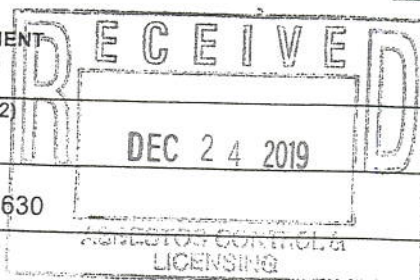


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



PAID 04/30/19

Date of Notification (1) 8-19-19		Name of Building Owner/Operator (2) HRP Hudson, LLC	
Agencies Notified	Type Notification	Street Address 401 N Michigan Ave, Suite 1630	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60611	
		Name of Contact Genaro Holguin	Telephone Number 312-796-6593

FACILITY INFORMATION

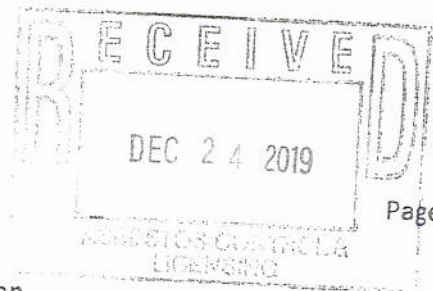
Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station		Type of Facility (4)	
Street Address Dutfield Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City	Square Feet 627,470	# of Floors 10	Bldg. Age 55
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Power Plant	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc		Name of Abatement Contractor (9) Precision Environmental Company	
Street Address 617 Stokes Rd, Suite 4-318		Street Address 5500 Old Brecksville Rd	
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Independence, Ohio 44131	
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 856-596-9994	Telephone No. 216-642-6040
Start Date (10) 9-17-19		Scheduled Completion Date (11) 6-30-20 PROJECT ON HOLD	License No. 01212
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor Precision Environmental Company	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 5500 Old Brecksville Rd	
		City, State, Zip Code Independence, Ohio 44131	

Scope of Work (Check All That Apply)

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

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

Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 900	Name of Registered Landfill Fairless Landfill	
City, State Hainesport, NJ		Disposal Date		City, State Morrisville, PA 19067	
Completed by John Savage		Title Vice President	Signature		Date 12-18-19



Hudson Generating Station

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

Bottom Ash Transport	QTY	Category
No Asbestos Reported		

Intake Structure
No Asbestos Reported

Barge Unloader
No Asbestos Reported

Conveyor & Transfer House
No Asbestos Reported

P1 - Storage Building
No Asbestos Reported

P2 - Coal Conveyor
No Asbestos Reported

P2 - Coal Handling Structure
No Asbestos Reported

P3 - Service / Office Building

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



P3 - Locker Room Building
No Asbestos Reported

P3 - Turbine Building

Coating	32,000 SF	Cat II
Floor Tile & Mastic	400 SF	Cat I

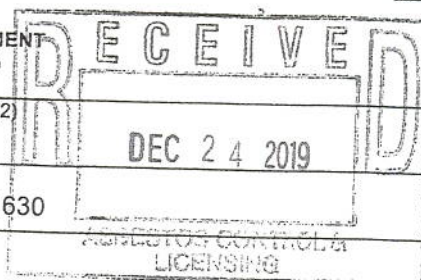
P3 - Unit 1

Pipe Insulation	4,100 LF	RACM
Pipe Fittings	84 EA	RACM
Tank Insulation	220 SF	RACM
Galbestos Siding	3,100 SF	Cat II

P3 - Unit 2

Pipe Insulation	2,750 LF	RACM
Tank Insulation	450 SF	RACM
Galbestos Siding	2,800 SF	Cat II

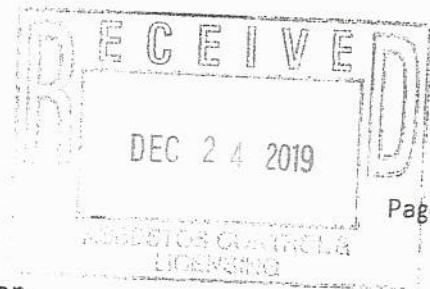
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



PAID 043991

Inv # 116970

Date of Notification (1) 8-19-19		Name of Building Owner/Operator (2) HRP Hudson, LLC							
Agencies Notified	Type Notification	Street Address 401 N Michigan Ave, Suite 1630							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60611							
		Name of Contact Genaro Holguin	Telephone Number 312-796-6593						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Dutfield Avenue		Square Feet 627,470	# of Floors 10						
City (5) Jersey City		Bldg. Age 55							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Power Plant							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Precision Environmental Company						
Street Address 617 Stokes Rd, Suite 4-318		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 856-596-9994	Telephone No. 216-642-6040						
License No. 01212									
Start Date (10) 9-17-19	Scheduled Completion Date (11) 6-30-20 PROJECT ON HOLD	Name of OSHA Monitor Precision Environmental Company							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 5500 Old Brecksville Rd							
		City, State, Zip Code Independence, Ohio 44131							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
SEE ATTACHED LIST									
Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 900	Name of Registered Landfill Fairless Landfill					
City, State Hainesport, NJ		Disposal Date		City, State Morrisville, PA 19067					
Completed by John Savage		Title Vice President	Signature		Date 12-18-19				



