b>		Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</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 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	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roofing Material	612 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Perimeter Roof Flashing	104 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	Roof Penetration Flashing	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Environmental Transport Group, INC.</b>	NJDEP Waste Hauler ID No. <b>000692061</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Conestoga Landfill</b>				
City, State <b>Flanders, NJ</b>	Disposal Date <b>12/21/18</b>		City, State <b>Morgantown, PA</b>				
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 			Date <b>12/11/18</b>		



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>		<div>RECEIVED</div> <div>DEC 18 2018</div> <div>ASBESTOS 609-656-4900</div>			
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 checked="" type="checkbox"/> Emergency <input type="checkbox"/> Cancellation				Street Address <b>1490 Prospect Street</b>	
						City, State & Zip Code <b>Trenton, NJ 08638</b>	
						Name of Contact <b>Mr. Dwayne Mosley</b>	
<b>FACILITY INFORMATION</b>							
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>				
City (5) <b>Trenton</b>			County (6) <b>Mercer</b>		# of Floors <b>3</b>		
			County Code (7)		Bldg. Age <b>60+</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>		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>				
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" 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 or Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)			
Rooms A-37, A-43, A-45		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Amount (Specify SF or LF) <b>400 SF</b>			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Abatement Type Removal Repair Encapsulate Enclosure <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
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>			
City, State <b>Bristol, PA</b>				Name of Registered Landfill <b>Fairless Landfill</b>			
Completed By (Print or Type) <b>Gino Pizzigoni</b>		Title <b>Project Manager</b>		Disposal Date <b>TBD</b>			
				City, State <b>Fairless Hills, PA</b>			
				Signature <i>Gino Pizzigoni</i>			
				Date <b>12/11/18</b>			

GI 18282



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

*chk # 3483*

Date of Notification (1) <b>12 / 11 / 18</b>		Name of Building Owner/Operator (2) <b>Morristown High School</b>		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  <b>DEC 18 2018</b> </div>	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>50 Early Street</b>			
		City, State, Zip Code <b>Morristown, NJ 07960</b>			
		Name of Contact <b>N/A</b>		Telephone Number <b>973-292-2000</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Morristown High School</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>50 Early Street</b>				Square Feet <b>+50,000</b>	
City (5) <b>Morristown</b>				# of Floors <b>+2</b>	
County (6) <b>Morris</b>				Bldg. Age <b>+50</b>	
		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Environmental Connection, Inc</b>		ASCM No.		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 08608</b>				City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Dominick Dercole</b>		Telephone No. <b>609-392-4200</b>		Telephone No. <b>215-788-6040</b>	
Start Date (10) <b>12 / 21 / 18</b>		Scheduled Completion Date (11) <b>12 / 30 / 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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:30 AM - 3:30 PM</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"/> Renovation <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)	
		Yes   No   N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			
Basement TV/Radio Studios		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Floortile & ACM Mastic	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <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	
City, State <b>YARDLEY, PA</b>		Disposal Date <b>TBD</b>		Name of Registered Landfill <b>MINERVA LANDFILL</b>	
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dillan DeCaro</i>	
				Date <b>12-11-18</b>	



PAID

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

chk #3482

Date of Notification (1) 12 / 11 / 18		Name of Building Owner/Operator (2) E.I. duPont de Nemours									
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 of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 250 Cheesequake Road City, State, Zip Code Parlin, NJ 08859 Name of Contact Nichol Reinhold Telephone Number 732-613-2400									
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Facility Bldg. 2018		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 250 Cheesequake Road		Square Feet	# of Floors								
City (5) Parlin		Bldg. Age									
County (6) Middlesex		County Code (7) (STATE USE ONLY)									
Name of Monitoring Firm Hired by Building Owner (8) Cardno ATC		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.									
Street Address 3 Terri Lane		Street Address 1123 BEAVER STREET									
City, State, Zip Code Burlington, NJ 08016		City, State, Zip Code BRISTOL, PA 19007									
Project Manager for Monitoring Firm John Lutz		Telephone No. 609-386-8800	License No. 00509								
Start Date (10) 12 / 21 / 18		Scheduled Completion Date (11) 12 / 28 / 18									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00 AM-3:30 PM / ____ PM- ____ AM		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 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		
	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	360 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 4 Cu Yd	Name of Registered Landfill Fairless Landfill							
City, State Yardley, PA		Disposal Date 12/28/18		City, State Fairless Hills, PA							
Completed By (Print or Type) Gino Pizzigoni		Title Estimator	Signature Gino Pizzigoni / gm		Date 12-11-18						

ASB-41  
MAY 11 GI18283

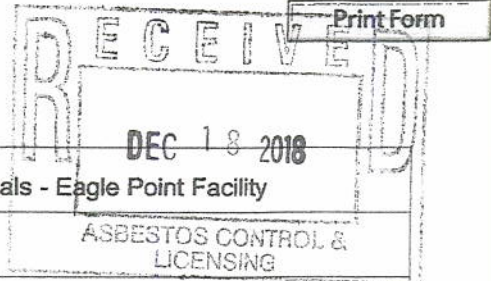
\* Do not use this form for asbestos licensure exempted activities.



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

Print Form

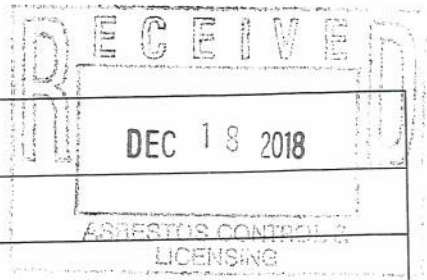


Date of Notification (1) 12/14/2018		Name of Building Owner/Operator (2) Sunoco Partners, Marketing & Terminals - Eagle Point Facility					
Agencies Notified	Type Notification	Street Address Route 295 & Route 130					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westville NJ 08093					
		Name of Contact Ron Rosendorn	Telephone Number 856-853-3155				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Eagle Point Facility		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 Route 295 & Route 130		Square Feet 15 acres	# of Floors NA				
City (5) Westville		Bldg. Age NA					
County (6) Gloucester		Current Use (Prior if being demolished) Oil Refinery					
Name of Monitoring Firm Hired by Building Owner (8) Total Environmental Solutions		ASCM No. NA	Name of Abatement Contractor (9) Brand Energy Services LLC				
Street Address 1005 St Georges Lane		Street Address 740 Veterans Drive					
City, State, Zip Code Landenburg, Pa 19350		City, State, Zip Code Swedesboro, NJ 08085					
Project Manager for Monitoring Firm Ed Igelesias		Telephone No. 302-344-4217	Telephone No. 856-467-2850				
Start Date (10) 12/18/2018*		Scheduled Completion Date (11) 12/20/2018	License No. 01009				
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: Regulated Area will be Established - Active Oil Refinery		Name of OSHA Monitor Total Environmental Solutions					
Street Address 1005 St Georges Lane		City, State, Zip Code Landenburg, PA 19350					
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
Tank Farm - Crossover Piping	Yes No N/A x	Thermal Insulation Systems	60 LF	x			
Name of Registered Waste Hauler Republic Services	NJDEP Waste Hauler ID No. 27158	Cubic Yards of Waste 84	Name of Registered Landfill Gloucester County Solid Waste Complex				
City, State Camden NJ	Disposal Date 12/21/2018		City, State South Harrison, NJ				
Completed by Charles J Perri	Title Project Manager	Signature 			Date 12/14/2018		

\*To Support scheduled and unscheduled plant shutdown, revised notifications will be submitted for each project.



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



<b>Date of Notification (1)</b> 11 / 30 / 2018		<b>Name of Building Owner/Operator (2)</b> Janssen Pharmaceuticals, Inc					
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	<b>Type Notification</b> <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>Street Address</b> 1000 Route 202					
		<b>City, State, Zip Code</b> Raritan, NJ					
		<b>Name of Contact</b> Harold Marsan					
		<b>Telephone Number</b> 908 927-6912					
<b>FACILITY INFORMATION</b>							
<b>Name of Facility Where Abatement is Taking Place (3)</b> JANSSEN PHARMACEUTICAL, INC		<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 and commercial buildings, homes, etc.)					
<b>Street Address</b> 1000 ROUTE 202		<b>Square Feet</b> <b># of Floors</b> <b>Bldg. Age</b>					
<b>City (5)</b> RARITAN		<b>County Code (7)(STATE USE ONLY)</b> <b>Current Use (Prior if being demolished)</b>					
<b>County (6)</b> Hunterdon							
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> Environmental Health Investigations		<b>ASCM No.</b> <b>Name of Abatement Contractor (9)</b> Delta/BJDS, Inc					
<b>Street Address</b> 655 West Shore Trail		<b>Street Address</b> 1345 Industrial Blvd					
<b>City, State, Zip Code</b> Sparta, NJ 07871		<b>City, State, Zip Code</b> Southampton, Pa 18966					
<b>Project Manager for Monitoring Firm</b> <b>Telephone No.</b> 793 729-5649		<b>Telephone No.</b> <b>License No.</b> 215 322-2900      00783					
<b>Start Date (10)</b> 12 / 04 / 2018		<b>Scheduled Completion Date (11)</b> 1 / 4 / 2019					
<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 Time of Abatement: ____ AM-____ PM/____ PM-____ AM		<b>Name of OSHA Monitor</b> N/A					
<b>Scope of Work (Check all that apply)</b> <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 checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
<b>Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)</b>	<b>Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</b> Yes    No    N/A	<b>Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>	<b>Abatement Type</b>			
				Removal	Repair	Encapsulate	Enclosure
3rd fl Bldg B Room 3339E	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Ceiling Tiles	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Fl Bldg B	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Interior Window panel caulking	400 LF	<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"/>
<b>Name of Registered Waste Hauler</b> Service Transport Group Inc		<b>NJDEP Waste Hauler ID No.</b> 20990	<b>Cubic Yards of Waste</b> Type text here	<b>Name of Registered Landfill</b>			
<b>City, State</b> 58 Pyles Lane New Castle DE		<b>Disposal Date</b>		<b>City, State</b> Waynesburg, Ohio			
<b>Completed By (Print or Type)</b> Christine Del Viscio		<b>Title</b> Asst. Admin		<b>Signature</b> <i>Christine Del Viscio</i>		<b>Date</b> 12/17/2018	



NOV/30/2018/FRI 03:15 PM

Delta/BJDS

FAX No. 215-332-1516

P. 002/004

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



Date of Notification (1) 11 / 30 / 2018		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202 City, State, Zip Code Raritan, NJ Name of Contact Harold Marsan Telephone Number 908 927-6912						
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC		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 and commercial buildings, homes, etc.)						
Street Address 1000 ROUTE 202		Square Feet	# of Floors					
City (5) RARITAN		Bldg. Age						
County (6) Hunterdon		County Code (7) (STATE USE ONLY)	Current Use (8) (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (6) Environmental Health Investigations		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc					
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd						
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18936						
Project Manager for Monitoring Firm Telephone No. 973 729-5649		Telephone No. 215 322-2900	License No. 00783					
Start Date (10) 12 / 01 / 2018		Scheduled Completion Date (11) 12 / 15 / 2018						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Name of OSHA Monitor N/A						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 250 ft		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure						
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Material (ACM) (12)	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
3rd fl Bldg B Room 339E		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Ceiling Tiles	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Fl Bldg B		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	Interior Window panel caulking	400 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"/>
Name of Registered Waste Hauler Service Transport Group Inc		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste Type text here	Name of Registered Landfill				
City, State 58 Pyles Lane New Castle DE		Disposal Date	City, State Waynesburg, Ohio					
Completed By (Printer Type) Christine Del Visco		Title Asst. Admin	Signature <i>Christine Del Visco</i>	Date 11-30-2018				

ASB-41  
JAN 13

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



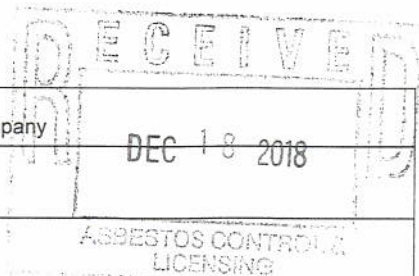
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 11 / 30 / 2018		Name of Building Owner/Operator (2) Janssen Pharmaceuticals, Inc						
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1000 Route 202						
		City, State, Zip Code Raritan, NJ						
		Name of Contact Harold Marsan	Telephone Number 908 927-6912					
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) JANSSEN PHARMACEUTICAL, INC		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 1000 ROUTE 202		Square Feet	# of Floors					
City (5) RARITAN		Bldg. Age						
County (6) Hunterdon		County Code (7) (STATE USE ONLY)						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		Name of Abatement Contractor (9) Delta/BJDS, Inc						
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd						
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton, Pa 18966						
Project Manager for Monitoring Firm		Telephone No. 973 729-5649	License No. 00783					
Start Date (10) 12 / 04 / 2018		Scheduled Completion Date (11) 12 / 18 / 2018						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor N/A						
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 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	
3rd fl Bldg B Room B	339E	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Ceiling Tiles	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Fl Bldg B		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Interior Window panel caulking	400 LF	<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 Service Transport Group Inc	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste Type text here	Name of Registered Landfill					
City, State 58 Pyles Lane New Castle DE		Disposal Date	City, State Waynesburg, Ohio					
Completed By (Print or Type) Christine Del Viscio	Title Asst. Admin	Signature 	Date 11-30-2018					

