

Inv# 16853


OK 7728

PAID

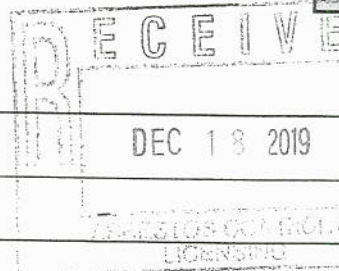
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)

RECEIVED Print Form

DEC 18 2019

Date of Notification (1) 12/13/19		Name of Building Owner/Operator (2) Atlantic City Electric							
Agencies Notified	Type Notification	Street Address 5100 Harding Highway							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Mays Landing NJ 08330							
		Name of Contact Fred Spor	Telephone Number 215-778-8098						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant 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 25 Park Boulevard		Square Feet 1000 +	# of Floors 2						
City (5) Clementon NJ 08021		Bldg. Age 35+							
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.							
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm	Telephone No. 609-685-9984	Telephone No. 856-753-9800	License No. 00727						
Start Date (10) 12/26/19	Scheduled Completion Date (11) 1/17/20	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st & 2nd Floor 1 work area			x	Floor tile & Mastic	5799 SF	x			
Stair Tread			x	Mastic	76 SF	x			
interior door caulk 1st floor hall			x	Caulk	19 LF	x			
electrical room 1st Fl			x	Vibration Gasket	8 LF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 30	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 1/17/20		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 12/13/19			

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



Date of Notification (1) 12/13/19		Name of Building Owner/Operator (2) Atlantic City Electric		DEC 18 2019					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 5100 Harding Highway					
		City, State, Zip Code Mays Landing NJ 08330		Telephone Number 215-778-8098					
		Name of Contact Fred Spor							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Vacant 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 25 Park Boulevard				Square Feet 1000 +					
City (5) Clementon NJ 08021				# of Floors 2					
County (6) Camden				Bldg. Age 35+					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Office Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.		Name of Abatement Contractor (9) Pernaco Inc.					
Street Address		Street Address PO Box 329		City, State, Zip Code West Berlin NJ 08091					
City, State, Zip Code		Telephone No. 609-685-9984		License No. 00727					
Project Manager for Monitoring Firm		Telephone No. 856-753-9800		Name of OSHA Monitor Same					
Start Date (10) 12/26/19		Scheduled Completion Date (11) 1/17/20		Street Address					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Building Caulk Rear of Building			x	Exterior	640 LF	x			
2nd Floor widow Caulk				Exterior	14 LF	x			
Middle Roof Flashing				Exterior	284 LF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S.				
City, State Elm NJ		Disposal Date 1/17/20		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 12/13/19			



12.12.2019 10:18 AM

INV # 10730

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PAGE 2/3  
DEC 18 2019  
DOL ch10 10730

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

OK 1322 PAID

Date of Notification (1) 12/12/19

Name of Building Owner/Operator (2) MR + MRS SZYMCAK

Agencies Notified: ☒ EPA, ☒ DEP, ☒ DOL, ☒ DOH, ☒ DCA

Type Notification: ☒ Initial, ☒ Amended, ☒ Emergency (including Qualification), ☐ Cancellation

Street Address: [REDACTED]

City, State, Zip Code: RUTHERFORD NJ 07070

Name of Contact: TONI

Telephone Number: [REDACTED]

Name of Facility Where Abatement is Taking Place (3) House

Street Address: [REDACTED]

City (5) RUTHERFORD

County (6) MIDDLESEX

County Code (7) (STATE USE ONLY)

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

Square Feet: 1450, # of Floors: 2, Bldg. Age: 62

Current Use (Prior if being demolished): RES

Name of Monitoring Firm Hired by Building Owner (8) ABCM No.

Street Address: [REDACTED]

City, State, Zip Code: [REDACTED]

Name of Abatement Contractor (9) A. Mac Contracting Inc.

Street Address: 165 Vreeland Ave.

City, State, Zip Code: Midland Park, NJ 07432

Telephone No.: 201-282-5841

License No.: 00186

Start Date (10) 12/12/19

Scheduled Completion Date (11) 12/16/19

Occupancy Status During Abatement (Check Only One): ☒ Facility Closed/Vacated During Entire Period of Abatement, ☐ Abatement Performed Outside of Normal Facility Hours, ☐ Other - Describe:

Name of OSHA Monitor: Omega Environmental Services Inc.

Street Address: 280 Huyler Street

City, State, Zip Code: Hackensack, NJ 07606

Scope of Work (Check All That Apply): ☒ 10 of or 13 if 1100 of or 2300 if, ☒ Renovation, ☐ Demolition, ☐ Full Containment with Negative Pressure, ☐ Mini-Enclosure, ☐ Gloved Procedure, ☐ Non-Exempted (C) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify GP or LP)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Basement			X	PIPE	140 LF	X			

Name of Registered Waste Hauler: Newark Carting Inc.