Hudson Generating Station

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

Bottom Ash Transport	QTY	Category
No Asbestos Reported		

Intake Structure
No Asbestos Reported

Barge Unloader
No Asbestos Reported

Conveyor & Transfer House
No Asbestos Reported

P1 - Storage Building
No Asbestos Reported

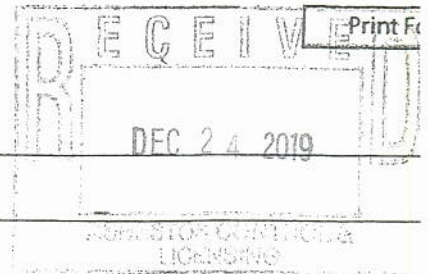
P2 - Coal Conveyor
No Asbestos Reported

P2 - Coal Handling Structure
No Asbestos Reported

P3 - Service / Office Building

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

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

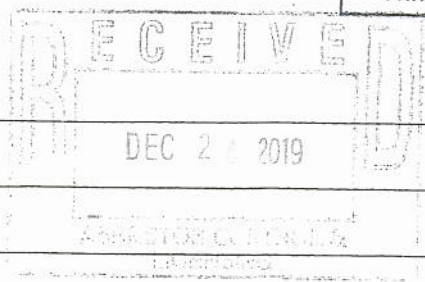


Date of Notification (1) 8-19-19		Name of Building Owner/Operator (2) HRP Hudson, LLC							
Agencies Notified	Type Notification	Street Address 401 N Michigan Ave, Suite 1630							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60611							
		Name of Contact Genaro Holguin	Telephone Number 312-796-6593						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Dutfield Avenue		Square Feet 627,470	# of Floors 10						
City (5) Jersey City		Bldg. Age 55							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Power Plant							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc		ASCM No.	Name of Abatement Contractor (9) Precision Environmental Company						
Street Address 617 Stokes Rd, Suite 4-318		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code Medford, NJ 08055		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 856-596-9994	License No. 01212						
Start Date (10) 9-17-19	Scheduled Completion Date (11) 12-20-19	Name of OSHA Monitor Precision Environmental Company							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 5500 Old Brecksville Rd							
		City, State, Zip Code Independence, Ohio 44131							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
SEE ATTACHED LIST									
Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 900	Name of Registered Landfill Fairless Landfill					
City, State Hainesport, NJ		Disposal Date		City, State Morrisville, PA 19067					
Completed by John Savage		Title Vice President		Signature <i>John Savage</i>				Date 12-10-19	

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

Date of Notification (1) 8-19-19		Name of Building Owner/Operator (2) HRP Hudson, LLC		DEC 24 2019	
Agencies Notified		Type Notification		Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		401 N Michigan Ave, Suite 1630	
				City, State, Zip Code Chicago, IL 60611	
		Name of Contact Genaro Holguin		Telephone Number 312-796-6593	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station				Type of Facility (4)	
Street Address Dutfield Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City				Square Feet 627,470	# of Floors 10
				Bldg. Age 55	
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Power Plant	
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc		ASCM No.		Name of Abatement Contractor (9) Precision Environmental Company	
Street Address 617 Stokes Rd, Suite 4-318				Street Address 5500 Old Brecksville Rd	
City, State, Zip Code Medford, NJ 08055				City, State, Zip Code Independence, Ohio 44131	
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 856-596-9994		Telephone No. 216-642-6040	License No. 01212
Start Date (10) 9-17-19		Scheduled Completion Date (11) 12-20-19		Name of OSHA Monitor Precision Environmental Company	
Occupancy Status During Abatement (Check Only One)				Street Address 5500 Old Brecksville Rd	
<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 Independence, Ohio 44131	
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
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)
	Yes	No	N/A		
SEE ATTACHED LIST					
Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 900	Name of Registered Landfill Grand Central Sanitary Landfil
City, State Hainesport, NJ		Disposal Date		City, State Pen Argyl, PA	
Completed by John Savage		Title Vice President		Signature John Savage	Date 12-9-19

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



Date of Notification (1) 8-19-19		Name of Building Owner/Operator (2) HRP Hudson, LLC		DEC 2 2019					
Agencies Notified		Type Notification		Street Address					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>3</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		401 N Michigan Ave, Suite 1630					
				City, State, Zip Code Chicago, IL 60611					
		Name of Contact Genaro Holguin		Telephone Number 312-796-6593					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station				Type of Facility (4)					
Street Address Dutfield Avenue				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Jersey City				Square Feet 627,470	# of Floors 10				
				Bldg. Age 55					
County (6) Hudson		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Power Plant					
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental Inc		ASCM No.		Name of Abatement Contractor (9) Precision Environmental Company					
Street Address 617 Stokes Rd, Suite 4-318				Street Address 5500 Old Brecksville Rd					
City, State, Zip Code Medford, NJ 08055				City, State, Zip Code Independence, Ohio 44131					
Project Manager for Monitoring Firm Mark Rubnitz		Telephone No. 856-596-9994		Telephone No. 216-642-6040	License No. 01212				
Start Date (10) 9-17-19		Scheduled Completion Date (11) 12-20-19		Name of OSHA Monitor Precision Environmental Company					
Occupancy Status During Abatement (Check Only One)				Street Address 5500 Old Brecksville Rd					
<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 Independence, Ohio 44131					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
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
SEE ATTACHED LIST									
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 900	Name of Registered Landfill Grand Central Sanitary Landfill				
City, State Newark, New Jersey				Disposal Date	City, State Pen Argyl, PA				
Completed by John Savage		Title Vice President		Signature <i>John Savage</i>			Date 9-24-19		