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



Date of Notification (1) 12-14-18	Name of Building Owner/Operator (2) Dupont Nemours Company and Chemours Company	DEC 18 2018
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	Notification Type <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended  <input type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	Street Address Rt 130 South  City, State, Zip Code Deepwater, NJ 08023  Name of Contact Joe Murphy  Telephone Number 609-805-7767

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Chamber Works Plant	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 Rt 130 South	Square Feet # of Floors Bldg. Age
City (5) Deepwater	Current Use (prior if being demolished)
County (6) Salem	County Code (7) (STATE USE ONLY)

Name of Monitoring Firm Harvard Environmental	Hired by Bldg. Owner (8) Harvard Environmental	ASCM No.	Name of Contractor (9) County Environmental
Street Address 761 Pulaski Hwy	Street Address 461 New Churchmans Rd.		
City, State, Zip Code Bear, De	City State, Zip Code New Castle, DE 19720		
Project Manager for Monitoring Firm Wesly Morrison	Telephone No. 302-326-2333	Telephone Number (302) 322-8946	License Number 00578
Scheduled Start Date (10) 1-2-19	Scheduled Completion Date (11) 3-31-19	Name of OSHA Monitor County Environmental (1922003)	

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 - Occupied area. <input checked="" type="checkbox"/> Other - Describe: Unoccupied area that apply	Street Address 461 New Churchmans Road  City, State, Zip Code New Castle, DE 19720
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 checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

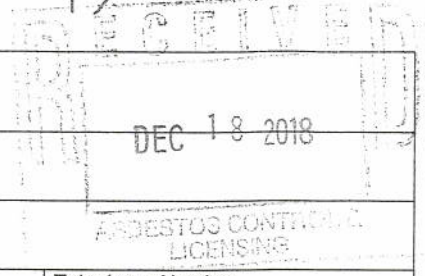
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
Thermal Systems		x		Thermal coverings throughout area	10,000LF	X		
Thermal Systems		x		Thermal coverings throughout area	3,000SF		X	X
Floor Tile /Mastic		x		Floor tile and mastic throughout area	2,300SF	X		

Name of Reg. Waste Hauler S&J Transport.	NJDEP Waste Hauler ID No. 03217	Cubic Yards of Waste >30	Name of Reg. Landfill Constoga
City, State Woodstown, NJ	Disposal Date TBD	City, State Morgantown, PA	
Completed by Evelyn Walsh	Title Office Manager	Signature 	Date 12-14-18



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

Pg. 1



Date of Notification (1) 10 / 26 / 18		Name of Building Owner/Operator (2) Lakehurst School District					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-12/13/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 301 Union Ave City, State, Zip Code Lakehurst, NJ 08733 Name of Contact Mr. Loren Fuhring Telephone Number 732-657-5741					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Lakehurst Elementary School		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 and commercial buildings, homes, etc.)					
Street Address 301 Union Ave		Square Feet					
City (5) Lakehurst		# of Floors					
County (6) Ocean		Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		ASCM No.					
Street Address 1253 N Church St		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 Mike Keehn		City, State, Zip Code BRISTOL, PA 19007					
Telephone No. 609-386-8800		Telephone No. 215-788-6040					
License No. 00509							
Start Date (10) 11 / 13 / 18		Scheduled Completion Date (11) 12 / 21 / 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: 7:00 AM-3:30 PM / PM- AM		Street Address 1123 BEAVER STREET					
City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Rooms 1-9, Custodial office & corridor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Floor tile and mastic	8,358 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 1-9, Custodial office & corridor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Glue dots	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 12-15 & 17-21	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Floor tile and mastic	6,550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 23-30, Server Rm & Corridor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Floor tile and mastic	9,970 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 19720		Disposal Date	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro		Date 12-18-18		

ASB-41  
MAY 11 BS18140

\* 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) 10 / 26 / 18		Name of Building Owner/Operator (2) Lakehurst School District						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #2-12/13/18 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 301 Union Ave City, State, Zip Code Lakehurst, NJ 08733					
	Name of Contact Mr. Loren Fuhring Telephone Number 732-657-5741							
<b>FACILITY INFORMATION</b>								
Name of Facility Where Abatement is Taking Place (3) Lakehurst Elementary School		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 and commercial buildings, homes, etc.)						
Street Address 301 Union Ave		Square Feet      # of Floors      Bldg. Age						
City (5) Lakehurst		County Code (7) (STATE USE ONLY)						
County (6) Ocean		Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 1253 N Church St		Street Address 1123 BEAVER STREET						
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007						
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 609-386-8800	License No. 00509					
Start Date (10) 11 / 13 / 18		Scheduled Completion Date (11) 12 / 21 / 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: 7:00 AM - 3:30 PM / ____ PM - ____ AM		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 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)  Rooms 23-30, Server Rm & Corridor	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)  710 SF	Abatement Type				
	Yes    No    N/A			Removal	Repair	Encapsulate	Enclosure	
	Conf Rm			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	<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 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 19720		Disposal Date	City, State WAYNESBURG, OH 44688					
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro / JS		Date 12-13-18			

ASB-41  
MAY 11 13518140

\* 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*

Date of Notification (1) <b>10 / 26 / 18</b>		Name of Building Owner/Operator (2) <b>Lakehurst School District</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <b>Amendment #1-11/16/18</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>301 Union Ave</b>					
		City, State, Zip Code <b>Lakehurst, NJ 08733</b>					
		Name of Contact <b>Mr. Loren Fuhring</b>	Telephone Number <b>732-657-5741</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Lakehurst Elementary School</b>		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 and commercial buildings, homes, etc.)					
Street Address <b>301 Union Ave</b>		Square Feet	# of Floors				
City (5) <b>Lakehurst</b>		Bldg. Age					
County (6) <b>Ocean</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 N Church St</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>Mike Keehn</b>		Telephone No. <b>609-386-8800</b>	License No. <b>00509</b>				
Start Date (10) <b>11 / 13 / 18</b>		Scheduled Completion Date (11) <b>12 / 14 / 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>7:00A-3:30PM</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) 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
Rooms 1-9, Custodial office & corridor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Floor tile and mastic	8,358 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 1-9, Custodial office & corridor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Glue dots	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 12-15 & 17-21	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Floor tile and mastic	6,550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 23-30, Server Rm, & Corridor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Floor tile and mastic	9,970 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 19720</b>		Disposal Date		City, State <b>WAYNESBURG, OH 44688</b>			
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature <i>Brian Scafiro</i>	Date <b>11/16/18</b>			

ASB-41  
MAY 11

**\*\*\* NOTE: WE WILL BE ON SITE SAT. 11/17/18 \*\*\***

*\* 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)

*chk # 3459*

Date of Notification (1) 10 / 26 / 18		Name of Building Owner/Operator (2) Lakehurst School District					
Agencies Notified <input checked="" type="checkbox"/> EPA 9267 <input checked="" type="checkbox"/> DOLWD 9281 <input checked="" type="checkbox"/> DHSS 9274 <input type="checkbox"/> DCA (NJAC 5:23-8)	Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 301 Union Ave					
		City, State, Zip Code Lakehurst, NJ 08733					
		Name of Contact Mr. Loren Fuhring	Telephone Number 732-657-5741				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Lakehurst Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 301 Union Ave		Square Feet					
City (5) Lakehurst		# of Floors					
County (6) Ocean		Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental Inc.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 N Church St		Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 609-386-8800	Telephone No. 215-788-6040				
Start Date (10) 11 / 13 / 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: 7:00AM - 3:30PM / ____ PM - ____ AM		Street Address 1123 BEAVER STREET					
		City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Rooms 1-9, Custodial office & corridor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Floor tile and mastic	8,358 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 1-9, Custodial office & corridor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Glue dots	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 12-15 & 17-21	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Floor tile and mastic	6,550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rooms 23-30, Server Rm, Conf Rm & Corridor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Floor tile and mastic	9,970 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 19720		Disposal Date		City, State WAYNESBURG, OH 44688			
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature <i>Brian Scafiro</i>	Date 10-26-18			



Pg. 2

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

**RECEIVED**  
DEC 18 2018

Date of Notification (1) 10 / 26 / 18		Name of Building Owner/Operator (2) Lakehurst School District		DEC 18 2018			
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type of Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 301 Union Ave City, State, Zip Code Lakehurst, NJ 08733		Telephone Number 732-657-5741			
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Lakehurst Elementary School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 301 Union Ave		Square Feet		# of Floors			
City (5) Lakehurst		Bldg. Age					
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)			
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 N Church St		Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Mike Keehn		Telephone No. 609-386-8800		License No. 00509			
Start Date (10) 11 / 13 / 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: 7:00AM - 3:30PM / _____ PM - _____ AM		Street Address 1123 BEAVER STREET		City, State, Zip Code BRISTOL, PA 19007			
Scope of Work (Check all that apply)							
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Rooms 23-30, Server Rm, Conf Rm & Corridor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Glue Dots	710 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 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 19720		Disposal Date		City, State WAYNESBURG, OH 44688			
Completed By (Print or Type) Brian Scafiro		Title Estimator	Signature Brian Scafiro		Date 10-26-18		

ASB-41  
MAY 11 10-26-18

\* 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 2*

Date of Notification (1) <b>10 / 23 / 18</b>		Name of Building Owner/Operator (2) <b>Lakehurst School District</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <b>1-11/16/18</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>301 Union Ave</b> City, State, Zip Code <b>Lakehurst, NJ 08733</b> Name of Contact <b>Mr. Loren Fuhring</b> Telephone Number <b>732-657-5741</b>				
	<b>FACILITY INFORMATION</b>						
	Name of Facility Where Abatement is Taking Place (3) <b>Lakehurst Elementary School</b>		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 and commercial buildings, homes, etc.)				
Street Address <b>301 Union Ave</b>		Square Feet	# of Floors				
City (5) <b>Lakehurst</b>		Bldg. Age					
County (6) <b>Ocean</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 N Church St</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>Mike Keehn</b>		Telephone No. <b>609-386-8800</b>	License No. <b>00509</b>				
Start Date (10) <b>11 / 13 / 18</b>		Scheduled Completion Date (11) <b>12 / 14 / 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>7:00AM-3:30PM</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		<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) IN Facility (13) <b>Rooms 23-30, Server Rm, &amp; Corridor</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) <b>710 SF</b>	Abatement Type			
	Yes No N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 19720</b>		Disposal Date	City, State <b>WAYNESBURG, OH 44688</b>				
Completed By (Print or Type) <b>Brian Scafiro</b>		Title <b>Estimator</b>	Signature			Date	

ASB-41  
MAY 11 \*\*\* NOTE:

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

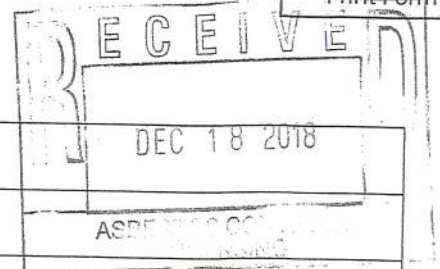
WE WILL BE ON SITE 11/17/18

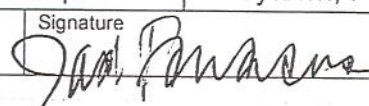
3518140



# PAID

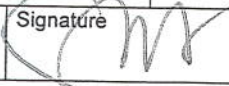
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/14/18		Name of Building Owner/Operator (2) Princeton University		<div style="border: 1px solid black; padding: 5px; display: inline-block;">DEC 18 2018</div> <div style="border: 1px solid black; padding: 5px; display: inline-block;">ASBESTOS CONTROL</div>					
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address E.A. macMillan Building			
		City, State, Zip Code Princeton NJ 08544		Name of Contact Bob Ortega					
				Telephone Number 609-258-1841					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) NOAA/GFDL		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 201 Forrestal road		Square Feet 200000		# of Floors 3					
City (5) Princeton NJ 08544		Bldg. Age 50							
County (6)		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) offices					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. _____		Name of Abatement Contractor (9) Associated Specialty Contracting Inc					
Street Address 1253 North Church street		Street Address 98 LaCrue Ave							
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code Glen Mills Pa 19342							
Project Manager for Monitoring Firm Mike Kheen		Telephone No. 856-840-8800		Telephone No. 610-364-9622					
Start Date (10) 1/2/19		Scheduled Completion Date (11) 1/17/19		License No. 01103					
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		City, State, Zip Code					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
data center 1st floor restroom		x		Mud Bed Vat and mastic	247sf	x			
		x							
2nd and 3rd floor womens room		x		ceramic floor tile, cmu wall, pipe fittings	170sf ceramic floor, 300sf wall 400cm	x			
		x							
Name of Registered Waste Hauler Mercer Group International		NJDEP Waste Hauler ID No. _____		Cubic Yards of Waste 80		Name of Registered Landfill Tulleytown Resources Recovery Landfill			
City, State 1519 Rev S. Howard		Woodson Jr. Way, Trenton, NJ 08637		Disposal Date as required		City, State Tulleytown, PA			
Completed by Jack Tomasura		Title Sr, Estimator		Signature 		Date 12/14/2018			