NJDSP Waste Hauler ID No.: 04509

City, State: Newark, NJ 07105

Cubic Yards of Waste: [REDACTED]

Name of Registered Landfill: Grand Central Sanitary Landfill

City, State: Pen Argyl, PA 06072

Completed by: R. McDonald

Title: President

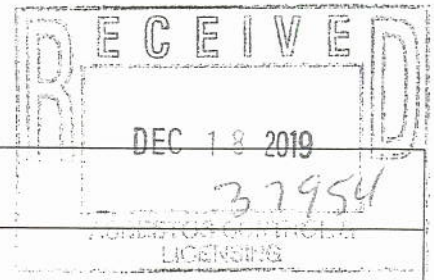
Signature: [Signature]

Date: 12/12/19



Inv# 10731  
 JK 37954 PAID

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



Date of Notification (1) 12 / 12 / 19		Name of Building Owner/Operator (2) Vantage Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 67							
		City, State, Zip Code Gillette, NJ 07933							
		Name of Contact Victor Lobo	Telephone Number 908-757-6213						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Mountainside		Square Feet 2000	# of Floors 2						
		Bldg. Age 65							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.							
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61							
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755							
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624						
Start Date (10) 12 / 12 / 19	Scheduled Completion Date (11) 12 / 13 / 19	Name of OSHA Monitor E.M.S.L. Analytical							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM		Street Address 1056 Stelton							
		City, State, Zip Code Piscataway, New Jersey 08854							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	duct insulation	4 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <sup>nd</sup> floor closets	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	83 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 Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 2	Name of Registered Landfill T.R.R.F.					
City, State Toms River, New Jersey		Disposal Date 12/13/19		City, State Tullytown, Pennsylvania					
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 				Date 12/12/19			



INV#16733

CK9072 PAID

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

DEC 18 2019 10:10 DAY

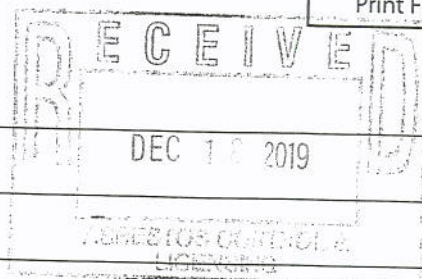
Date of Notification (1) 12/12/19		Name of Building Owner/Operator (2) MS ANNE MARIE IRVING			
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Consultation	Street Address [REDACTED] City, State, Zip Code EAST ORANGE, N.J. 07018 Name of Contact MS. IRVING Telephone Number			
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MS. ANNE MARIE IRVING		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Daycare (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)			
Street Address [REDACTED]		Square Feet 2000			
City (5) EAST ORANGE		No. of Floors 2			
County (6) ESSEX		County Code (7) (STATE USE ONLY) ESSEX			
Name of Monitoring Firm (Hired by Building Owner) (8) [REDACTED]		Name of Abatement Contractor (9) Best Removal Inc			
Street Address [REDACTED]		Street Address 450 South River St			
City, State, Zip Code [REDACTED]		City, State, Zip Code Hackensack, N.J. 07601			
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 201-329-7444			
Start Date (10) 12/13/19		Scheduled Completion Date (11) 12/13/19			
Company 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 - Dependent 8:00AM TO 5:00PM		Name of OSHA Monitor Omega Environmental			
Street Address 280 Huyler St		City, State, Zip Code S. Hackensack, N.J. 07606			
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 100 sq ft or less <input type="checkbox"/> 100 sq ft or more <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Full Containment <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Hot-Strip (7) and Hot-Strip Procedure					
Location of Asbestos-Containing Material (ACM) [REDACTED] (12)	Is Location Normally Used Exclusively by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos-Containing Material (ACM) (i.e. thermal system insulation, surfacing, etc., or other (specify))	Amount (Specify SF or LF)	Abatement Type Removal Enclosure
	BASEMENT				
Name of Registered Waste Handler Best Removal Inc		N.J. DEP Waste Handler ID No. 17109	Code Year of Waste 2019	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL	
City, State Hackensack, N.J. 07601		City, State NEW BURGESS, PA. 17840		Date 12/12/19	
Completed by J. MAIORANO		Estimator [Signature]		Date 12/12/19	

APP-01

\* Do not use this form for asbestos removals conducted on-site.



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



Date of Notification (1) 12.13.2019		Name of Building Owner/Operator (2) Sean Robinson							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Toms River, NJ 08753							
		Name of Contact Sean Robinson	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Residence		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Toms River, NJ 08753		Square Feet 1602	# of Floors 1969						
County (6) Ocean County		Bldg. Age 2							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Renovations							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Spes Contracting LLC						
Street Address		Street Address 164 Meriline Ave, Apt C							
City, State, Zip Code		City, State, Zip Code Woodland Park, NJ 07424							
Project Manager for Monitoring Firm		Telephone No. 973-807-6330	License No. 01383						
Start Date (10) 12.14.2019	Scheduled Completion Date (11) 12.14.2019	Name of OSHA Monitor Spes Contracting LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 164 Meriline Ave, Apt C							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Woodland Park, NJ 07424							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input 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 checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement Room/Closet			X	Vinyl Tiles and assoc. Mastic	150 SF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 1.0	Name of Registered Landfill Fearless Landfill					
City, State Woodland Park, NJ 07424			Disposal Date TBD	City, State Morrisville, PA					
Completed by Branislav Pavlov		Title project manager		Signature 		Date 12.13.2019			