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

DEC 24 2019

Date of Notification (1) 8-19-19		Name of Building Owner/Operator (2) HRP Hudson, LLC							
Agencies Notified	Type Notification	Street Address 401 N Michigan Ave, Suite 1630							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60611							
		Name of Contact Genaro Holguin	Telephone Number 312-796-6593						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address Dutfield Avenue		Square Feet 627,470	# of Floors 10						
City (5) Jersey City		Bldg. Age 55							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Power Plant							
Name of Monitoring Firm Hired by Building Owner (8) TBD		ASCM No.	Name of Abatement Contractor (9) Precision Environmental Company						
Street Address		Street Address 5500 Old Brecksville Rd							
City, State, Zip Code		City, State, Zip Code Independence, Ohio 44131							
Project Manager for Monitoring Firm		Telephone No. 216-642-6040	License No. 01212						
Start Date (10) 9-17-19	Scheduled Completion Date (11) 12-20-19	Name of OSHA Monitor Precision Environmental Company							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 5500 Old Brecksville Rd							
		City, State, Zip Code Independence, Ohio 44131							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
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
SEE ATTACHED LIST									
Name of Registered Waste Hauler Delaware Valley Container		NJDEP Waste Hauler ID No. 12838	Cubic Yards of Waste 900	Name of Registered Landfill Cumberland County Landfill					
City, State Redding, PA		Disposal Date		City, State Newburg, PA					
Completed by John Savage		Title Vice President	Signature <i>John Savage</i>			Date 9-9-19			

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

DEC 24 2019

Print

Date of Notification (1) 8-19-19		Name of Building Owner/Operator (2) HRP Hudson, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 401 N Michigan Ave, Suite 1630		City, State, Zip Code Chicago, IL 60611	
Name of Contact Genaro Holguin		Telephone Number 312-796-6593	
Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station			
Street Address Dutfield Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Jersey City		Square Feet 627,470	
County (6) Hudson		# of Floors 10	
County Code (7) (STATE USE ONLY)		Bldg. Age 55	
Name of Monitoring Firm Hired by Building Owner (8) TBD		Current Use (Prior if being demolished) Power Plant	
Street Address		Name of Abatement Contractor (9) Precision Environmental Company	
City, State, Zip Code		Street Address 5500 Old Brecksville Rd	
Project Manager for Monitoring Firm		City, State, Zip Code Independence, Ohio 44131	
Telephone No.		Telephone No. 216-642-6040	
Start Date (10) 9-10-19		License No. 01212	
Scheduled Completion Date (11) 12-20-19		Name of OSHA Monitor Precision Environmental Company	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 5500 Old Brecksville Rd	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Independence, Ohio 44131	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Abatement Type Removal Repair Encapsulate Enclosure			
SEE ATTACHED LIST			
Name of Registered Waste Hauler Delaware Valley Container		NJDEP Waste Hauler ID No. 12838	
City, State Redding, PA		Cubic Yards of Waste 900	
Disposal Date		Name of Registered Landfill Cumberland County Landfill	
City, State Newburg, PA			
Completed by John Savage		Title Vice President	
Signature			

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

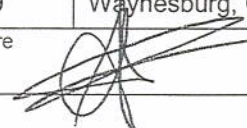
Print Form

DEC 24 2019

Date of Notification (1) 8-19-19		Name of Building Owner/Operator (2) HRP Hudson, LLC					
Agencies Notified	Type Notification	Street Address 401 N Michigan Ave, Suite 1630					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Chicago, IL 60611					
		Name of Contact Genaro Holguin	Telephone Number 312-796-6593				
Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station							
Street Address Dutfield Avenue		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Jersey City	County (6) Hudson	Square Feet 627,470	# of Floors 10				
County Code (7) (STATE USE ONLY)		Bldg. Age 55					
Name of Monitoring Firm Hired by Building Owner (8) TBD		Current Use (Prior if being demolished) Power Plant					
Street Address		Name of Abatement Contractor (9) Precision Environmental Company					
City, State, Zip Code		Street Address 5500 Old Brecksville Rd					
Project Manager for Monitoring Firm		City, State, Zip Code Independence, Ohio 44131					
Telephone No.		Telephone No. 216-642-6040	License No. 01212				
Start Date (10) 9-3-19	Scheduled Completion Date (11) 12-20-19	Name of OSHA Monitor Precision Environmental Company					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 5500 Old Brecksville Rd					
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Independence, Ohio 44131					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulate	Enclosure
SEE ATTACHED LIST							
Name of Registered Waste Hauler Delaware Valley Container		NJDEP Waste Hauler ID No. 12838	Cubic Yards of Waste 900	Name of Registered Landfill Cumberland County Landfill			
City, State Redding, PA		Disposal Date		City, State Newburg, PA			
Completed by John Savage		Title Vice President	Signature John Savage		Date 8-19-19		