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

Date of Notification (1) <b>12 / 14 / 18</b>		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1708-5198 Check #10876,10877</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>10 Legion Place- Building A</b>	
		City, State, Zip Code <b>Morristown, NJ 07960</b>	
		Name of Contact <b>John Greco</b>	Telephone Number <b>204-602-1499</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L- Legion Place Complex- Building D</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>11 Legion Place</b>	City (5) <b>Morristown, NJ 07960</b>		Square Feet      # of Floors      Bldg. Age
County (6) <b>Morris</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Substation</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; Health, Inc.</b>	ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>140 S. Village Ave., Suite 130</b>	Street Address <b>30 Maple Ave. PO Box 25</b>		
City, State, Zip Code <b>Exton, PA 19341</b>	City, State, Zip Code <b>Lumberton, NJ 08048</b>		
Project Manager for Monitoring Firm <b>Brian Hovendon</b>	Telephone No. <b>610-524-5525</b>	Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>
Start Date (10) <b>12 / 20 / 18</b>	Scheduled Completion Date (11) <b>12 / 27 / 18</b>	Name of OSHA Monitor <b>EMSL Analytical</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: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	
Scope of Work (Check all that apply)  <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)
	Yes	No	
Reader Meters Office Area	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2x layer Floor tile & Mastic
Supervisor's Office	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2x layer Floor tile & Mastic
	<input type="checkbox"/>	<input type="checkbox"/>	
	<input type="checkbox"/>	<input type="checkbox"/>	
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>20</b>
City, State <b>Lumberton, NJ</b>		Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
		Disposal Date <b>12/27/18</b>	City, State <b>Tullytown, PA</b>
Completed By (Print or Type) <b>Gwen Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 	Date <b>12-14-18</b>



CH10875

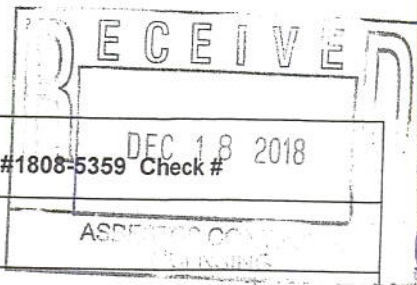
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>12 / 14 / 18</b>		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1812-5421 Check #10875</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>10 Legion Place- Building A</b>						
			City, State, Zip Code <b>Morristown, NJ 07960</b>						
		Name of Contact <b>Irving Silverman</b>	Telephone Number <b>978-490-6930</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L</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>610 Beer Street</b>		Square Feet	# of Floors						
City (5) <b>Hazlet, NJ</b>		Bldg. Age							
County (6) <b>Monmouth</b>	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Substation</b>						
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; Health, Inc.</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>140 S. Village Ave. Suite 130</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Exton, PA 19341</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Telephone No. <b>610-524-5525</b>	Telephone No. <b>609-265-2107</b>						
Start Date (10) <b>12 / 26 / 18</b>		Scheduled Completion Date (11) <b>12 / 26 / 18</b>	License No. <b>00529</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: _____ AM-_____ PM/_____ PM-_____ AM		Name of OSHA Monitor <b>EMSL Analytical</b>							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) <b>16 LF</b>	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" 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"/>
Exterior Pole			<b>Asbestos risers</b>						
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>2</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/26/18</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>12-14-18</b>		



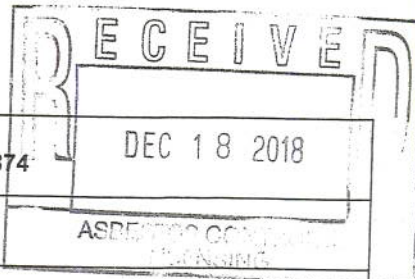
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>12 / 13 / 18</b>		Name of Building Owner/Operator (2) <b>Pinelands Regional School District / Job #1808-5359</b>		Check # <b>2018</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>4</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>520 Nugentown Road</b> City, State, Zip Code <b>Little Egg Harbor, NJ</b>	
		Name of Contact <b>Kevin MacDonald</b>		Telephone Number <b>856-662-9500</b>	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) <b>Pinelands Junior High School</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>590 Nugentown Road</b>			Square Feet		Bldg. Age
City (5) <b>Little Egg Harbor, NJ</b>			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)
County (6) <b>Ocean</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Street Address <b>1253 North Church Street</b>				Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Moorestown, NJ 08057</b>				City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Jim Guilardi</b>		Telephone No. <b>856-840-8800</b>		License No. <b>00529</b>	
Start Date (10) <b>8 / 22 / 18</b>		Scheduled Completion Date (11) <b>12 / 31 / 18</b>		Name of OSHA Monitor <b>EMSL Analytical</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>AM- PM- PM- AM</b>			Street Address <b>200 Route 130 North</b>		
			City, State, Zip Code <b>Cinnaminson, NJ 08077</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 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)	
Various Bathroom/Locker Rooms		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Bathroom fixture caulk	
Cafeteria		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Cove Base Mastic	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>12/31/18</b>		Name of Registered Landfill <b>Fairless Landfill</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature <i>[Signature]</i> Date <b>12/13/18</b>	



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



Date of Notification (1) <b>12 / 12 / 18</b>		Name of Building Owner/Operator (2) <b>PSE&amp;G / Job # 1812-5419      Check #10874</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4000 Hadley Road</b>				
			City, State, Zip Code <b>South Plainfield, NJ</b>				
		Name of Contact <b>Ken Carmelia</b>	Telephone Number <b>609-410-0038</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Central Gas Plant</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>Blair Road</b>		Square Feet	# of Floors      Bldg. Age				
City (5) <b>Woodbridge, NJ</b>							
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Gas Plant</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>				
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>					
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>					
Project Manager for Monitoring Firm <b>James Proctor</b>		Telephone No. <b>609-265-2107</b>	License No. <b>00529</b>				
Start Date (10) <b>12 / 24 / 18</b>		Scheduled Completion Date (11) <b>12 / 26 / 18</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: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address <b>200 Route 130 North</b>					
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)							
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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) <b>16 LF</b>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<b>Exterior</b>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<b>Coal Tar Wrap</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"/>
Name of Registered Waste Hauler <b>Environmental Transport Group</b>		NJDEP Waste Hauler ID No. <b>NJD0006920</b>	Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>			
City, State <b>Flanders, NJ</b>		Disposal Date <b>12/26/18</b>		City, State <b>Morrisville, PA</b>			
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>12-12-18</b>	



AS requested  
CH 10873, 10872

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

Date of Notification (1) 12 / 7 / 18		Name of Building Owner/Operator (2) Inspira Health Network / Job #1801-5255 Check #10869, 10872, 10873					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3280 Peachtree Road, NW Suite 1400 City, State, Zip Code Atlanta, Georgia 30305 Name of Contact John Devine Telephone Number 856-262-1800					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Zee Farm Building #1 3B & 3C		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 700 Mullica Hill Road		Square Feet # of Floors Bldg. Age					
City (5) Mullica Hill, NJ		County Code (7)(STATE USE ONLY) Current Use (Prior if being demolished) Farm					
County (6) Gloucester		Name of Monitoring Firm Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9)					
M.E.C.S.		AbateTech, Inc.					
Street Address PO Box 341		Street Address 30 Maple Ave. PO Box 25					
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Lumberton, NJ 08048					
Project Manager for Monitoring Firm William Weisgarber Jr.		Telephone No. 609-298-4070	Telephone No. License No. 609-265-2107 00529				
Start Date (10) 12 / 19 / 18	Scheduled Completion Date (11) 1 / 11 / 19	Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) 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 Bldg. #1	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Roof Tiles	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Bldg. #3B	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Shingles	6,825 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Bldg. #3C	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Silver Roofing	550 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"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill			
City, State Lumberton, NJ		Disposal Date 1/11/19		City, State Tullytown, PA			
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 12-7-18	



CK #4695

PAID

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

DEC 18 2018

Date of Notification (1) <b>12-13-18</b>		Name of Building Owner/Operator (2) <b>MITCHELL NICHOLS</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>23 KING ST</b>	
		City, State, Zip Code <b>RIO GRANDE N.J. 08242</b>	
		Name of Contact <b>SAME</b>	Telephone Number
FACILITY INFORMATION			
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, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>CAPE MAY POINT</b>	Square Feet <b>1500</b>	# of Floors <b>2</b>	Bldg. Age <b>50+</b>
County (6) <b>CAPE MAY</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>VACANT</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>	ASCM No.	Name of Abatement Contractor (9) <b>KLEM CO INC</b>	
Street Address		Street Address <b>369 S SPRUCE AVE</b>	
City, State, Zip Code		City, State, Zip Code <b>MAPLE SHADE N.J.</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>856 779-0472</b>	License No. <b>01371</b>
Start Date (10) <b>12-23-18</b>	Scheduled Completion Date (11) <b>1-2-19</b>	Name of OSHA Monitor <b>N/A</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:		Street Address	
		City, State, Zip Code	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <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)
<b>SIDING</b>	<b>X</b>		Amount (Specify SF or LF) <b>1250 SF</b>
			Abatement Type Removal Repair Encapsulate Enclosure <b>X</b>
Name of Registered Waste Hauler <b>KLEM CO INC</b>		NJDEP Waste Hauler ID No. <b>12904</b>	Cubic Yards of Waste <b>3 yds</b>
City, State <b>MAPLE SHADE N.J.</b>		Disposal Date	Name of Registered Landfill <b>C.M.C.M.U.A</b>
Completed By <b>MICHAEL KLEMM</b>		Title <b>SUP.</b>	Signature <b>Michael</b>
			Date <b>12-13-18</b>



CK # 4695

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

DEC 18 2018

Date of Notification (1) <u>12-13-18</u>		Name of Building Owner/Operator (2) <u>COSTARIN BUILDERS</u>					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation					
Street Address <u>76 SUNSET PL</u>		City, State, Zip Code <u>OCCAW CITY N.J.</u>					
Name of Contact <u>CHARMIN</u>		Telephone Number _____					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address _____		Square Feet <u>1500</u>					
City (5) <u>OCCAW CITY</u>		# of Floors <u>2</u>					
County (6) <u>CLAREMONT</u>		Bldg. Age <u>50+</u>					
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) <u>VACANT</u>					
Name of Monitoring Firm (8) <u>N/A</u>		Name of Abatement Contractor (9) <u>KLEMCO INC</u>					
Street Address _____		Street Address <u>369 S. SPRUCE AVE</u>					
City, State, Zip Code _____		City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>					
Project Manager for Monitoring Firm _____		Telephone No. <u>856-779-0472</u>					
Telephone No. _____		License No. <u># 01371</u>					
Start Date (10) <u>12-23-18</u>		Scheduled Completion Date (11) <u>1-2-19</u>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>N/A</u>					
Street Address _____		City, State, Zip Code _____					
Scope of Work (Check all that apply) <input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) <u>ROOFING</u>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <u>X</u>	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) <u>TRANSITE</u>	Amount (Specify SF or LF) <u>800 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<u>X</u>			
Name of Registered Waste Hauler <u>KLEMCO INC</u>		NJDEP Waste Hauler ID No. <u>17904</u>		Cubic Yards of Waste <u>4</u>		Name of Registered Landfill <u>CMC MVA</u>	
City, State <u>MAPLE SHADE N.J.</u>		Disposal Date _____		City, State <u>WOODBRIDGE NJ</u>		Date <u>12-13-18</u>	
Completed By <u>MICHAEL KLEMCO</u>		Title <u>PRES</u>		Signature <u>[Signature]</u>		Date <u>12-13-18</u>	