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

CHECK # 26834

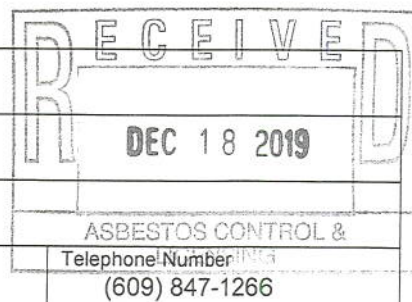
*No check*  
*CK 210834 PAID*

Date of Notification (1) 12-12-19		Name of Building Owner/Operator (2) PR II / GAR Tremley Property Three Urban Renewal, LLC							
Agencies Notified	Type Notification	Street Address 33 Cotters Lane							
<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 East Brunswick, NJ 08816							
		Name of Contact Marc Boumann	Telephone Number (732) 427-4573						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) 4000 Road to Grasselli		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) City of Linden, NJ 07036		Square Feet	# of Floors Bldg. Age						
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Old Storage Tank							
Name of Monitoring Firm Hired by Building Owner (8) Gallagher Bassett Services, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 2850 Golf Road		Street Address 200 Broad Street							
City, State, Zip Code Rolling Meadows, IL 60008		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Michael Garambone		Telephone No. (212) 631-9000	Telephone No. 201-939-6565 License No. 00756						
Start Date (10) 12-23-19	Scheduled Completion Date (11) 01-12-20	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 10-59 Jackson Avenue City, State, Zip Code Long Island City, NY 11101							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input checked="" type="checkbox"/> ≥160 sf or ≥260 If <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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior: Holding Tank			x	Tar Paper	800SF	x			
Name of Registered Waste Hauler Newark Carting, Inc.		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill G.R.O.W.S. North Landfill					
City, State Newark, NJ 07105		Disposal Date TBD		City, State Morrisville, PA 19067					
Completed by Joseph Patrick		Title Project Manager		Signature <i>[Signature]</i>		Date 12-12-19			



Check # 26025

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



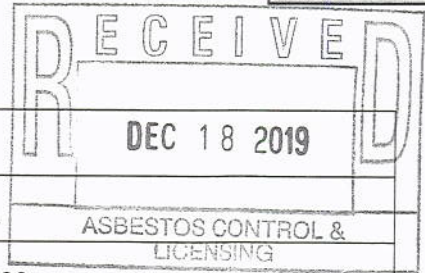
Date of Notification (1) 12/11/2019		Name of Building Owner/Operator (2) The Hun School							
Agencies Notified	Type Notification	Street Address 176 Edgerstoune Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Princeton, NJ 08540							
		Name of Contact Matt Sozio	Telephone Number (609) 847-1266						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Chesebro Academic Building		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 176 Edgerstoune Rd.		Square Feet 30000	# of Floors 2						
City (5) Princeton, NJ		Bldg. Age 65 +/-							
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		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 12/13/2019	Scheduled Completion Date (11) 12/16/2019	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: 6 pm Midnight		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 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
Mech Room		X		Asbestos Fittings	8	X			
Boiler Room		X		Asbestos Fittings	10	X			
				( Wrap & Cut )					
				Fittings on fiberglass pipe insul					
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ			Disposal Date 12/16/2019	City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager	Signature	Date 12/11/2019					



INV-16503  
CK26019

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

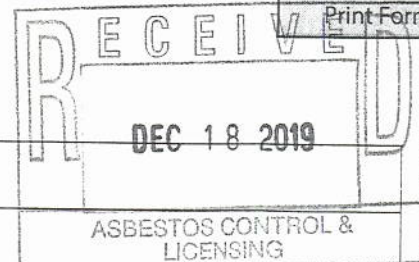
PAID



Date of Notification (1) 12/2/2019		Name of Building Owner/Operator (2) Diocese of Trenton							
Agencies Notified	Type Notification	Street Address 701 Lawrenceville Rd.							
<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 checked="" type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lawrenceville, NJ 08638							
		Name of Contact Michael Cogan	Telephone Number (609) 403-7214						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Lawrenceville, NJ 08638		Square Feet 3500	# of Floors 3						
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		ASCM No.	Name of Abatement Contractor (9) Stevens Environmental Services, Inc.						
Street Address PO Box 341		Street Address PO Box 322							
City, State, Zip Code Crosswicks, NJ 08515		City, State, Zip Code Allentown, NJ 08501							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609 298-4070	License No. 00493						
Start Date (10) 12/4/2019	Scheduled Completion Date (11) 12/6/2019		Name of OSHA Monitor MECS						
Occupancy Status During Abatement (Check Only One)		Street Address PO Box 341							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 am - 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	110 lf	X			
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292	Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill					
City, State Allentown, NJ		Disposal Date 12/6/2019		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 			Date 12/2/2019		



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



CK1312

12/16/19 INV 110842

Name of Building Owner/Operator (2)  
Eugene Cooper

Street Address  
[REDACTED]

City, State, Zip Code  
Elizabeth, NJ 07201

Name of Contact  
Eugene Cooper

Telephone Number

ASBESTOS CONTROL & LICENSING

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☒ initial  
☐ Amended  
Amendment #  
☐ Emergency (including justification)  
☐ Cancellation

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3)  
[REDACTED]

Street Address  
[REDACTED]

City (5)  
Elizabeth

County (6)  
Union

County Code (7)  
(STATE USE ONLY)

Type of Facility (4)

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

Square Feet

# of Floors

Bldg. Age

Name of Monitoring Firm Hired by Building Owner (8)

ASCM No.

Name of Abatement Contractor (9)  
AAA LEAD PROFESSIONALS

Street Address  
6 WHITE DOVE COURT

City, State, Zip Code  
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm

Telephone No.

Telephone No.  
732-668-9078

License No.  
1200

Start Date (10)  
12/26/19

Scheduled Completion Date (11)  
12/27/19

Name of OSHA Monitor  
AAA LEAD PROFESSIONALS

Occupancy Status During Abatement (Check Only One)

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

Street Address  
6 WHITE DOVE COURT

City, State, Zip Code  
LAKEWOOD, NJ 08701

Scope of Work (Check All That Apply)

☒ ≥3 sf or ≥3 lf  
☐ ≥160 sf or ≥260 lf

☒ Renovation  
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				PIPE INSULATION	160LF	x			

Name of Registered Waste Hauler  
NEWARK CARTING

NJDEP Waste Hauler ID No.  
04509

Cubic Yards of Waste  
5

Name of Registered Landfill  
IESI

City, State  
NEWARK, NJ

Disposal Date  
12/27/19

City, State  
BETHLEHEM PA

Completed by  
JOSEPH PERLSTEIN

Title  
OWNER

Signature

Date  
12/16/19



CK 1314

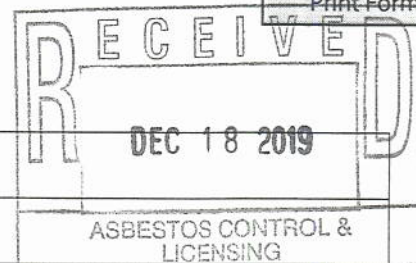
**PAID**  
 State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 12:120)