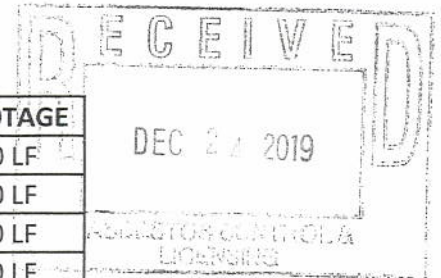
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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

Date of Notification (1) 12/19/2019		Name of Building Owner/Operator (2) The Prudential Insurance Company of America							
Agencies Notified	Type Notification	Street Address 213 Washington Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>5</u>	City, State, Zip Code Newark, NJ 07102							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Bill Barrett	Telephone Number 973-802-2175						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wash Building		Type of Facility (4) <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 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	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"/> ≥ 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 12/19/2019			

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
12TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF
13TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF
11TH	COLUMN D2	PIPE INSULATION	36 LF
12TH	COLUMN D2	PIPE INSULATION	36 LF
13TH	COLUMN D2	PIPE INSULATION	36 LF
14TH	COLUMN D2	PIPE INSULATION	36 LF
12TH	BATHROOM	PIPE INSULATION	35 LF
13TH	BATHROOM	PIPE INSULATION	15 LF
14TH	BATHROOM	TRANSITE WALL BOARD	80 SF



> Additional.

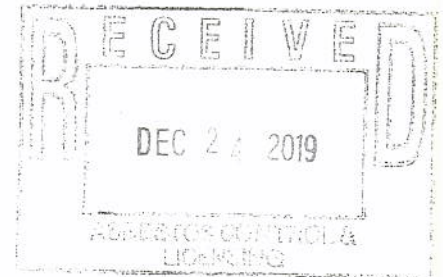
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

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

Date of Notification (1) 12/17/2019		Name of Building Owner/Operator (2) The Prudential Insurance Company of America							
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 # 4 <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							
FACILITY INFORMATION									
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 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	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"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 12/17/2019			

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
12TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF
13TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF
11TH	COLUMN D2	PIPE INSULATION	36 LF
12TH	COLUMN D2	PIPE INSULATION	36 LF
13TH	COLUMN D2	PIPE INSULATION	36 LF
14TH	COLUMN D2	PIPE INSULATION	36 LF



> Additional.

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) 12/12/2019		Name of Building Owner/Operator (2) The Prudential Insurance Company of America	
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 # 3 <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	

FACILITY INFORMATION

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 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	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)

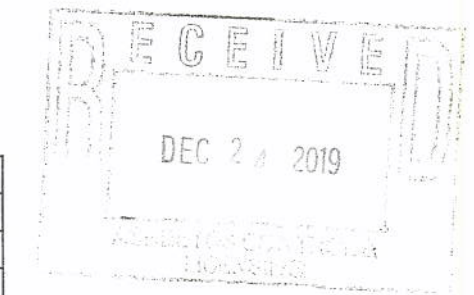
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> 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

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
12TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF
13TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF



> Addition

DEC 24 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							
Agencies Notified	Type Notification	Street Address 213 Washington Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2	City, State, Zip Code Newark, NJ 07102							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Bill Barrett	Telephone Number 973-802-2175						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wash Building		Type of Facility (4) <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"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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. All		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



RECEIVED
DEC 24 2019
Print Form

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	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</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
	<p align="center">FACILITY INFORMATION</p> Name of Facility Where Abatement Is Taking Place (3) Wash Building Street Address 213 Washington Street 11th, 12th, 13 & 14th Floor City (5) Newark County (6) Essex County Code (7) (STATE USE ONLY) _____ Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Square Feet 400,000 # of Floors 21 Bldg. Age 50+ 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) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		Street Address 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) TO BE ABATED In Facility (13) 11th Floor 12th Floor 13th Floor 14th Floor	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A X X X X		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) Floor Tile, Mastic & Duct Insulation Floor Tile, Mastic & Duct Insulation Floor Tile, Mastic & Duct Insulation Floor Tile, Mastic & Duct Insulation
			Amount (Specify SF or LF) 21,000 SF 21,000 SF 21,000 SF 21,000 SF
			Abatement Type Removal Repair Encapsulate Enclosure X X X X
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste 50 Yards
City, State Shirley, NY 11967		Name of Registered Landfill Minerva Enterprises	
Disposal Date 11/27/2019		City, State Waynesburg, OH 44688	
Completed by Ann A. Ali		Title Compliance Admin	Signature Date 11/27/2019