CK # 4605

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

DEC 18 2018

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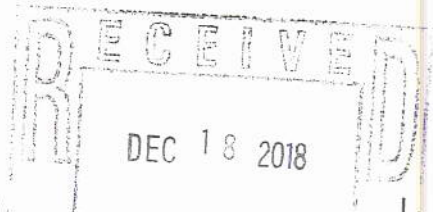
Date of Notification (1) <u>12-13-18</u>		Name of Building Owner/Operator (2) <u>COSTERIA BUILDINGS</u>		ASBESTOS CONTRACTOR LICENSING			
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <u>1225 SIMPSON AVE</u>			
				City, State, Zip Code <u>OCENA CITY N.J.</u>			
		Name of Contact		Telephone Number			
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <u>RESIDENCE</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address <u>[REDACTED]</u>		Square Feet <u>1500</u>		# of Floors <u>2</u>	Bldg. Age <u>50+</u>		
City (5) <u>OCENA CITY</u>		County Code (7) (STATE USE ONLY) <u>CAVE MAY</u>		Current Use (Prior if being demolished) <u>VACANT</u>			
Name of Monitoring Firm (8) <u>N/A</u>		Hired by Building Owner <u>N/A</u>		ASCM No.			
Street Address		Name of Abatement Contractor (9) <u>KLEWCO INC</u>		Street Address <u>369 S. SPRUCE AVE</u>			
City, State, Zip Code				City, State, Zip Code <u>MAPLE SHADE N.J. 08052</u>			
Project Manager for Monitoring Firm		Telephone No. <u>856-779-0472</u>		License No. <u># 01371</u>			
Start Date (10) <u>12-23-18</u>		Scheduled Completion Date (11) <u>1-3-19</u>		Name of OSHA Monitor <u>N/A</u>			
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address		City, State, Zip Code			
Scope of Work (Check all that apply)							
<input type="checkbox"/> >3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED IN FACILITY</u> (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) <u>1250 SF</u>	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
<u>SIDING</u>	Yes No N/A <u>X</u>	<u>TRANSITE</u>	<u>1250 SF</u>	<u>X</u>			
Name of Registered Waste Hauler <u>KLEWCO INC</u>	NJDEP Waste Hauler ID No. <u>17904</u>	Cubic Yards of Waste <u>4</u>	Name of Registered Landfill <u>C.M.C. MUA</u>				
City, State <u>MAPLE SHADE N.J.</u>	Disposal Date	City, State <u>WOOD BRIDGE N.J.</u>					
Completed By <u>MICHAEL KLEWCO</u>	Title <u>PRES</u>	Signature <u>[Signature]</u>	Date <u>12-13-18</u>				



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DEC 18 2018



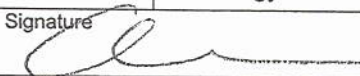
Federal Notification of Asbestos Abatement (Pursuant to NJAC 8:60-7 and 12:120-7)									
Date of Notification 1   2   1   4   1   8		Name of Building Owner/Operator MACY'S CORPORATE SERVICES (FEDERATED)		ASBESTOS CONTROL & LICENSING					
Agencies Notified X USEPA X DEP X DCA/DOL X DOH		Type of Notification Initial Notification Amended Cancellation		Street Address 7 WEST SEVENTH STREET					
				City, State, Zip Code CINCINNATI, OHIO 45202					
		Name of Contact Ralph Copolla		Telephone Number 973-265-9763					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place MACY'S WOODBRIDGE CENTER MALL				Type of Facility ( ) School (K-12) ( ) Sub-Chapter 8 (Other than K-12) (X) Other (i.e. private & Commercial buildings, homes, etc.)					
Street Address ROUTE 1				SF of Bldg. 1 MILLION +SF		# Floor 3		Age of Bldg. 50+	
City WOODBRIDGE				County UNION		County Code State use Only		Current Use (prior if being demolished)	
Name of Monitoring Firm PENNONI ASSOCIATES				ASCM No.		Name of Abatement Contractor ACM CONSULTING CORP.			
Street Address 24 COMMERCE ST - SUITE 300						Street Address 2150 STANLEY TERRACE			
City, State, Zip Code NEWARK, NJ 07102						City, State, Zip Code UNION, NJ 07083			
Project Manager for Monitoring Firm TO BE DETERMINED				Telephone No. TO BE DETERMINED		Telephone Number 908-687-1008		License Number 00575	
Scheduled Start Date 1   7   20   9   2   27   2018				Scheduled Completion Date Month   Day   Year		Name of OSHA Monitor EMSL ANALYTICAL			
Occupancy Status During Abatement (Check Only One) X Facility Closed/Vacated During Entire Period of Abatement X Abatement Outside Normal Facility Hours Describe: 9:30PM TO 6:30AM Other - Describe:						Street Address 307 WEST 38TH STREET			
						City, State, Zip Code NEW YORK, NY 10118			
Scope of Work (Check Only One) Demolition X >3sf or >3lf X ≥ 160sf or ≥ 260lf Renovation				Abatement Method X Full Containment with Negative Pressure X Mini-Enclosure X Glovebag Procedure Non-Friable Procedure					
Location of ACM Facility NORTHWEST STAIRWELL				Is Location Normally Used by Custodial Staff Yes NO N/A		Description of ACM to be Removed Sprayon Fireproofing PIPE ELBOWS		Amount to be Removed (Specify SF/LF) 4000SF 6 LF	
								Abatement Type Rem. Rep. Enc. Encl.	
Name of Registered Waste Handler TRI-STATE TRANSFER ASSOC., INC.				NJDEP Waste ID No. SW1896		Cubic Yds waste TBD		Name of Registered Landfill MINERVA ENTERPRISES, INC	
City, State BRONX, NY				Disposal Date TBD		City, State of Registered Landfill WAYNESBURG, OHIO			
Completed By (Print or Type) ANITA SMOLAR				Title GENERAL MANAGER		Signature <i>Anita Smolar</i>		Date 12/14/2018	



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


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DEC 18 2018

Date of Notification (1) 12/14/18		Name of Building Owner/Operator (2) NJ Transit		Street Address One Penn Plaza East		City, State, Zip Code Newark NJ 07105		Name of Contact Russel Samaro		Telephone Number 973-491-7216	
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		FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) NJ Transit Maplewood GOB Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 180 Boyden Avenue				Square Feet 10000 +				# of Floors 2		Bldg. Age 50+	
City (5) Maplewood NJ 07040				County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished)			
County (6) Essex				Name of Monitoring Firm Hired by Building Owner (8) McCabe Enviro. LLC				ASCM No.			
Name of Abatement Contractor (9) Pernaco Inc				Street Address PO Box 329				City, State, Zip Code West Berlin NJ 08091			
Street Address 464 Valley Brook Av.				Telephone No. 201-438-4839				Telephone No. 856-753-9800		License No. 00727	
City, State, Zip Code Lynhurst NJ 07074				Project Manager for Monitoring Firm John Chiaviello				Scheduled Completion Date (11) 12/31/18			
Start Date (10) 12/28/18				Name of OSHA Monitor Same				Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Week End Hours			
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf				<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of 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			
rooms 139, 141-143				Mastic		3200 SF		x			
Name of Registered Waste Hauler TBC Contracting				NJDEP Waste Hauler ID No. 07512		Cubic Yards of Waste 40		Name of Registered Landfill Grand Central Sanitary landfill			
City, State Totowa NJ				Disposal Date 1/2/19		City, State Pen Argyl PA 18072					
Completed by Anthony T Perna				Title President		Signature 		Date 12/14/18			



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


Date of Notification (1) 12/14/18		Name of Building Owner/Operator (2) All Risk Inc.		DEC 18 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 801 E. Clements Bridge Road City, State, Zip Code Runnemede, NJ 08078 Name of Contact Dave Martin Telephone Number 856-546-0016	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) North Hunterdon Regional High School District		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 1445 Rt 31		Square Feet 10000 +		# of Floors 2	Bldg. Age 50+
City (5) Annandale NJ 08801		Current Use (Prior if being demolished)			
County (6) Hunterdon		County Code (7) (STATE USE ONLY)			
Name of Monitoring Firm N/A		Firm Hired by Building Owner (8) ASCM No.		Name of Abatement Contractor (9) Pernaco Inc	
Street Address		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091	
City, State, Zip Code		Telephone No. 856-753-9800		License No. 00727	
Project Manager for Monitoring Firm		Telephone No.		Name of OSHA Monitor Same	
Start Date (10) 12/15/18		Scheduled Completion Date (11) 12/17/18			
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 <input checked="" type="checkbox"/> Other - Describe: <u>Week End Hours</u>		Street Address City, State, Zip Code			
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥20 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) 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			
Principal's Office area		x		Floor Tile & Mastic 1400 SF x	
Name of Registered Waste Hauler United Containers		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 4	
City, State Elm NJ		Disposal Date 12/17/18		Name of Registered Landfill G.R.O.W.S. City, State Morrisville PA 1960	
Completed by Anthony T Perina		Title President		Signature  Date 12/14/18	



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

**PAID**

*Check # 2584*

Date of Notification (1) <b>12 / 14 / 18</b>		Name of Building Owner/Operator (2) <b>Camp Kilmer A Urban Renewal Associates, LLC</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>1301 N 31<sup>st</sup> St.</b>				
			City, State, Zip Code <b>Philadelphia, PA 19121</b>				
			Name of Contact <b>Jacob Fisher</b>				
			Telephone Number <b>267-386-8600</b>				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Camp Kilmer Building</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>111 Truman Drive</b>							
City (5) <b>Edison, NJ</b>		Square Feet <b>45,000</b>	# of Floors <b>1</b>				
County (6) <b>Middlesex</b>		County Code (7) (STATE USE ONLY)	Bldg. Age <b>50</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>Hillman Consulting LLC</b>		ASCM No.	Name of Abatement Contractor (9) <b>Plymouth Environmental Co., Inc.</b>				
Street Address <b>304 Harper Drive, Suite 207</b>		Street Address <b>923 Haws Ave</b>					
City, State, Zip Code <b>Moorestown, New Jersey 08057</b>		City, State, Zip Code <b>Norristown, PA 19401</b>					
Project Manager for Monitoring Firm <b>Jack Carney</b>		Telephone No. <b>(856) 581-9055</b>	License No. <b>00398</b>				
Start Date (10) <b>1 / 2 / 19</b>		Scheduled Completion Date (11) <b>2 / 28 / 19</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>07:00AM-3:30PM</b> / ____ PM - ____ AM		Name of OSHA Monitor <b>Plymouth Environmental Co., 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"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
	1 <sup>st</sup> floor			<input type="checkbox"/> <input checked="" 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"/>
	1 <sup>st</sup> floor			<input type="checkbox"/> <input checked="" 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"/>
	1 <sup>st</sup> Floor			<input type="checkbox"/> <input checked="" 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"/>
boiler room	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>breeching</b>	<b>150SF</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"/>
exterior	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<b>block wall seam caulking</b>	<b>825LF</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"/>
Name of Registered Waste Hauler <b>Service Transport</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>360</b>	Name of Registered Landfill <b>Minerva Enterprises</b>			
City, State <b>New Castle, DE</b>		Disposal Date <b>2/28/19</b>		City, State <b>Waynesburg, OH</b>			
Completed By (Print or Type) <b>James M. Kelly</b>		Title <b>Vice President</b>		Signature 		Date <b>12/14/18</b>	



**PAID**  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to N.J.A.C. 17:27 and 17:28)

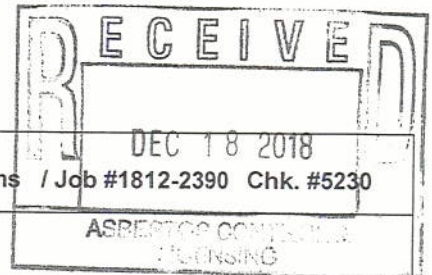
CHECK # 1106

<b>R E C E I V E</b>	
DEC 18 2018	
ASBESTOS CONTROL PLANNING	

Date of Notification (1) 12/13/18		Name of Building Owner/Operator (2) GOLDBERG RENTY ASSOCIATES	
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		Street Address 33 CLINTON ROAD	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code WEST CAWMAWEL, N.J. 07006	
Name of Facility Where Abatement is Taking Place (3) APARTMENT BLDG.		Name of Contact Pamela Santos	
Street Address 218 MILBURN AVE		Telephone Number 973-808-7170 X 44	
City (5) MILBURN		FACILITY INFORMATION	
County (6) ESSEX		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.)	
County Code (7) (STATE USE ONLY)		Square Feet 15,000	
Name of Monitoring Firm Hired by Building Owner (8)		# of Floors 3	
Street Address		Bldg. Age 150	
City, State, Zip Code		Current Use (Prior if being demolished) RESIDENTIAL	
Project Manager for Monitoring Firm		Name of Abatement Contractor (9) A.MAC Contracting Inc.	
Start Date (10) 12/26/18		Street Address 185 Vreeland Ave	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		City, State, Zip Code Midland Park, NJ 07432	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥23 lf <input checked="" type="checkbox"/> ≥160 sf or ≥280 lf		Telephone No. 201-262-5841	
Renovation <input checked="" type="checkbox"/> Demolition		License No. 00156	
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		Name of OSHA Monitor Omega Environmental Services Inc.	
Location of Asbestos-Containing Material TO BE ABATED In Facility (13) B218 LAUNDRY RM B220 LAUNDRY RM B220 STAIR		Street Address 280 Huyler Street	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		City, State, Zip Code Hackensack, NJ 07606	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
PIPE INSULATION		320 LF	
PIPE INSULATION		173 LF	
PIPE INSULATION		60 LF	
Abatement Type Removal Repair Encapsulate Enclosure			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509	
City, State Newark, NJ 07105		Cubic Yards of Waste 9	
Completed by Joseph Vaccaro		Name of Registered Landfill Grand Central Sanitary Landfill	
Title Vice President		City, State Pen Argyl, PA 08702	
Signature J. Vaccaro		Disposal Date 12/26/18 on	
Date 12/13/18			