Print Form
<b>RECEIVED</b>
<b>DEC 18 2019</b>
<b>ASBESTOS CONTROL &amp; LICENSING</b>

Date of Notification (1) 11/11/19 <i>Inv 16841</i>		Name of Building Owner/Operator (2) MCEF Construction							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	496 East County Line Road							
		City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact MCEF Construction	Telephone Number 732-367-0693						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Lakewood		Square Feet	# of Floors						
County (6) Ocean		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		732-668-9078	1200						
Start Date (10) 12/26/19	Scheduled Completion Date (11) 12/31/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<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: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	3400SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 15	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 12/31/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date 11/11/19		



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

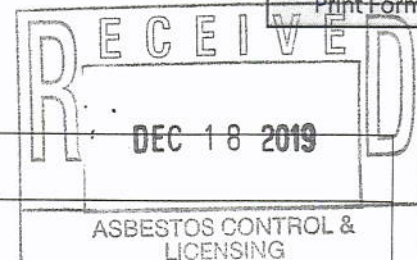


CK 1476509444  
Inv 14838

Date of Notification (1) 12/12/2019		Name of Building Owner/Operator (2) Greg Chu							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Westfield, NJ 07090							
		Name of Contact Greg Chu	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Westfield		Bldg. Age N/A							
County (6) Union	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address		Street Address 11 Rosengren Avenue							
City, State, Zip Code		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm		Telephone No.	License No. 01311						
Start Date (10) 12/24/2019		Scheduled Completion Date (11) 12/25/2019							
Name of OSHA Monitor D&S Abatement, Inc.									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: Occupied		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Pipe Insulation	15 LF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 12/12/2019			



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

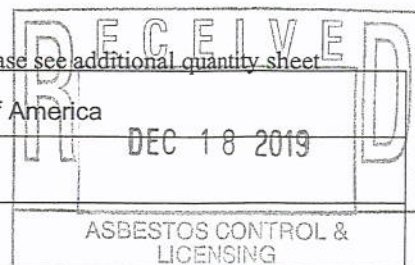


Date of Notification (1) 12/12/2019 <i>Jnv 16836</i>		Name of Building Owner/Operator (2) Stevens Institute of Technology							
Agencies Notified	Type Notification	Street Address 1 Castle Point on Hudson	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hoboken, NJ 07030  Name of Contact Kevin Klich		Telephone Number 551-655-9149					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Davidson Building		Type of Facility (4)							
Street Address 1 Castle Point on Hudson		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Hoboken		Square Feet N/A	# of Floors N/A Bldg. Age N/A						
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) Briggs Associates		ASCN No. 0004	Name of Abatement Contractor (9) D&S Abatement, Inc.						
Street Address 3 Crosswicks Street		Street Address 11 Rosengren Avenue							
City, State, Zip Code Bordentown, NJ 08505		City, State, Zip Code Totowa, NJ 07512							
Project Manager for Monitoring Firm Michael Hoodak		Telephone No. 609-298-5520	Telephone No. 9733458685 License No. 01311						
Start Date (10) 12/23/2019	Scheduled Completion Date (11) 12/24/2019	Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 11 Rosengren Avenue							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>Occupied</u>		City, State, Zip Code Totowa, NJ 07512							
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) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Davidson Building Room # 242		X		VAT & Mastic	400 SF	X			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central					
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 			Date 12/12/2019		



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

PAL 105719-1213 Add Material Please see additional quantity sheet



Date of Notification (1) 12/12/2019 <b>Inv- 16729</b>		Name of Building Owner/Operator (2) The Prudential Insurance Company of America							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	213 Washington Street							
		City, State, Zip Code Newark, NJ 07102							
		Name of Contact Bill Barrett	Telephone Number 973-802-2175						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wash Building		Type of Facility (4)							
Street Address 213 Washington Street 11th, 12th, 13 & 14th Floor		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Newark		Square Feet 400,000	# of Floors 21						
County (6) Essex		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental Inc		ASCM No.	Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Enviro						
Street Address 256A Jefferson Court		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Lakewood, NJ 08701		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 732-948-9458	Telephone No. 718-349-0900						
License No. 00853									
Start Date (10) 11/25/2019	Scheduled Completion Date (11) 01/25/2020	Name of OSHA Monitor Wojciech Kowalczyk							
Occupancy Status During Abatement (Check Only One)		Street Address 133 Beach 98th Street							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Rockaway Park, NY 11694							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
11th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
12th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
13th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
14th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 50 Yards	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY 11967			Disposal Date 11/27/2019	City, State Waynesburg, OH 44688					
Completed by Ann A. Ali		Title Compliance Admin		Signature		Date 12/12/2019			



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

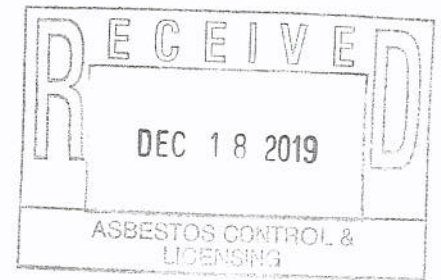
PAL Job# 19-1213 Add Material Please see additional quantity sheet