CK 10829

Emergency Inv# 10829

Check

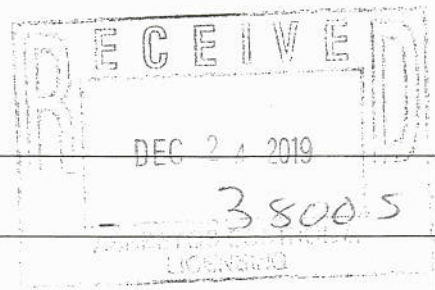
10829

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

RECEIVED

Date of Notification (1) 12-18-19		Name of Building Owner/Operator (2) Jesus Carrasco	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 725 Gleaside Drive	City, State, Zip Code Mantua, NJ 08051
Name of Facility Where Abatement is Taking Place (3) Single Family Dwelling		Name of Contact JESUS CARRASCO	
Street Address [REDACTED]		Telephone Number [REDACTED]	
City (5) Mantua NJ 08051		FACILITY INFORMATION	
County (6) Gloucester		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Country Code (7) (STATE USE ONLY)		Square Feet 50+-	
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Current Use (Prior if being demolished)	
Street Address P.O. Box 337		ASCM No. N/A	
City, State, Zip Code New Egypt, NJ 08533		Name of Abatement Contractor (9) EPC Technologies Inc.	
Project Manager for Monitoring Firm Steve Schenker		Street Address P.O. Box 337	
Telephone No. 609 758-3365		City, State, Zip Code New Egypt NJ 08533	
Start Date (10) Dec 23, 2019		Telephone No. 609 758-3365	
Scheduled Completion Date (11) Dec 23 2019		License No. 00394	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Name of OSHA Monitor EPC Technologies Inc	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or less <input type="checkbox"/> 2150 sf or more <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address P.O. Box 337	
City, State, Zip Code New Egypt NJ 08533			
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
1st Floor Closet	X	Cement Exhaust Pipe	15 LF
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000	Cubic Yards of Waste < 1
City, State New Egypt NJ		Disposal Date 12-24-19	Name of Registered Landfill Waste Management of PA
City, State Morrisville PA		Signature Steve Schenker	
Completed by Steve Schenker		Date 12-18-19	

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



Date of Notification (1) 12 / 19 / 19		Name of Building Owner/Operator (2) All Done Enterprises	
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 304 Harrison Avenue, Unit C	
		City, State, Zip Code Lodi, NJ 07644	
		Name of Contact Francesco Moracci	Telephone Number 609-578-7347

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Paramus	Square Feet 1000	# of Floors 1	Bldg. Age 65
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) N/A	ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 12 / 30 / 19	Scheduled Completion Date (11) 12 / 31 / 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 type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos siding	1000 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 12/31/19	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/19/19

12/19/2019 09:57AM 9736381778

CK 3518

PAID

RECEIVED

DEC 24 2019 PAGE 03/04

Check#3512

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

COL - 10 DAY

ASBESTOS CONTROL

Date of Notification (1) 12 / 19 / 19		Name of Building Owner/Operator (2) William R Parent	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input checked="" type="checkbox"/> Emergency (including Justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Wayne, NJ 07470	
Name of Contact William R Parent		Telephone Number	

WAVES APPROVED

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	
City (3) Wayne, NJ 07470		# of Floors	
County (5) Passaic		Bldg. Age	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Gr Tech LLC		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address [REDACTED]		Street Address 576 Valley Rd #283	
City, State, Zip Code Wayne, NJ 07470		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm [REDACTED]		Telephone No. 973-356-3511	
Telephone No. [REDACTED]		License No. 01127	
Start Date (10) 12 / 20 / 19		Scheduled Completion Date (11) 12 / 21 / 19	


Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM PM PM AM		Name of OSHA Monitor Envirovision Consultants, Inc	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> >180 sf or >280 lf		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Fair Lawn, NJ 07410	

☐ Clean up and decontamination with negative pressure
☐ Full Containment with Negative Pressure
☒ Mini-Enclosure
☐ Glovebag Procedure
☐ Tent with Negative Pressure
☐ 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 S/F or L/F)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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

Date of Notification (1) 12 / 5 / 19		Name of Building Owner/Operator (2) Westfield Congregation of Jehovahs Job #:1912-2521 Check NA							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2723 Westfield Avenue							
		City, State, Zip Code Camden, NJ 08102							
		Name of Contact Dave Iannone	Telephone Number 856-889-5482						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Westfield Congregation of Jehovah's Witnesses		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 2723 Westfield Avenue									
City (5) Camden		Square Feet 3,200 SF	# of Floors 1						
County (6) Camden		Bldg. Age 69							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Place of Worship							
Name of Monitoring Firm Hired by Building Owner (8) Finog Environmental		ASCM No.							
Street Address 617 Stokes Road #4-318		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
City, State, Zip Code Medford NJ 08055		Street Address 1835 Underwood Blvd							
Project Manager for Monitoring Firm Rebecca Rubnitz		Telephone No. 856-596-9994	Telephone No. 609-702-0400						
Start Date (10) 12 / 18 / 19		License No. 00862							
Scheduled Completion Date (11) 12 / 24 / 19		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Cinnaminson, NJ 08077							
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) 3,200 SF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Six Areas/Rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Carpet and Floor tile		<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 Champion Disposal		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 5	Name of Registered Landfill Grand Central				
City, State Hainesport, NJ 08036		Disposal Date 12/27/19		City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 			Date 12-13-19		