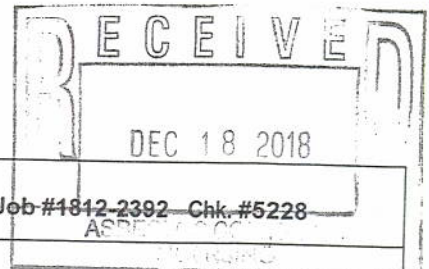
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 12 / 13 / 18		Name of Building Owner/Operator (2) State of New Jersey Dept. of Corrections / Job #1812-2390 Chk. #5230					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address Whittlesey Road, CN 863				
			City, State, Zip Code Trenton, NJ 08625				
		Name of Contact Drew Pangaldi	Telephone Number 609-292-4036 x 5270				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Adult Diagnostic Treatment Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 8 Production Way		Square Feet 180,000 SF					
City (5) Avenel 07001		# of Floors 2	Bldg. Age 50				
County (6) Middlesex		County Code (7) (STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection Inc.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.					
Street Address 120 North Warren Street		Street Address 3859 Sylon Boulevard					
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Hainesport, NJ 08036					
Project Manager for Monitoring Firm Dominick Dercole		Telephone No. 609-392-4200	License No. 00862				
Start Date (10) 12 / 28 / 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 EMSL Analytical, 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"/> 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
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central			
City, State Lafayette, NJ		Disposal Date 12/28/18		City, State Penn Argyle, PA			
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature 		Date 12-13-18	



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



CH 5228

Date of Notification (1) 12 / 13 / 18	Name of Building Owner/Operator (2) Leon and Donna Rose	Job #4812-2392 Chk. #5228	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code Cherry Hill, NJ 08003	
		Name of Contact John Nyman, Prestige Building Group	Telephone Number 856-229-4519

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Ross 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 3000	# of Floors 3
City (5) Margate	Bldg. Age 78	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental	ASCM No.	Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.
Street Address 617 Stokes Rd #4-318		Street Address 3859 Sylon Boulevard
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Hainesport, NJ 08036
Project Manager for Monitoring Firm Rebecca Rubnitz	Telephone No. (856) 596-9994	Telephone No. 609-702-0400
Start Date (10) 12 / 14 / 18	Scheduled Completion Date (11) 12 / 14 / 18	License No. 00862
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 EMSL Analytical, Inc.	
	Street Address 200 U.S. Route 130 North	
	City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

*wrap and cut*

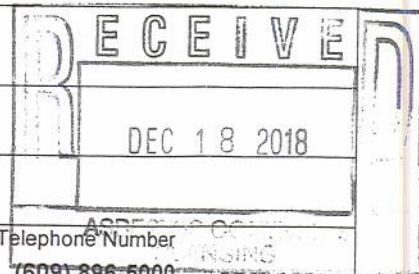
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor & Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	185 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Waste Management	NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 5	Name of Registered Landfill ACUA
City, State Lafayette, NJ	Disposal Date 12/14/18	City, State Atlantic City, NJ	
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature <i>[Signature]</i>	Date 12-13-18



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

chk # 3487



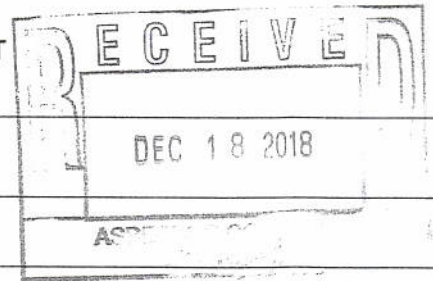
Date of Notification (1) 12 / 12 / 18		Name of Building Owner/Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road	
		City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact Walter Eddy	Telephone Number (609) 896-5000
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) Kroner Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2083 Lawrenceville Road		Square Feet 44000	# of Floors 4
City (5) Lawrenceville		Bldg. Age + - 50	
County (6) Mercer	County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Dorm
Name of Monitoring Firm Hired by Building Owner (8) Pennoni	ASCM No. 00102	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 515 Grove Street, Suite 1B		Street Address 1123 BEAVER STREET	
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Brian Clark	Telephone No. 856-547-0505	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 1 / 7 / 19	Scheduled Completion Date (11) 1 / 30 / 19		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: 7:00 AM-5:00 PM / _____ PM-_____ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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)
	Yes	No	
Basement Rec Room/Hallway	<input type="checkbox"/>	<input type="checkbox"/>	Elbow Insulation
First Floor Bathrooms/Hallway	<input type="checkbox"/>	<input type="checkbox"/>	Elbow Insulation
Second Floor Bathrooms/Hallway	<input type="checkbox"/>	<input type="checkbox"/>	Elbow Insulation
Third Floor Bathrooms/Hallway	<input type="checkbox"/>	<input type="checkbox"/>	Elbow Insulation
Name of Registered Waste Hauler Bristol Environmental Inc	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 20	Name of Registered Landfill Fairless Landfill
City, State Bristol, PA	Disposal Date TBD		City, State Fairless Hills, PA
Completed By (Print or Type) Patrick DeCaro	Title Estimator	Signature Patrick DeCaro	Date 12-12-18

ASB-41  
JAN 13 GI 18271 B

\* 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)



Date of Notification (1) <u>12</u> / <u>12</u> / <u>18</u>		Name of Building Owner/Operator (2) <b>Rider University</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>2083 Lawrenceville Road</b>	
		City, State, Zip Code <b>Lawrenceville, NJ 08648</b>	
		Name of Contact <b>Walter Eddy</b>	
		Telephone Number <b>(609) 896-5000</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Kroner Building</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address <b>2083 Lawrenceville Road</b>			
City (5) <b>Lawrenceville</b>		Square Feet <b>44000</b>	# of Floors <b>4</b>
County (6) <b>Mercer</b>		Bldg. Age <b>+ 50</b>	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Dorm</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Pennoni</b>		ASCM No. <b>00102</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>
Street Address <b>515 Grove Street, Suite 1B</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State, Zip Code <b>Haddon Heights, NJ 08035</b>		City, State, Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>Brian Clark</b>		Telephone No. <b>856-547-0505</b>	Telephone No. <b>215-788-6040</b>
		License No. <b>00509</b>	
Start Date (10) <u>1</u> / <u>7</u> / <u>19</u>		Scheduled Completion Date (11) <u>1</u> / <u>30</u> / <u>19</u>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <b>7:00 AM-5:00 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		<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)
	Yes	No	
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Flue Insulation
Boiler Room	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation
	<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>20</b>
City, State <b>Bristol, PA</b>		Name of Registered Landfill <b>Fairless Landfill</b>	
		Disposal Date <b>TBD</b>	City, State <b>Fairless Hills, PA</b>
Completed By (Print or Type) <b>Patrick DeCaro</b>	Title <b>Estimator</b>	Signature <i>Patrick DeCaro</i>	Date <b>12-12-18</b>



Childs

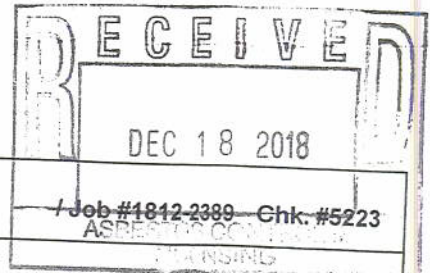
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to N.J.A.C. 8:60 and 12:120)

**RECEIVED**  
 DEC 18 2018  
 ASBESTOS CONTROL  
 DIVISION

Date of Notification (1) 12/10/2018		Name of Building Owner/Operator (2) Enrique Rios																																								
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 House		Street Address [REDACTED] City, State, Zip Code Paterson, NJ, 07514 Name of Contact Enrique Rios Telephone Number																																								
<b>FACILITY INFORMATION</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 [REDACTED]		Square Feet N/A # of Floors N/A Bldg. Age N/A																																								
City (5) Paterson		County Code (7) (STATE USE ONLY) _____ Current Use (Prior if being demolished) Private																																								
County (6) Essex		Name of Monitoring Firm Hired by Building Owner (8) N/A ASCM No. Name of Abatement Contractor (9) EHW ABATEMENT LLC																																								
Street Address		Street Address 89 FRANKLIN STREET City, State, Zip Code Paterson, NJ, 07524																																								
City, State, Zip Code		Telephone No. 973-333-5144 License No. 01274																																								
Project Manager for Monitoring Firm		Name of OSHA Monitor EHW ABATEMENT LLC Street Address 89 FRANKLIN STREET City, State, Zip Code PATERSON, NJ, 07524																																								
Start Date (10) 12/21/2018		Scheduled Completion Date (11) 12/22/2018																																								
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																																								
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		<table border="1"> <thead> <tr> <th rowspan="2">Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th> <th rowspan="2">Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th> <th rowspan="2">Amount (Specify SF or LF)</th> <th colspan="4">Abatement Type</th> </tr> <tr> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> </thead> <tbody> <tr> <td>Yes</td> <td>No</td> <td>N/A</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>X</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		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	Yes	No	N/A						X																			
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																																				
Yes	No	N/A																																								
	X																																									
Name of Registered Waste Hauler EHW ABATEMENT LLC City, State Paterson, NJ		NJDEP Waste Hauler ID No. 0037095 Cubic Yards of Waste N/A Name of Registered Landfill TRI STATE TRANSFER City, State BRONX NY																																								
Completed by Victor Espiritu		Title Project Manager Signature [Signature] Date 12/10/2018																																								



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



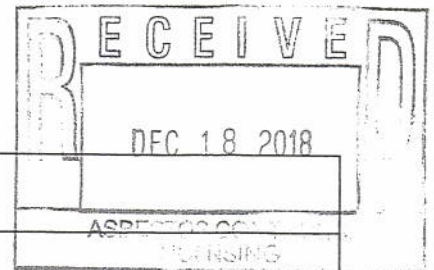
CK5223

Date of Notification (1) 12 / 6 / 18		Name of Building Owner/Operator (2) Vanessa & Sigismund Robert		Job #1812-2389 Chk. #5223	
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 Willingboro, NJ			
		Name of Contact Vanessa Roberts		Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residential Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)			
Street Address [REDACTED]		Square Feet 1,593		# of Floors 1	Bldg. Age 53
City (5) Willingboro		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
County (6) Burlington		Hired by Building Owner (8) HORIZON Environmental		ASCM No.	
Name of Monitoring Firm Horizon Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.			
Street Address PO Box 316		Street Address 3859 Sylon Boulevard			
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code Hainesport, NJ 08036			
Project Manager for Monitoring Firm Dave or Steve Flanagan		Telephone No. 856-848-0800		License No. 00862	
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 U.S. Route 130 North		City, State, Zip Code Cinnaminson, NJ 08077	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure Enclosure <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) Throughout		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Tile/Mastic	
				Amount (Specify SF or LF) 370 SF	
				Abatement Type Removal Repair Encapsulate Enclosure <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273		Cubic Yards of Waste 5	
City, State Lafayette, NJ		Disposal Date 12/31/18		Name of Registered Landfill Grand Central	
Completed By (Print or Type) Kimberly A. Trumbetti		Title Office Coordinator		Signature [Signature]	
				Date 12-11-18	

\* 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)**



Date of Notification (1) <b>12 / 07 / 18</b>		Name of Building Owner/Operator (2) <b>Camden Redevelopment Agency</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>520 Market St, City Hall- Suite 1300</b> City, State, Zip Code <b>Camden, NJ 08101-5120</b>	
		Name of Contact <b>James Harveson</b>	Telephone Number <b>856-757-7600</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Commercial</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>1667 Davis Street</b>		Square Feet	# of Floors
City (5) <b>Camden</b>		Bldg. Age	
County (6) <b>Camden</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>	
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>	
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>	
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>	Telephone No. <b>973-494-3762</b>	Telephone No. <b>973-928-4888</b>	License No. <b>1188</b>
Start Date (10) <b>12 / 17 / 18</b>	Scheduled Completion Date (11) <b>01 / 31 / 19</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/_____ PM-_____ AM		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</b>	
		Street Address <b>27 Outwater Lane</b>	
		City, State, Zip Code <b>Garfield, NJ 07026</b>	

Scope of Work (Check all that apply)			
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure	
		<input type="checkbox"/> Glovebag Procedure	
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	

Location of Asbestos-Containing Material (ACM) <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>Exterior</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Wet Demo</b>		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Exterior- Concrete Slab</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<b>Mastic</b>	<b>5,000 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"/>

Name of Registered Waste Hauler <b>Century Waste, LLC</b>	NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>GROWS North Landfill/Fairless Landfill</b>
City, State <b>Elizabeth, NJ</b>	Disposal Date <b>TBD</b>	City, State <b>Morrisville, PA</b>	
Completed By (Print or Type) <b>Allen Monchik</b>	Title <b>Project Manager</b>	Signature <i>Allen Monchik</i>	Date <b>12/7/18</b>