Date of Notification (1) 12/09/2019		Name of Building Owner/Operator (2) The Prudential Insurance Company of America		DEC 18 2019					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 213 Washington Street City, State, Zip Code Newark, NJ 07102 Name of Contact Bill Barrett Telephone Number 973-802-2175					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Wash 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 213 Washington Street 11th, 12th, 13 & 14th Floor			Square Feet 400,000						
City (5) Newark			# of Floors 21		Bldg. Age 50+				
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental Inc		ASCM No.		Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Envir					
Street Address 256A Jefferson Court		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Lakewood, NJ 08701		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 732-948-9458		Telephone No. 718-349-0900					
Start Date (10) 11/25/2019		Scheduled Completion Date (11) 01/25/2020		License No. 00853					
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 Wojciech Kowalczyk						
Street Address 133 Beach 98th Street			City, State, Zip Code Rockaway Park, NY 11694						
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
11th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
12th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
13th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
14th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
Name of Registered Waste Hauler ATC		NUDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 50 Yards	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY 11967				Disposal Date 11/27/2019	City, State Waynesburg, OH 44688				
Completed by Ann A. Ali		Title Compliance Admin		Signature		Date 12/09/2019			



213 WASHINGTON STREET - ADDITIONAL MATERIAL

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







**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)  
PAL Job# 19-1213 Add Material

Date of Notification (1) 11/07/2019		Name of Building Owner/Operator (2) The Prudential Insurance Company of America		ASBESTOS CONTROL & LICENSING					
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 213 Washington Street		Telephone Number 973-802-2175				
			City, State, Zip Code Newark, NJ 07102						
			Name of Contact Bill Barrett						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement Is Taking Place (3) Wash 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 213 Washington Street 11th, 12th, 13 & 14th Floor				Square Feet 400,000	# of Floors 21				
City (5) Newark				Bldg. Age 50+					
County (6) Essex		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Commercial					
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental Inc		ASCM No. _____		Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Envir					
Street Address 256A Jefferson Court		Street Address 11-02 Queens Plaza South							
City, State, Zip Code Lakewood, NJ 08701		City, State, Zip Code Long Island City, NY 11101							
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 732-948-9458		Telephone No. 718-349-0900	License No. 00853				
Start Date (10) 11/25/2019		Scheduled Completion Date (11) 01/25/2020		Name of OSHA Monitor Wojciech Kowalczyk					
Occupancy Status During Abatement (Check Only One)  <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 133 Beach 98th Street					
				City, State, Zip Code Rockaway Park, NY 11694					
Scope of Work (Check All That Apply)  <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
11th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
12th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
13th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
14th Floor		X		Floor Tile, Mastic & Duct Insulation	21,000 SF	X			
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310		Cubic Yards of Waste 50 Yards	Name of Registered Landfill Minerva Enterprises				
City, State Shirley, NY 11967				Disposal Date 11/27/2019	City, State Waynesburg, OH 44688				
Completed by Ann A. Ali		Title Compliance Admin		Signature 		Date 11/27/2019			



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

Check # 2395

Inv 16778

PAID

CL 2395

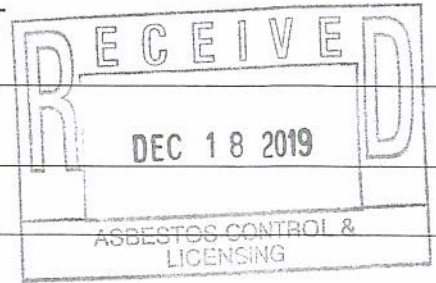
Date of Notification (1) <b>December 13, 2019</b>		Name of Building Owner / Operator (2) <b>30 Montgomery Partners, LLC c/o Cushman &amp; Wakefield</b>	
Agencies Notified  <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification  <b>EMERGENCY</b> <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #_ <input type="checkbox"/> Cancellation	Street Address  <b>30 Montgomery Street, Suite 200</b>  City, State & Zip Code <b>Jersey City, NJ 07302</b>  Name of Contact <b>Ingrid Noonan</b>	
		Telephone Number <b>201-508-5292</b>	
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>Office 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 & commercial buildings, home, etc.)	
Street Address <b>30 Montgomery Street</b>		Square Feet <b>318,708</b>	
City (5) <b>Jersey City</b>		# of Floors <b>15</b>	
County (6) <b>Hudson</b>		Bldg. Age <b>45</b>	
County Code (7) <b>USE ONLY</b>		Current Use (Prior if being demolished) <b>Office Building</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis U.S., Inc.</b>		ASCM No.	
Street Address <b>10 Friends Lane</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Newtown, PA 18940</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm <b>Firoz Jan</b>		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Telephone Number <b>267-685-1800</b>		License Number <b>00817</b>	
Scheduled Start Date (10) <b>December 14, 2019</b>		Scheduled Completion Date (11) <b>January 30, 2020</b>	
Name of OSHA Monitor <b>Synatech, Inc.</b>		Street Address <b>829 Radio Road</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	
Scope of Work (Check all that apply)			
<input type="checkbox"/> ≥3 sf or ≥ 50 lf <input 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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)
	Yes    No    N/A		
<b>4<sup>th</sup> Floor Vacant Space</b>		<b>Floor Tile and Mastic</b>	<b>18,000 SF</b>
Name of Registered Waste Hauler <b>Synatech, Inc.</b>	NJDEP Waste Hauler ID No. <b>27429</b>	Cubic Yards of Waste <b>20</b>	Name of Registered Landfill <b>Fairless Hills</b>
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>January 31, 2020</b>	City, State <b>Morrisville, PA</b>
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature <i>Diane Aloia</i>	Date <b>December 13, 2019</b>

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



Inv 16834  
Ch 9277

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 6:60 and 5:16)