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


NOCK

Date of Notification (1) 11 / 20 / 19		Name of Building Owner/Operator (2) Township of Weymouth		Job #1910-2512 Chk. #NA	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 45 South Jersey Avenue City, State, Zip Code Dorothy, NJ 08317	
Name of Contact Dorothy-Jo Ayens- Township Clerk				Telephone Number 609-476-2633 x102	

RECEIVED
 DEC 24 2019
 ASBESTOS CONTROL & LICENSING

FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Township of Weymouth Municipal Building			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address 45 South Jersey Avenue			Square Feet +/- 4675	# of Floors 1	Bldg. Age 78
City (5) Dorothy		County (6) Atlantic		County Code (7) (STATE USE ONLY)	
Name of Monitoring Firm Hired by Building Owner (8) Horizon Enviromental Group			ASCM No.		
Street Address PO Box 316			City, State, Zip Code Thorofare, NJ 08086		
Project Manager for Monitoring Firm Steve Flanigan			Telephone No. 856-848-0800		
Start Date (10) 12 / 9 / 19			Scheduled Completion Date (11) 12 / 17 / 19		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Name of OSHA Monitor EMSL Analytical, Inc.		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input 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
Council Chambers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and Mastic	1,375 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Council Chambers	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Particle Boards	1,375 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"/>

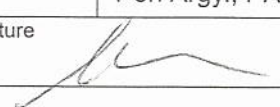
Name of Registered Waste Hauler CHampion Disposal		NJDEP Waste Hauler ID No. 32707		Cubic Yards of Waste 5		Name of Registered Landfill ACUA	
City, State Hainesport, NJ				Disposal Date 12/17/19		City, State Egg Harbor Township	
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 		Date 12-12-19	

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

Inv# 16955

PAID

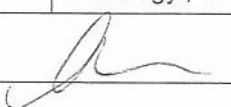
Check 19669

Date of Notification (1) 12/20/19		Name of Building Owner/Operator (2) Keltom Gutter Services, Inc.		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 24 2019 </div>					
Agencies Notified	Type Notification	Street Address 10 Summit Avenue							
<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 Berkeley Heights, NJ 07922 Name of Contact Jack Delguercio							
		Telephone Number 609-548-2915							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Gillette			Square Feet 1800	# of Floors 2	Bldg. Age 82				
County (6) Morris		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-764-2276	License No. 703					
Start Date (10) 12/30/19	Scheduled Completion Date (11) 1/12/19		Name of OSHA Monitor						
Occupancy Status During Abatement (Check Only One)			Street Address						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement</u>			City, State, Zip Code						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No			N/A	Removal	Repair	Encapsulate	Enclosure
basement storage			x	pipe insulation	30 LF	x			
basement family room			x	pipe insulation	60 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 12/20/19			

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

Inv# 116914 **PAID**

Check 196716

Date of Notification (1) 12/20/19		Name of Building Owner/Operator (2) Gary Hunsinger							
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 Westfield, NJ 07090							
		Name of Contact Gary Hunsinger	Telephone Number [REDACTED]						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) Westfield		Bldg. Age 82							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) ABS Environmental Services, LLC							
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 1/13/20	Scheduled Completion Date (11) 1/27/20	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>crawl space</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
crawl space			x	pipe insulation	160 LF	x			
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Newark, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 12/20/19			

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

Date of Notification (1)

12 / 19 /19

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

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

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

KINNARI PATEL

Telephone Number

732-594-6352

DEC 24 2019

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 50 G

Square Feet

60,000

of Floors

3

Bldg. Age

49

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

1 / 6 /2020
Month Day Year

Sched. Completion Date (11)

6 / 30 /2020
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

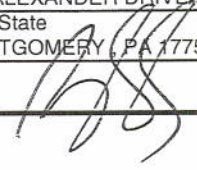
NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

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

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1ST FLOOR LABS 130, 132, 135, 137, 140, 145, 147, 165			X	TRANSITE BRACKETS	194 SF	X			
2ND FLOOR LABS 230, 235, 237, 240, 242, 245			X	TRANSITE BRACKETS	40 SF	X			
3RD FLOOR LABS 330, 332, 335, 337, 340, 342, 345, 346, 347			X	TRANSITE BRACKETS	180 SF	X			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY	NJDEP Waste Hauler ID No. 15939			Cubic Yards of Waste 40	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752				
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Disposal Date 11/16-5/30/19	Signature 	Date 12/19/19			

INV# 16868
CK 39154

PAID


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

34954

Date of Notification (1) 12 / 19 /19		Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414	
Type Notification <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		City, State, Zip Code RAHWAY, NEW JERSEY 07065	
		Name of Contact KINNARI PATEL	Telephone Number 732-594-6352