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

Print Form

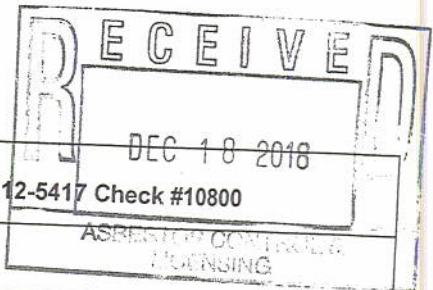
DEC 18 2018

ASBESTOS CONTAINMENT  
LICENSING

Date of Notification (1) 12/04/2018		Name of Building Owner/Operator (2) La Casa Don Pedro	
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 type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 317 Roseville Avenue		City, State, Zip Code Newark, NJ, 07717	
Name of Contact Christopher Pagan		Telephone Number 973-485-0701	
<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-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet N/A	
City (5) Newark		# of Floors N/A	
County (6) ESSEX		Bldg. Age N/A	
Name of Monitoring Firm N/A		County Code (7) (STATE USE ONLY)	
Street Address		Current Use (Prior if being demolished) RESIDENCE	
City, State, Zip Code		Name of Abatement Contractor (9) EHW ABATEMENT LLC	
Project Manager for Monitoring Firm		Street Address 89 FRANKLIN STREET	
Telephone No.		City, State, Zip Code PATERSON, NJ, 07524	
Start Date (10) 12/05/2018		Telephone No. 973-333-5144	
Scheduled Completion Date (11) 12/06/2018		License No. 01274	
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: _____		Name of OSHA Monitor EHW ABATEMENT LLC	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		Street Address 89 FRANKLIN STREET	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code PATERSON, NJ, 07524	
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) Basement		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Pipe Insulation		30 LF	
Name of Registered Waste Hauler EHW ABATEMENT LLC		NJDEP Waste Hauler ID No. 0037095	
City, State PATERSON, NJ		Cubic Yards of Waste N/A	
Completed by Victor Espiritu		Disposal Date TBD	
Title Project Manager		Signature <i>[Signature]</i>	
		Date 12/04/2018	



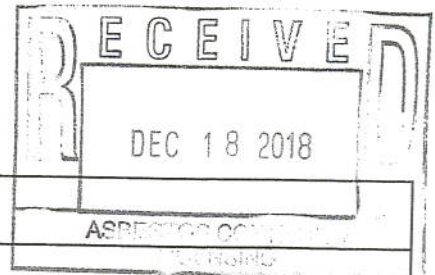
**PAID**  
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) <b>12 / 10 / 18</b>		Name of Building Owner/Operator (2) <b>JCP&amp;L/FirstEnergy Company / Job #1812-5417 Check #10800</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Name of Facility Where Abatement is Taking Place (3) <b>JCP&amp;L-Pole BT409530C</b>		Street Address <b>10 Legion Place- Building A</b> City, State, Zip Code <b>Morristown, NJ 07960</b>	
Street Address <b>73 Wickapeco Drive</b>		Name of Contact <b>Irving Silverman</b>	
City (5) <b>Ocean, NJ</b>		Telephone Number <b>978-490-6930</b>	
County (6) <b>Ocean</b>		<b>FACILITY INFORMATION</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>1 Source Safety &amp; Health, Inc.</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>140 S. Village Ave. Suite 130</b>		Square Feet # of Floors Bldg. Age	
City, State, Zip Code <b>Exton, PA 19341</b>		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) <b>Substation</b>	
Project Manager for Monitoring Firm <b>Brian Hovendon</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>	
Start Date (10) <b>12 / 14 / 18</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
Scheduled Completion Date (11) <b>12 / 14 / 18</b>		City, State, Zip Code <b>Lumberton, NJ 08048</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: _____ AM- _____ PM/ _____ PM- _____ AM		Telephone No. <b>609-265-2107</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		License No. <b>00529</b>	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Name of OSHA Monitor <b>EMSL Analytical</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		Street Address <b>200 Route 130 North</b>	
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>		City, State, Zip Code <b>Cinnaminson, NJ 08077</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) <b>16 LF</b>		Abatement Type Removal Repair Encapsulate Enclosure	
Exterior Pole BT409530C		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	
City, State <b>Lumberton, NJ</b>		Cubic Yards of Waste <b>2</b>	
Completed By (Print or Type) <b>Gwen Trumbetti</b>		Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
Title <b>Operations Coordinator</b>		Disposal Date <b>12/14/18</b>	
Signature 		City, State <b>Tullytown, PA</b>	
Date <b>12-10-18</b>			



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



Date of Notification (1) <b>12/10/2018</b>		Name of Building Owner/Operator (2) <b>U.S. AIRFORCE BASE</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # Emergency (including justification) <input type="checkbox"/> Cancellation	
STREET ADDRESS <b>3021 MCGUIRE BLVD.</b>		City, State, Zip Code <b>JT. BASE MDL, NJ 08641</b>	
Name of Contact <b>DANNY ANDERSON</b>		Telephone Number <b>907-223-5452 CELL</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MAGUIRE AFB</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)	
Street Address <b>TEXAS AVENUE</b>		Square Feet	
City (5) <b>WRIGHTSTOWN, NJ</b>		# of Floors Bldg. Age	
County <b>BURLINGTON</b>		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) <b>N/A</b>		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>CREAM RIDGE ENVIRONMENTAL INC.</b>	
City, State, Zip Code		Street Address <b>15 BLACK FOREST ROAD</b>	
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hamilton, NJ 08691</b>	
Telephone No.		Telephone No. <b>609-890-7110</b>	
Start Date (10) <b>12/17/2018</b>		License No. <b>00676</b>	
Scheduled Completion Date (11) <b>1/7/2019</b>		Name of OSHA Monitor <b>MECS</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		Street Address <b>P.O. BOX 341</b>	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code <b>CROSSWICKS, NJ 08515</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 (*) & Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)		Abatement Type	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Amount (Specify SF or LF)	
Yes No N/A		Removal Repair Encapsulate Enclosure	
<b>BLDG. 3325</b>		<b>TRANSITE PANELS</b> 900 S.F. <input checked="" type="checkbox"/>	
<b>BLDG. 3326</b>		<b>NFVAT &amp; ADHESIVE</b> 1600.S.F. <input checked="" type="checkbox"/>	
Name of Registered Waste Hauler <b>HORIZON DISPOSAL SERVICES</b>		NJDEP Waste Hauler ID No. <b>10416</b>	
City, State <b>TRENTON, NJ</b>		Cubic Yards of Waste <b>20 YD</b>	
Completed By <b>DAVID D'ANDREA</b>		Disposal Date <b>1/9/2019</b>	
Title <b>PRESIDENT</b>		Name of Registered Landfill <b>GROWS</b>	
Signature <i>David D'Andrea</i>		City, State <b>MORRISVILLE, PA.</b>	
Date <b>12/10/2018</b>			

\* 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 # 3484

Date of Notification (1) 12 / 1 / 18		Name of Building Owner/Operator (2) Rider University		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>   DEC 18 2018 </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 type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 2083 Lawrenceville Road	
		City, State, Zip Code Lawrenceville NJ 08648				Name of Contact Walter Eddy	
				Telephone Number (609) 896-5000			
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Kroner Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)				
Street Address 2083 Lawrenceville Road							
City (5) Lawrenceville			Square Feet 44000	# of Floors 4	Bldg. Age +- 50		
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Dorm			
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.			
Street Address 515 Grove Street, Suite 1B				Street Address 1123 BEAVER STREET			
City, State, Zip Code Haddon Heights, NJ 08035				City, State, Zip Code BRISTOL, PA 19007			
Project Manager for Monitoring Firm Brian Clark		Telephone No. 8565470505		Telephone No. 215-788-6040	License No. 00509		
Start Date (10) 12 / 27 / 18		Scheduled Completion Date (11) 1 / 30 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: 7:00 AM-5:00 PM / ____ PM- ____ AM				Street Address 1123 BEAVER STREET			
				City, State, Zip Code BRISTOL, PA 19007			
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input 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
Basement Rec Room/Hallway	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	1000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor "C" Wing	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor "A & B" Hallway	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	1350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor "A, B & C" Hallway	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	VAT/Mastic	1950 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc.		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 75	Name of Registered Landfill Fairless Landfill			
City, State Bristol, PA		Disposal Date TBD		City, State Fairless Hills, PA			
Completed By (Print or Type) Patrick DeCaro		Title Estimator	Signature Patrick T. DeCaro		Date 12-11-18		

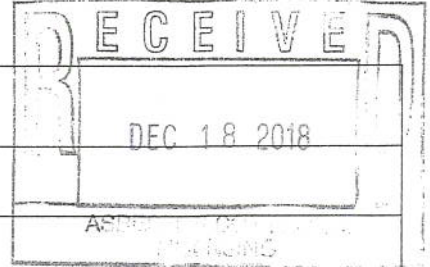
ASB-41  
JAN 13 GI18271

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



Pg. 2

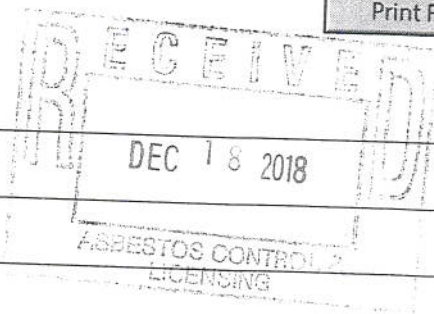
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 12 / 11 / 18		Name of Building Owner/Operator (2) Rider University					
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 2083 Lawrenceville Road City, State, Zip Code Lawrenceville, NJ 08648 Name of Contact Walter Eddy Telephone Number (609) 896-5000					
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) Kroner Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2083 Lawrenceville Road		Square Feet 44000	# of Floors 4				
City (5) Lawrenceville		Bldg. Age +- 50					
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Dorm					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 515 Grove Street, Suite B		Street Address 1123 BEAVER STREET					
City, State, Zip Code Haddon Heights, NJ 08055		City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Brian Clark	Telephone No. 856-547-0505	Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 12 / 27 / 18	Scheduled Completion Date (11) 1 / 30 / 19	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, 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: 7:00 AM - 5:00 PM / _____ PM - _____ AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 1950 SF	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<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"/>
Third Floor "A, B & C" Hallway	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	VAT/Mastic	1950 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 Bristol Environmental Inc.	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste 75	Name of Registered Landfill Fairless Landfill				
City, State Bristol, PA	Disposal Date TBD	City, State Fairless Hills, PA					
Completed By (Print or Type) Patrick DeCaro	Title Estimator	Signature Patrick T. DeCaro	Date 12-11-18				



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



Date of Notification (1) 12/13/18		Name of Building Owner/Operator (2)																																																
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation																																																
Name of Facility Where Abatement is Taking Place (3)		Street Address City, State, Zip Code Jackson, NJ Name of Contact Telephone Number																																																
<b>FACILITY INFORMATION</b>																																																		
Name of Facility Where Abatement is Taking Place (3) Street Address City (5) Jackson County (6) Ocean Name of Monitoring Firm Street Address City, State, Zip Code Project Manager for Monitoring Firm Start Date (10) 12/17/18 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 Other - Describe:		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet # of Floors Bldg. Age County Code (7) (SPACE USE ONLY) Current Use (Prior if being demolished) Home Hired by Building Owner (8) ASCM No. Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701 Telephone No. 732-668-9078 License No. 1200 Name of OSHA Monitor AAA LEAD PROFESSIONALS Street Address 6 WHITE DOVE COURT City, State, Zip Code LAKEWOOD, NJ 08701																																																
Scope of Work (Check All That Apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure																																																		
<table border="1"> <thead> <tr> <th rowspan="2">Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)</th> <th colspan="3">Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)</th> <th rowspan="2">Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)</th> <th rowspan="2">Amount (Specify SF or LF)</th> <th colspan="4">Abatement Type</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>N/A</th> <th>Removal</th> <th>Repair</th> <th>Encapsulate</th> <th>Enclosure</th> </tr> </thead> <tbody> <tr> <td>Interior</td> <td></td> <td></td> <td></td> <td>Popcorn Ceiling</td> <td>1000SF</td> <td>x</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				Yes	No	N/A	Removal	Repair	Encapsulate	Enclosure	Interior				Popcorn Ceiling	1000SF	x																							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)				Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type																																											
	Yes	No	N/A	Removal			Repair	Encapsulate	Enclosure																																									
Interior				Popcorn Ceiling	1000SF	x																																												
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509 Cubic Yards of Waste 10 Name of Registered Landfill IESI City, State BETHLEHEM PA Disposal Date 12/24/18 City, State BETHLEHEM PA																																																
City, State NEWARK, NJ		Completed by JOSEPH PERLSTEIN Title OWNER Signature Date 12/13/18																																																