Date of Notification (1) <b>12 / 9 / 19</b>		Name of Building Owner/Operator (2) <b>Ms. Treby Williams</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>Princeton, NJ 08540</b>							
		Name of Contact <b>Treby Williams</b>	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Williams 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 and commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) <b>Princeton</b>	Square Feet <b>4846</b>	# of Floors <b>2.5</b>	Bldg. Age <b>171</b>						
County (6) <b>Mercer</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental</b>		ASCM No.							
Street Address <b>617 Stokes Rd. #4-318</b>		Name of Abatement Contractor (9) <b>Active Environmental Technologies, Inc.</b>							
City, State, Zip Code <b>Medford, NJ 08055</b>		Street Address <b>203 Pine Street</b>							
Project Manager for Monitoring Firm		Telephone No.	License No. <b>01299-01</b>						
Start Date (10) <b>12 / 18 / 19</b>	Scheduled Completion Date (11) <b>12 / 20 / 19</b>	Name of OSHA Monitor							
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							
		City, State, Zip Code							
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 type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation	75 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 <b>Active Environmental Technologies, Inc</b>		NJDEP Waste Hauler ID No. <b>25704</b>		Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Waste Recovery Solutions</b>				
City, State <b>Mt. Holly, NJ</b>		Disposal Date <b>12/20/19</b>		City, State <b>Myerstown, NJ</b>					
Completed By (Print or Type) <b>Shannon Bach</b>		Title <b>Disposal Coordinator</b>		Signature 		Date <b>12/9/19</b>			



LN# 10855  
CK 2206 PAID

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

RECEIVED  
DEC 18 2019

Date of Notification (1) 12-11-19		Name of Building Owner/Operator (2) Elite Homes Construction							
Agencies Notified	Type Notification	Street Address 132 Princeton Place							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Palisades Park, NJ 07650							
		Name of Contact Michael Garbuz	Telephone Number (201) 697-9953						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Palisades Park		Square Feet	# of Floors						
County (6) Bergen		Bldg. Age							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Delfa Contracting LLC.						
Street Address		Street Address 1119 East Grand St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07201							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 201 216-9603						
Start Date (10) 12-20-19		Scheduled Completion Date (11) 12-23-19	License No. 01206						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Delfa Contracting LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1119 East Grand St							
		City, State, Zip Code Elizabeth, NJ 07201							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage		x		Pipe Insulation	60 LF	x			
Name of Registered Waste Hauler Delfa Contracting LLC		NJDEP Waste Hauler ID No. 35240		Cubic Yards of Waste 4	Name of Registered Landfill Tullytown Resource Recovery Facility				
City, State Elizabeth, NJ		Disposal Date 12-23-19		City, State Tullytown, PA					
Completed by Jaime Delgado		Title Project Manager		Signature 			Date 12-11-19		

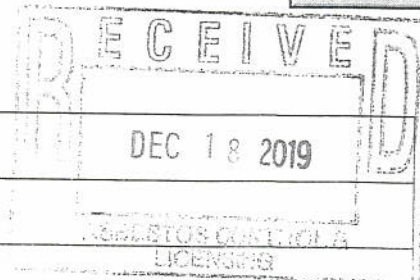
Inv# 10837

Print Form

CK 1298

PAID

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



Date of Notification (1) 12/12/19		Name of Building Owner/Operator (2) Paul Gilbert							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact Paul Gilbert	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) Lakewood		Square Feet	# of Floors						
County (6) Ocean		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 12/23/19	Scheduled Completion Date (11) 12/25/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		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 type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				SIDING	2500SF	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 NEWARK, NJ		Disposal Date 12/25/19		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 12/12/19			



INT 10051

RECEIVED  
DEC 18 2019  
ASBESTOS CONTROL & LICENSING

OK 51072

PAID

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

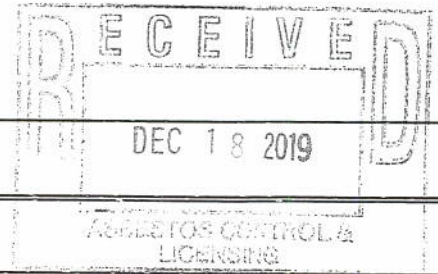
Date of Notification (1) 12/13/19			Name of Building Owner/Operator (2) Erbe Builders Inc		
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA			Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		
Street Address [REDACTED]			City, State, Zip Code Toms River NJ 08753		
Name of Facility Where Abatement is Taking Place (3) Resident			Name of Contact Mary Ann		
Street Address [REDACTED]			Telephone Number 732-341-6051		
City (5) Toms River			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.)		
County (6) Ocean County			Square Feet # of Floors Bldg. Age		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished)		
Name of Monitoring Firm Hired by Building Owner (8)			ASCM No.		
Street Address			Name of Abatement Contractor (9) Ami Joe Abatement Contractors LLC		
City, State, Zip Code			Street Address 1212 Burlington Ave		
Project Manager for Monitoring Firm			City, State, Zip Code Delanco NJ 08055		
Start Date (10) 12/22/19			Telephone No. 609-346-0916		
Scheduled Completion Date (11) 1/22/19			License No. C1070		
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		
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			Street Address		
			City, State, Zip Code		
Location of Asbestos-Containing Material (ACM) (ACM) TO BE ABATED In Facility (13) Outside			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Siding			Amount (Specify SF or LF) 7000		
			Abatement Type Removal Repair Enclosure Enclosure		
Registered Waste Hauler WHE LLC			NJDEP Waste Hauler ID No. 20547		
Cubic Yards of Waste			Name of Registered Landfill WM of PA		
Disposal Date 12/13/19			City, State Delanco NJ		
Signature [Signature]			Date 12/13/19		

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



Proj. #: 19-280

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



Date of Notification (1)  
12/1/19

Name of Building Owner/Operator (2)

Joseph & Rita Marts

Agencies Notified  
☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification  
☒ Initial  
☐ Amended  
Amendment #: \_\_\_\_\_  
☐ Emergency (including justification)  
☐ Cancellation

Street Address

City, State, Zip Code

Chatham, NJ 07928

Name of Contact

Joseph & Rita Marts

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Residential

Street Address

City (5)

Chatham, NJ 07928

County (6)

Morris

County Code (7)  
(State use only)

Type of Facility (4)

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

Square Feet  
1,700 SF

# of Floors  
02

Bldg. Age  
90

Current Use (Prior if being demolished)  
Residential

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

N/A

ASCM No.