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) MERCK SHARP & DOHME CORPORATION			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (ie. private & commcl. bldgs., homes, etc.)		
Street Address 126 EAST LINCOLN AVENUE -BUILDING 32			Square Feet 100,400	# of Floors 7	Bldg. Age 49
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESEARCH LABORATORY AND OFFICE FACILI		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMETAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 1 / 6 /2020 Month Day Year		Sched. Completion Date (11) 6 / 30/2020 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 7AM-3:30 PM			Street Address 117 EAST 30TH STREET		
			City, State, Zip Code NEW YORK, NEW YORK 10016		
Scope of Work (Check all that apply) <input type="checkbox"/> Demolition <input type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF			<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini Enclo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure		

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2nd Floor Perimeter			x	Asbestos Fireproofing	1571 SF	x			
3rd Floor Perimeter			x	Asbestos Fireproofing	1571 SF	x			
4th Floor Perimeter			x	Asbestos Fireproofing	1571 SF	x			
5th Floor Perimeter			x	Asbestos Fireproofing	1572 SF	x			
6th Floor Perimeter			x	Asbestos Fireproofing	1572 SF	x			
7th Floor Perimeter			x	Asbestos Fireproofing	1572 SF	x			
Name of Registered Waste Hauler FREEHOLD CARTAGE, INC. 825 HIGHWAY 33 City, State FREEHOLD, NEW JERSEY		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 420	Name of Registered Landfill LYCOMING COUNTY RESOURCE MANAGEMENT SE 447 ALEXANDER DRIVE/ROUTE 15 City, State MONTGOMERY, PA 17752					
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS	Signature 	Date 12-19-19					

6615 - NJ

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:120-7)Initial Notification
Check #: 7608

Date of Notification (1)

1/1/19/1/1/19

Name of Building Owner/Operator (2)

County of Hudson

Street Address

567 Pavonia Ave., 3rd Floor

City, State, Zip Code

Jersey City, NJ 07306

Name of Contact

Ralph Sax

Telephone Number

201-369-2777 x.2987

Agencies Notified

Type Notification

☒ EPA☒ DEP☒ DOL☒ DOH☐ DCA☒ Initial
Notification☐ Amended
Notification☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Hudson County Admin. Bldg. - Room 407

Street Address

595 Newark Avenue

City (5)

County (6)

County Code (7)
(STATE USE ONLY)

Jersey City, NJ 07306

Hudson

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

50,000

9

50

Current Use (Prior if being demolished)

Administration Building

Name of Monitoring Firm Hired by Building Owner (8)

Whitman Companies, Inc.

Street Address

7 Pleasant Hill Rd.

City, State, Zip Code

Cranbury, NJ 08512

Project Manager for Monitoring Firm Telephone Number

Kevin Lovely

(732) 390-5858

Scheduled Start Date (10)

Scheduled Completion Date (11)

01/08/2019

01/24/2019

Occupancy Status During Abatement (Check only one)

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

Name of Abatement Contractor (9)

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013-1935

Telephone Number

License Number

973-614-0377

00807

Name of OSHA Monitor

Four Strong Builders, Inc.

Street Address

180 Sargeant Avenue

City, State, Zip Code

Clifton, NJ 07013

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C I S U R E
Room 407	X	VAT & associated mastic	4,480 SF	X			

Name of Registered Waste Hauler

NJDEP Waste Hauler ID No.

Cubic Yards of Waste

Name of Registered Landfill

Four Strong Builders, Inc.

12609

G.R.O.W.S., Inc.

City, State

Disposal Date

City, State

Clifton, NJ

Tullytown, PA

Completed By (Print or Type)

Title

Signature

Date

Bilyana Kulakovska

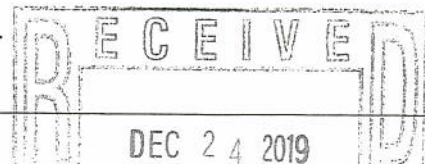
Office Administrator

12/19/19

ASB-41
JUN 95

G4667

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



Date of Notification (1) 12 / 18 / 19		Name of Building Owner/Operator (2) Rider University							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input checked="" type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road							
		City, State, Zip Code Lawrenceville, NJ 08648							
		Name of Contact Walter Eddy	Telephone Number 609-896-5080						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Rider University - Fine Arts Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 2083 Lawrenceville Road									
City (5) Lawrenceville		Square Feet 75,000	# of Floors 2						
		Bldg. Age 50							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school							
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 102	Name of Abatement Contractor (9) Plymouth Environmental Company, Inc						
Street Address 515 Grove Street, Suite 1B		Street Address 923 Haws Avenue							
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Norristown, PA 19401							
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-656-2944	Telephone No. 610-239-9920						
		License No. 0398							
Start Date (10) 12 / 23 / 19	Scheduled Completion Date (11) 1 / 8 / 20	Name of OSHA Monitor Plymouth Environmental Company, Inc.							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / _____ PM-_____ AM		Street Address 923 Haws Avenue							
		City, State, Zip Code Norristown, PA 19401							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
room 281	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soundproofing material	2SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
room 283	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soundproofing material	2SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
room 285	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soundproofing material	2SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
room 287	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	soundproofing material	2SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill					
City, State Voorhees, NJ 08043		Disposal Date 1/8/20		City, State Moorisville, PA					
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 			Date 12/18/19		