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

Check # 25724

Date of Notification (1) 11/3/2018		Name of Building Owner/Operator (2) Rivett							
Agencies Notified  <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
	City, State, Zip Code Princeton, NJ 08540								
	Name of Contact Mike Danna - Pinneo Const.	Telephone Number [REDACTED]							
<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 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 3500							
City (5) Princeton, NJ 08540		# of Floors 3	Bldg. Age 80+/-						
County (6) Mercer	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. (609 ) 298-4070	License No. 00493						
Start Date (10) 11/13/2018	Scheduled Completion Date (11) 12/31/2018	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 341							
		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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	Enclose
1st Floor Study		X		Thermal Pipe Insulation	12 lf	X			
2nd floor Bathroom		X		Thermal Pipe Insulation	28 lf	X			
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1 cu	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 11/16/2018		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature [Signature]			Date 11/03/2018			



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

*Check # 10574*

*MOA changed starting Date*

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

*Open Window Time Frame*



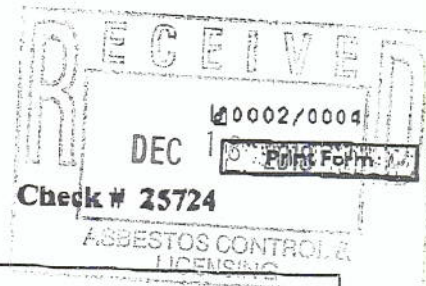
**State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)**

Check # 10574

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

Open Window Time Frame





State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:50 and 12:120)

**PAID**

Check # 25724

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 11/3/2018		Name of Building Owner/Operator (2) Rivett	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type of Notification <input 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) Residential		Street Address [REDACTED]	
City (5) Princeton, NJ 08540		City, State, Zip Code Princeton, NJ 08540	
County (6) Mercer		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.	
Street Address PO Box 34		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.	
City, State, Zip Code Crosswick, NJ 08515		Street Address PO Box 322	
Project Manager for Monitoring Firm Bill Weisgerber		City, State, Zip Code Allentown, NJ 06101	
Start Date (10) 11/13/2018		Telephone No. (609) 298-4070	
Scheduled Completion Date (11) 12/31/2018		Telephone No. 609 259-9688	
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:		License No. 00493	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 lf <input type="checkbox"/> 2150 sf or 2260 lf		Name of OSHA Monitor MECS	
Renovation Demolition		Street Address PO Box 341	
Full Containment with Negative Pressure Mist-Enclosure Glovebag Procedure Non-Expendable (*) and Non-Friable Procedure		City, State, Zip Code Chesterfield, NJ 08515	
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 sf or lf)	
Yes No N/A		Removal Repair Encapsulate Entomure	
1st Floor Studio		Thermal Pipe Insulation 12 lf	
2nd floor Bathroom		Thermal Pipe Insulation 28 lf	
Name of Registered Waste Hauler Stevens Environmental Services		NJDEP Waste Hauler ID No. 18292	
City, State Allentown, NJ		Cubic Yards of Waste 1 cu	
Completed by Mahon E. Stevens		Name of Registered Landfill Fairless Landfill	
Title Project Manager		City, State Morrisville, PA	
Signature [Signature]		Date 11/03/2018	

ASB-41 (R-05-08)

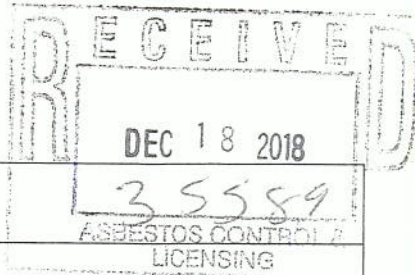
\* Do not use this form for asbestos licensure exempted activities.



OK 35589

PAID

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) Ralco Builders	
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 129 Sea Girt Avenue		City, State, Zip Code Manasquan, NJ 08736	
Name of Contact Joanne		Telephone Number 732-223-2005	
<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]		Square Feet 2200 sf	
City (5) Manasquan		# of Floors 2	
County (6) Monmouth		Bldg. Age 65	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCN No.	
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	
Start Date (10) 12 / 27 / 18		License No. 00624	
Scheduled Completion Date (11) 12 / 28 / 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	
Scope of Work (Check all that apply) <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
exterior		<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"/>	
Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	
City, State Toms River, New Jersey		Cubic Yards of Waste	
Completed By (Print or Type) Nicholas Fernicola		Name of Registered Landfill T.R.R.F.	
Title Project Manager		Disposal Date	
Signature [Signature]		City, State Tullytown, Pennsylvania	
Date 12/13/18			



2018-12-14 09:49

Shade Environmental 1 &gt;&gt; 609 633 0664

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

RECEIVED

P 2/4

DEC 18 2018

Date of Notification (1) 12 / 14 / 18		Name of Building Owner/Operator (2) Florence Topiol		ASBESTOS CONTROL & LICENSING	
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 checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code Ventnor, NJ 08405 Name of Contact Florence Topiol Telephone Number	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Topiol Residence			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 and commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 1,811 # of Floors 3 Bldg. Age 70		
City (5) Ventnor			County Code (7) (STATE USE ONLY)		
County (6) Atlantic			Current Use (Prior if being demolished) Residence		
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341				Street Address 623 Cedar Avenue	
City, State, Zip Code Chestertown, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 866-755-0099	
Start Date (10) 12 / 15 / 18		Scheduled Completion Date (11) 12 / 17 / 18		License No. 00842	
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 _____ AM			Name of OSHA Monitor EMSL Analytical, Inc. Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08047		
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥150 sf or ≥250 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"/> Gloving 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			
Living Room		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		Pipe Insulation	
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	
City, State Freehold, NJ		Disposal Date 12/18/2018		Name of Registered Landfill Atlantic County Utilities Authority	
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature [Signature] Date 12/14/18	

 ASB-41  
 JAN 19

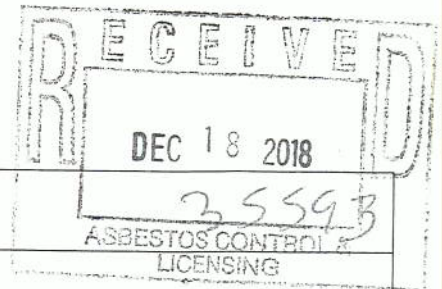
\* Do not use this form for asbestos license exempted activities.



OK 35593

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

**PAID**



Date of Notification (1) 12 / 1 / 18		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.	
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 P O Box 188	
	City, State, Zip Code Spring Lake, NJ 07762		
		Name of Contact Richard Hyde	Telephone Number 732-762-7365

**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]			
City (5) Belmar	Square Feet 1800 sf	# of Floors 1	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) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address	Street Address 1889 Route 9, Unit 61		
City, State, Zip Code	City, State, Zip Code Toms River, New Jersey 08755		
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 12 / 28 / 18	Scheduled Completion Date (11) 12 / 31 / 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 type="checkbox"/> <3 sf or <3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1800 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey	Disposal Date 12/31/18	City, State Tullytown, Pennsylvania	
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/14/18



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

DEC 18 2018

Date of Notification (1) 12 / 1 / 18		Name of Building Owner/Operator (2) Lynx Waste & Recycling, Inc.		ASBESTOS CONTROL LICENSING			
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 P O Box 188 City, State, Zip Code Spring Lake, NJ 07762		Telephone Number 732-762-7365			
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 1800 sf		# of Floors 1	Bldg. Age 65		
City (5) Asbury Park		County Code (7) (STATE USE ONLY)					
County (6) Monmouth		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Guardian Contracting, Inc.			
Street Address		Street Address 1889 Route 9, Unit 61					
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-349-9932			
Start Date (10) 12 / 28 / 18		Scheduled Completion Date (11) 12 / 31 / 18		License No. 00624			
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					
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"/> 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)  exterior	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) 1800 sf	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
				<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"/>
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 12/31/18	City, State Tullytown, Pennsylvania				
Completed By (Print or Type) Nicholas Fernicola		Title Project Manager	Signature [Signature]	Date 12/14/18			



Date of Notification (1) 1/2/11 1/4/11 1/8/11  
 Agencies Notified (Type Notification)  
☒ EPA  
☒ DEP  
☒ DOL  
☒ DOH  
☒ DCA  
☐ Initial Notification  
☐ Amended Notification  
☐ Cancellation  
 Name of Building Owner/Operator (2) Westwood Regional High School  
 Street Address 701 Ridgewood Road  
 City, State, Zip Code Township of Washington, NJ 07676  
 Name of Contact Michele Hastings  
 Telephone Number 201-664-0880 x. 2012

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Westwood Regional High School  
 Street Address 701 Ridgewood Road  
 City, State, Zip Code City (5) Township of Washington, NJ 07676  
 County (6) Bergen  
 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 30000 # of Floors 1 Bldg. Age 60  
 Current Use (Prior if being demolished) School Building  
 Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC  
 Street Address 1248 Wrights Lane  
 City, State, Zip Code West Chester, PA 19380  
 Project Manager for Monitoring Firm Matt Abraham  
 Telephone Number 610-431-7545  
 Scheduled Start Date (10) 1/2/11 2/6/11 1/11/11  
 Month / Day / Year  
 Scheduled Completion Date (11) 1/2/11 2/8/11 1/8/11  
 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:  
 Name of Abatement Contractor (9) Four Strong Builders, Inc.  
 Street Address 180 Sargeant Avenue  
 City, State, Zip Code Clifton, NJ 07013-1935  
 Telephone Number 973-614-0377  
 License Number 00807  
 Name of OSHA Monitor Four Strong Builders, Inc.  
 Street Address 180 Sargeant Avenue  
 City, State, Zip Code Clifton, NJ 07013

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3 sf or >3 lf  
☒ >160 sf or >260 lf
☒ Renovation
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by 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			
				R E M O V E M E N T	R E P A I R	E N C L O S U R E	E N C L O S U R E
Glass Lab	<input checked="" type="checkbox"/>	VAT & Mastic	830 SF	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Newark Carting, Co.  
 City, State Newark, NJ  
 NJDEP Waste Hauler ID No. 4509  
 Cubic Yards of Waste  
 Name of Registered Landfill Grand Central Sanitary Landfill  
 City, State Pen Argyl, PA 18072  
 Disposal Date  
 Completed By (Print or Type) Bilyana Kulakovska Title Office Administrator Signature [Signature] Date 12/14/18



Date of Notification (1) 1   2   /   1   4   /   1   8		Name of Building Owner/Operator (2) Westwood Regional High School	
Agencies Notified		Street Address 701 Ridgewood Road	
Type Notification		City, State, Zip Code Township of Washington, NJ 07676	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DGL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	
		Name of Contact Michele Hastings	Telephone Number 201-664-0880 x. 2012

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Westwood Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 701 Ridgewood Road		Square Feet 30000	
City (5) Township of Washington, NJ 07676		# of Floors 1	
County (6) Bergen		Bldg. Age 60	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) School Building	
Name of Monitoring Firm Hired by Building Owner (8) Westchester Environmental, LLC		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
ASCM No. 00110		Street Address 180 Sargeant Avenue	
Street Address 1248 Wrights Lane		City, State, Zip Code Clifton, NJ 07013-1935	
City, State, Zip Code West Chester, PA 19380		Telephone Number 973-614-0377	
Project Manager for Monitoring Firm Matt Abraham		License Number 00807	
Telephone Number 610-431-7545		Name of OSHA Monitor Four Strong Builders, Inc.	
Scheduled Start Date (10) 1   2   /   2   6   /   1   8		Street Address 180 Sargeant Avenue	
Sched. Completion Date (11) 1   2   /   2   8   /   1   8		City, State, Zip Code Clifton, NJ 07013	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input type="checkbox"/> Other - Describe:			

Scope of Work (Check all that apply)

☐ Demolition  
☐ >3 sf or >3 lf  
☒ >160 sf or >260 lf
☒ Renovation
☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by 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	ENCLOSURE	ENCLOSURE	ENCLOSURE
Glass Lab	<input checked="" type="checkbox"/>	VAT & Mastic	830 SF	<input checked="" type="checkbox"/>				

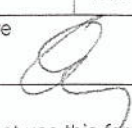
Name of Registered Waste Hauler Newark Carting, Co.	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Newark, NJ	Disposal Date	City, State Pen Argyl, PA 18072	
Completed By (Print or Type) Bilyana Kulakovska	Title Office Administrator	Signature 	Date 12/14/18



Ch006150

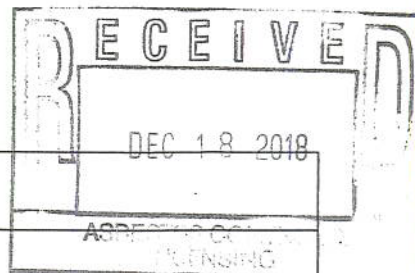
**PAID**  
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:00 and 12:120)