Name of Abatement Contractor (9)

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Telephone Number

833-455-6629

License Number

02007

Name of OSHA Monitor

KLOMAX, LLC

Street Address

309 W. End Ave

City, State, Zip Code

Hopatcong, NJ 07843

Project Manager for Monitoring Firm

Phone Number

Start Date (10)

12/29/19

Sched. Completion Date (11)

01/03/2020

Occupancy Status During Abatement (Check only one)

☐ Facility closed/vacated during entire period of abatement.  
☐ Abatement performed outside of normal facility hours-  
Describe: \_\_\_\_\_  
☒ Other-Describe: NORMAL HOURS

Scope of Work (check all that apply)

☒ >3 sf or >3 lf  
☐ ≥160 sf or ≥260 lf

☒ Renovation  
☐ Demolition

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

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Basement		<input checked="" type="checkbox"/>		Pipe Insulation	108 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement		<input checked="" type="checkbox"/>		Chimney Flute Patch	1 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"/>

Registered Waste Hauler  
KLOMAX, LLC

NJDEP Hauler ID#  
0038241

Cubic Yards of Waste  
1 1/2 yds

Name of Registered Landfill  
TULLYTOWN, RESOURCE RECOVERY

City, State  
Hopatcong, NJ 07843

Disposal Date  
TBD

City, State  
TULLYTOWN, PA

Completed by (Print or Type)  
Paige Boylan

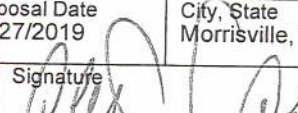
Title  
Owner

Signature

Date  
12/13/19



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DEC 18 2019  
Check# 1526  
DIRECTOR GENERAL  
LICENSING

Date of Notification (1) 12/12/2019		Name of Building Owner/Operator (2) West Essex YMCA		DEC 18 2019 Check# 1526							
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 321 S Livingston Ave  City, State, Zip Code Livingston, New Jersey 07039  Name of Contact _____ Telephone Number _____							
<b>FACILITY INFORMATION</b>											
Name of Facility Where Abatement is Taking Place (3) West Essex YMCA			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address 321 S Livingston Ave			Square Feet 15,000		# of Floors 1						
City (5) Livingston, New Jersey 07039			Bldg. Age 50+								
County (6) Essex		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Recreational Center							
Name of Monitoring Firm Hired by Building Owner (8) Detail Associates, Inc.		ASCM No.		Name of Abatement Contractor (9) Lilich Corporation							
Street Address 560 Sylvan Ave, Suite 3065		Street Address 606 McBride Ave									
City, State, Zip Code Englewood Cliffs, New Jersey 07632		City, State, Zip Code Woodland Park, New Jersey									
Project Manager for Monitoring Firm Anthony Valentine		Telephone No 201-569-6708		Telephone No. 973-225-8400							
Start Date (10) 12/23/2019		Scheduled Completion Date (11) 12/27/2019		License No. 01104							
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: _____			Name of OSHA Monitor Iris Environmental Laboratories, LLC								
			Street Address 2333 Route 22 West								
			City, State, Zip Code Union, NJ 07083								
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glove Bag Procedure / Limited Containment & Tent <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure											
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> In Facility (13)  BLDG 1		Is Location Normally Used Solely by Maintenance/Custodial Yes   No   N/A		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type			
								Removal	Repair	Encapsulate	Enclosure
Basement		X		Elbow Fitting Insulation		15 (ea)		x			
Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724		Cubic Yards of Waste 1		Name of Registered Landfill Fairless Landfill					
City, State Totowa, New Jersey				Disposal Date 12/27/2019		City, State Morrisville, PA					
Completed by Adriana Olejarova		Title President		Signature 				Date 12/12/2019			



Trn# 110850 State of New Jersey - Notification of Asbestos Abatement  
 CK 3302 PAID (Pursuant to N.J.A.C. 8:60-7 and 12:120-7)

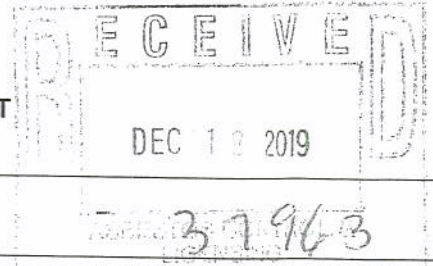
RECEIVED  
 DEC 13 2019

Date of Notification (1) <b>December 13, 2019</b>		Name of Building Owner/Operator (2) <b>The Valley Hospital</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification Amendment Emergency (including justification)	Street Address <b>223 North Van Dien Avenue</b> City, State, Zip Code <b>Ridgewood, NJ 07450-2736</b>	
Name of Facility Where Abatement is Taking Place (3) <b>Former Warehouse/Car Dealership</b>		Name of Contact William Stasiak	
Street Address <b>565 Maple Avenue</b>		Telephone Number 201-447-8141	
City (5) <b>Ridgewood</b>	County (6) <b>Bergen</b>	Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: <b>Unknown</b> # of Floors: <b>1</b> Bldg. Age: <b>70+ years</b>	
County Code (7) (State Use Only)		Current Use (prior if being demolished): <b>Car Dealership</b>	
Name of Monitoring Firm Hired by Bldg. Owner (8) <b>Colden Corporation</b>		Name of Contractor (9) <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
Street Address <b>131 Varick Street # 939</b>		Street Address <b>511 MAIN STREET</b>	
City, State, Zip Code <b>New York, NY 10013</b>		City, State, Zip Code <b>Butler, NJ 07405</b>	
Project Manager for Monitoring Firm <b>Jim Miades</b>	Telephone Number <b>347.435.3561</b>	Telephone Number <b>973-492-0477</b>	License Number <b>00840</b>
Scheduled Start Date (10) <b>December 30, 2019</b>	Scheduled Completion Date (11) <b>February 15, 2020</b>	Name of OSHA Monitor <b>EMSL inc.</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input type="checkbox"/> Other - Describe: <b>Vacant</b>		Street Address <b>1056 Stelton Road</b> City, State, Zip Code <b>Piscataway, NJ 08854</b>	
Source of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure <input checked="" type="checkbox"/> Wrap & Cut			
Location of Asbestos-Containing Material (ACM) in Facility (13) <b>Interior of Building</b> <b>Exterior</b>	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/> YES	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) <b>Joint Compound</b> <b>Mirror Mastic</b> <b>VAT &amp; Mastic</b> <b>Window Caulking</b> <b>Vapor Barrier</b> <b>Mechanical</b> <b>TSI</b> <b>Fire Doors</b> <b>ACM Non-Friable Roofing</b>	Amount (Specify SF or LF) <b>2,500sf</b> <b>300sf</b> <b>2,980sf</b> <b>500 lf</b> <b>1,000 sf</b> <b>100sf</b> <b>900lf</b> <b>10 ea</b> <b>9,000 sf</b>
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove		Name of Registered Landfill <b>Fairless Landfill/</b> <b>Grand Central Landfill</b>	
Name of Reg. Waste Hauler <b>See Hauler Below # 1 &amp; 2</b>		NJDEP Waste Hauler ID # <b>See Below</b>	
Cubic Yards of Waste: <b>120 Cu.Yds.</b>		Disposal Date <b>February 15, 2020</b>	
Hauler #1) <b>Greenwood Abatement Consultants, Inc. - Butler, NJ 07405</b> <b>NJ DEP # 12561</b>		City, State <b>FL-1000 New Ford Rd, Morrisville, PA</b> <b>19067 Permit#18072</b> <b>GCL-1963 Pen Argyle Rd, Pen</b> <b>Argyle, PA 18072</b> <b>Permit # 100265</b>	
Hauler #2) <b>Newark Carting, Inc. - Newark, NJ 04509, NJ DEP # 19551</b>		Date <b>December 13, 2019</b>	
Completed by (Print or Type) <b>Marin Graure</b>	Title <b>Sr. PROJECT MANAGER</b>	Signature <i>Marin Graure</i>	Date <b>December 13, 2019</b>



INV # 16851  
CK37963

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



Date of Notification (1) <b>12 / 13 / 19</b>		Name of Building Owner/Operator (2) <b>Jacobs Demolition</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>P O Box 9</b>	
		City, State, Zip Code <b>Manasquan, NJ 08736</b>	
		Name of Contact <b>Linda</b>	Telephone Number <b>732-528-3800</b>

**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 and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) <b>Brick</b>	Square Feet <b>800 sf</b>	# of Floors <b>1</b>	Bldg. Age <b>65</b>
County (6) <b>Ocean</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) <b>Residence</b>	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) <b>Guardian Contracting, Inc.</b>	
Street Address		Street Address <b>1889 Route 9, Unit 61</b>	
City, State, Zip Code		City, State, Zip Code <b>Toms River, New Jersey 08755</b>	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. <b>732-349-9932</b>	License No. <b>00624</b>
Start Date (10) <b>12 / 23 / 19</b>	Scheduled Completion Date (11) <b>12 / 24 / 19</b>	Name of OSHA Monitor <b>E.M.S.L. Analytical</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>1056 Stelton</b>	
		City, State, Zip Code <b>Piscataway, New Jersey 08854</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) 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-gable ends	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	800 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 <b>Guardian Contracting, Inc.</b>		NJDEP Waste Hauler ID No. <b>20223</b>	Cubic Yards of Waste <b>3</b>	Name of Registered Landfill <b>T.R.R.F.</b>	
City, State <b>Toms River, New Jersey</b>		Disposal Date <b>12/24/19</b>	City, State <b>Tullytown, Pennsylvania</b>		
Completed By (Print or Type) <b>Nicholas Fernicola</b>	Title <b>Project Manager</b>	Signature 	Date <b>12/13/19</b>		




Inv# 10852  
CK 7730 PAID

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

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Print Form

DEC 18 2019

Date of Notification (1) 12/13/19		Name of Building Owner/Operator (2) James Pinder Private Home							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Surf City NJ 08008							
		Name of Contact James	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) James Pinder Private Home		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Surf City NJ 08008		Square Feet 1000 +	# of Floors 1						
County (6) Ocean		County Code (7) (STATE USE ONLY) _____	Bldg. Age 35+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Pernaco Inc.						
Street Address		Street Address PO Box 329							
City, State, Zip Code		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm		Telephone No. 609-685-9984	Telephone No. 856-753-9800						
Start Date (10) 12/26/19		Scheduled Completion Date (11) 12/31/19	License No. 00727						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Same							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf									
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Siding			x	Exterior Siding	1600 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 4	Name of Registered Landfill G.R.O.W.S.					
City, State Elm NJ		Disposal Date 12/31/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 			Date 12/13/19		