RECEIVED
Check#006150 DEC 18 2018
ASBESTOS CONTAMINATION ABATEMENT

Date of Notification (1) 12/10/2018		Name of Building Owner/Operator (2) South Orange / Maplewood School District					
Agencies Notified	Type Notification	Street Address 525 Academy					
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Maplewood, NJ 07040					
		Name of Contact Mr. Peter Romain	Telephone Number 973-762-5600				
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) Maplewood Middle School		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 7 Burnet Street		Square Feet 30,000+	# of Floors 2				
City (5) Maplewood		Bldg. Age 60+					
County (6) Essex		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School				
Name of Monitoring Firm Hired by Building Owner (8) AHERA Consultants, Inc.		ASCM No. 00057	Name of Abatement Contractor (9) Hazmat Diagnostic LLC				
Street Address P.O. Box 385		Street Address 16 Glenwild Ave					
City, State, Zip Code Oceanville, NJ 08231		City, State, Zip Code Bloomingtondale, NJ 07403					
Project Manager for Monitoring Firm Mr. Eric Clarkson		Telephone No. 609-652-1833	Telephone No. 973-928-3995				
Start Date (10) 12/21/2018		Scheduled Completion Date (11) 12/29/2018	License No. 01181				
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: Start 2:00PM		Name of OSHA Monitor Hazmat Diagnostic LLC					
		Street Address 16 Glenwild Ave					
		City, State, Zip Code Bloomingtondale, NJ 07403					
Scope of Work (Check All That Apply)							
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf  <input 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
Guidance Suite-Hallway, Office 137	Yes	X	VAT / Mastic & Floor Leveler	450 SF	X		
and Entrance Waiting Area							
Name of Registered Waste Hauler Hazmat Diagnostic LLC / Newark Carting, Inc	NJDEP Waste Hauler ID No. 0035440/4509	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless Landfill				
City, State Bloomingtondale, NJ /	Newark, NJ	Disposal Date TBD	City, State Morrisville, PA				
Completed by Tatiana Rotaru	Title COO	Signature 	Date 12/10/2018				



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



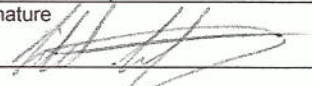
Date of Notification (1) <b>12 / 12 / 18</b>		Name of Building Owner/Operator (2) <b>Andre Lopez</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]					
		City, State, Zip Code <b>Bayonne, NJ 07002</b>					
		Name of Contact <b>Andre Lopez</b>	Telephone Number				
<b>FACILITY INFORMATION</b>							
Name of Facility Where Abatement is Taking Place (3) <b>Residential</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 [REDACTED]							
City (5) <b>Bayonne</b>		Square Feet	# of Floors Bldg. Age				
County (6) <b>Hudson</b>		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) <b>Bio Terra Solutions</b>		Name of Abatement Contractor (9) <b>ALL PRO MANAGEMENT LLC</b>					
Street Address <b>P.O. Box 1224</b>		Street Address <b>27 Outwater Lane</b>					
City, State, Zip Code <b>Union, NJ</b>		City, State, Zip Code <b>Garfield, NJ 07026</b>					
Project Manager for Monitoring Firm <b>Rick Eustaquio</b>		Telephone No. <b>973-494-3762</b>	License No. <b>1188</b>				
Start Date (10) <b>12 / 22 / 18</b>	Scheduled Completion Date (11) <b>12 / 31 / 18</b>		Name of OSHA Monitor <b>ALL PRO MANAGEMENT LLC</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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address <b>27 Outwater Lane</b>					
		City, State, Zip Code <b>Garfield, NJ 07026</b>					
Scope of Work (Check all that apply)  <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	Pipe Insulation	100 LF	<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>Century Waste, LLC</b>		NJDEP Waste Hauler ID No. <b>32797</b>	Cubic Yards of Waste <b>As Needed</b>	Name of Registered Landfill <b>GROWS North Landfill/ Fairless Landfill</b>			
City, State <b>Elizabeth, NJ</b>		Disposal Date <b>TBD</b>		City, State <b>Morrisville, PA</b>			
Completed By (Print or Type) <b>Allen Monchik</b>		Title <b>Project Manager</b>	Signature <i>Allen Monchik</i>	Date <b>12/12/18</b>			



CH 1803

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

Print Form
<b>RECEIVED</b>
DEC 18 2018
ASBESTOS CONSULTING

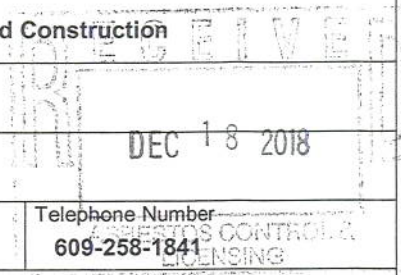
Date of Notification (1) 12/12/18		Name of Building Owner/Operator (2) Daniel Sansevere			
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <div style="background-color: black; width: 100px; height: 15px;"></div> City, State, Zip Code River Edge, NJ 07661 Name of Contact Daniel Sansevere Telephone Number 	
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) Residential Home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			Square Feet 2200		
City (5) River Edge			# of Floors 2		Bldg. Age 70 +/-
County (6) Bergen			County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Residential Home
Name of Monitoring Firm Hired by Building Owner (8) Project Manager			ASCM No.		Name of Abatement Contractor (9) All Stages Abatement
Street Address			Street Address 280 N. Midland Ave.		
City, State, Zip Code			City, State, Zip Code Saddle Brook, NJ 07663		
Project Manager for Monitoring Firm			Telephone No.		Telephone No. 201-600-3184
					License No. 01305
Start Date (10) 12/13/18			Scheduled Completion Date (11) 12/16/18		Name of OSHA Monitor
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.			Street Address		
			City, State, Zip Code		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)
	Yes	No	N/A		
Kitchen		x		VAT	164 SF
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592		Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill
City, State Saddle Brook, NJ				Disposal Date TBD	City, State Pen Argyl, PA
Completed by Richard Cristofol		Title President		Signature 	Date 12/12/18



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

*CLN#3488*

**PAID**

Date of Notification (1) <b>12 / 3 / 18</b>		Name of Building Owner/Operator (2) <b>Princeton University-Office of Design and Construction</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>1-12/13/18</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>200 Elm Dr.</b>						
			City, State, Zip Code <b>Princeton, NJ 08544</b>						
			Name of Contact <b>Robert Ortego</b>						
			Telephone Number <b>609-258-1841</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Princeton University Firestone Library</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>Washington Rd</b>									
City (5) <b>Princeton</b>			Square Feet	# of Floors	Bldg. Age <b>70</b>				
County (6) <b>MERCER</b>			County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Office/Classrooms</b>				
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental Inc</b>		ASCM No. <b>00003</b>	Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>						
Street Address <b>1253 North Church Rd</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>Michael Keehn</b>		Telephone No. <b>609-386-8800</b>	Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>					
Start Date (10) <b>12 / 12 / 18</b>		Scheduled Completion Date (11) <b>12 / 21 / 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>7:00AM-5:30PM</b> / <b>PM</b> - <b>AM</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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
Exterior of Emeritus Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	320 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trustees Reading Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	22 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 <b>BRISTOL ENVIRONMENTAL, INC.</b>	NJDEP Waste Hauler ID No. <b>18706</b>		Cubic Yards of Waste	Name of Registered Landfill <b>FAIRLESS LANDFILL</b>					
City, State <b>BRISTOL, PA 19007</b>			Disposal Date	City, State <b>FAIRLESS HILLS, PA 19047</b>					
Completed By (Print or Type) <b>Brian Scafiro</b>	Title <b>Estimator</b>		Signature <i>Brian Scafiro</i>			Date <b>12-13-18</b>			

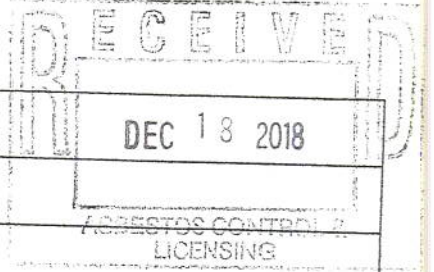


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

Date of Notification (1) 12-10-2018		Name of Building Owner/Operator (2) Stanley Andrusik		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  DEC 18 2018  ASBESTOS CONTROL &amp; LICENSING </div>					
Agencies Notified		Type Notification				Street Address			
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				City, State, Zip Code Interlaken, NJ 07712			
		Name of Contact Stanley Andrusik		Telephone Number					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential			Type of Facility (4)						
Street Address			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Interlaken, NJ 07712			Square Feet 2456	# of Floors 2	Bldg. Age 70+				
County (6) Monmouth			County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Green Environmental Services, LLC					
Street Address				Street Address 235 Virginia Avenue					
City, State, Zip Code				City, State, Zip Code Jersey City, NJ 07304					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-333-8855	License No. 01174				
Start Date (10) 12-11-2018		Scheduled Completion Date (11) 12-11-2018		Name of OSHA Monitor Green Environmental Services, LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 235 Virginia Avenue					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code Jersey City, NJ 07304					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kitchen		X		Pipe Insulation	19 LF	X			
Name of Registered Waste Hauler Green Environmental Services, LLC		NJDEP Waste Hauler ID No. 0034889		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Jersey City, NJ				Disposal Date 12-11-2018	City, State Morrisville, PA				
Completed by Liliana Serrano		Title Office Manager		Signature 		Date 12-10-2018			



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



Date of Notification (1) 12/14/2018		Name of Building Owner/Operator (2) EB Chloe, LLC		DEC 18 2018	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1200 Tices Lane, City, State, Zip Code East Brunswick, NJ 08816	
Name of Facility Where Abatement is Taking Place (3) 501 King Georges Road, City (5) Woodbridge County (6) Middlesex		Name of Contact William Schafer		Telephone Number 908-420-3313	
<b>FACILITY INFORMATION</b>					
Street Address 501 King Georges 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.)		Square Feet 15,000	
City (5) Woodbridge		County Code (7) (STATE USE ONLY) _____		# of Floors N/A	
County (6) Middlesex		Current Use (Prior if being demolished) no building - slab only		Bldg. Age	
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL CONSULTING, INC.		ASCM No. _____		Name of Abatement Contractor (9) ELCON Environmental Inc	
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 150 Glenwood Dr		City, State, Zip Code Washington Crossing, PA 18977	
City, State, Zip Code King of Prussia, PA 19406		Telephone No. 610-279-7070		Telephone No. 215-313-7427	
Project Manager for Monitoring Firm Andrew D. Hubley		License No. 01225		Name of OSHA Monitor same	
Start Date (10) 12/27/2018		Scheduled Completion Date (11) 01/18/2019		Street Address	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code		City, State, Zip Code	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input 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) slab	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) 15000
	Yes	No	N/A		
			x	floor tile and mastic under 2"	x
				of additional concrete on 5" slab	
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD	
City, State New Castle DE		Disposal Date TBD		Name of Registered Landfill Minerva Enreprises	
Completed by Andre Gosek		Title Manager		City, State Waynesburg, OH	
				Signature 	
				Date 12/14/2018	



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PAID

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

Print Form

DEC 18 2018

Date of Notification (1) 12-14-18		Name of Building Owner/Operator (2) Millennial Place	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification Initial Amended Amendment # 1 Emergency (including justification) Cancellation	
Name of Facility Where Abatement is Taking Place (3) Millennial Place		Street Address 201 N. Front Street	
Street Address 201 N. Front Street		City, State, Zip Code Camden, NJ 08102	
City (5) Camden		Name of Contact Rebecca Rubnitz	
County (6) Camden		Telephone Number 888-715-2211	
Name of Monitoring Firm Hired by Building Owner (8) FINOG Environmental, Inc		FACILITY INFORMATION	
Street Address 617 Stokes Road, Suite 4-318		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, State, Zip Code Medford, NJ 08055		Square Feet 56,000	
Project Manager for Monitoring Rebecca Rubnitz		# of Floors 8	
Start Date (10) 11-21-18		Bldg. Age 50+	
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:		Current Use (Prior if being demolished) Vacant	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		County Code (7) (STATE USE ONLY)	
Name of Abatement Contractor (9) ELCON Environmental, Inc		ASCM No.	
Street Address 150 Glenwood Dr		Name of OSHA Monitor Same	
City, State, Zip Code Washington Crossing, PA 18977		Telephone No. 215-313-7427	
Firm Telephone No. 887-152-2211		License No. 01225	
Scheduled Completion Date (11) 01-11-19		Name of OSHA Monitor Same	
Street Address		City, State, Zip Code	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure	
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			
Location of Asbestos-Containing Material TO BE ABATED In Facility (13) ATTACHED			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	
City, State New Castle, DE		Cubic Yards of Waste TBD	
Completed by Andre Gosek		Name of Registered Landfill Minerva Enterprises	
Title Manager		Disposal Date TBD	
Signature		City, State Waynesburg, OH	
Date 12-14-18			



Location of Asbestos- Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)	Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	R e m o v a l	R e p a i r	E n c a p s u l a t e	E n c l o s u r e
6th Floor	N/A	Pipe insulation	468 LF	X			
5th Floor	X	Pipe insulation	454 LF	X			
4th Floor	X	Pipe insulation	504 LF	X			
3rd Floor	X	Pipe insulation	440 LF	X			
2nd Floor	X	Pipe insulation	140 LF	X			
1st Floor	X	Pipe insulation	260 LF	X			
Garage	X	Pipe insulation	1000 LF	X			
Cafeteria	X	Floor tile	5100	X			
Above cafeteria	X	Ceiling tile	5100	X			