INV # 10903

State of New Jersey

Check # 16782

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

Date of Notification (1)

12/19/2019

Name of Building Owner/Operator (2)

Paul Kratz

Street Address

City, State, Zip Code

Nutley, NJ, 07110

Name of Contact

Paul Kratz

Telephone Number

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial

Notification

☐ Amended

Notification

☐ EMERGENCY☐ Cancellation

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

Paul Kratz

Type of Facility (4)

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

Street Address

Square Feet

of Floors

Bldg. Age

City

County

County Code (7)
(STATE USE ONLY)

Nutley

Essex

Current Use (Prior if being demolished)

Name of Monitoring Firm hired by Building Owner (8)

N/A

ASCM No.

Name of Abatement Contractor (9)

AZTECH MANAGEMENT, Inc.

Street Address

Street Address

86 Christopher St.

City, State, Zip Code

City, State, Zip Code

Montclair, NJ 07042

Project Manager for Monitoring Firm

Telephone Number

N/A

Telephone Number

(973) 744-8800

License Number

00371

Scheduled Start Date (10)

12 30 19

Month Day Year

Sched. Completion Date (11)

12 31 19

Month Day Year

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

N/A

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <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			R E M O V A L	R E P A I R	E N C A P S U L E	E N C L O S U R E
Basement			X	Pipe Insulation	20 LF	X			

Name of Registered Waste Hauler

AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.

17040

Cubic Yards of Waste .5

Name of Registered Landfill

Tri - State

City, State

Montclair, NJ 07042

Disposal Date

01/02/20

City, State

Bronx, NY, 10474

Completed By (Print or Type)

Constantine Vivian

Title

President

Signature

Constantine Vivian

Date

12/19/2019

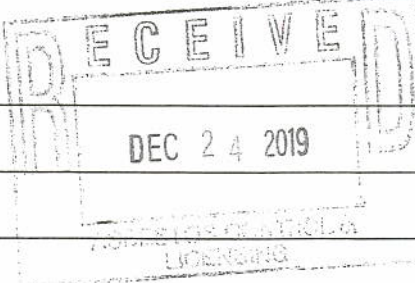
109 Vreeland Ave

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

Check 1175

Date of Notification (1) 12/17/2019		Name of Building Owner/Operator (2) Robert Lallis		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 24 2019 </div>					
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Garwood, NJ 07027							
		Name of Contact Robert Lallis		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Property				Type of Facility (4)					
Street Address				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
City (5) Garwood				Square Feet 1,344	# of Floors 2				
County (6) Union		County Code (7) (STATE USE ONLY)		Bldg. Age 1948					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Danvic Contracting LLC					
Street Address				Street Address 240 S 5th St.					
City, State, Zip Code				City, State, Zip Code Elizabeth, NJ 07206					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 908-906-4123	License No. 01355				
Start Date (10) 12/18/2019		Scheduled Completion Date (11) 12/21/2019		Name of OSHA Monitor Iris Environmental Laboratories, Inc.					
Occupancy Status During Abatement (Check Only One)				Street Address 2333 Route 22 West					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: OCCUPIED				City, State, Zip Code Union, NJ 07083					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Sun Room			X	Interior Transite Siding	20 SF	X			
Name of Registered Waste Hauler Danvic Contracting LLC.		NJDEP Waste Hauler ID No. 37574		Cubic Yards of Waste 2	Name of Registered Landfill Fairless Landfill				
City, State Elizabeth, New Jersey				Disposal Date TBD	City, State Morrisville, PA				
Completed by Jeymy Donneys		Title Owner		Signature		Date 12/17/2019			

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



Date of Notification (1) 12/20/2019		Name of Building Owner/Operator (2) Allison Bruen							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Montclair, NJ 07042							
		Name of Contact Allison Bruen	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A	# of Floors N/A						
City (5) Montclair, NJ 07042		Bldg. Age N/A							
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Building							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASC 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. 973358685	License No. 01311						
Start Date (10) 01/02/2020		Scheduled Completion Date (11) 01/05/2020							
Name of OSHA Monitor D&S Abatement, Inc.									
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: <u>Occupied</u>		Street Address 11 Rosengren Avenue							
		City, State, Zip Code Totowa, NJ 07512							
Scope of Work (Check All That Apply) <input 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
Attic		X		Vermiculite	680 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 Ned Joksimovic		Title Project Manager		Signature 			Date 12/20/2019		

Inv#16911

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

Proj. #: 19-281

RECEIVED

DEC 24 2019

Date of Notification (1)
12/12/19

Name of Building Owner/Operator (2)

Cythia Williams

Street Address

City, State, Zip Code

Rahway, nj 07065

Name of Contact

Cythia Williams

Telephone Number

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)

Residential

Street Address

City (5)

Rahway, nj 07065

County (6)

union

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
1,100 SF# of Floors
02Bldg. Age
80

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)

12/20/19

Sched. Completion Date (11)

12/21/19

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☒ Renovation☐ ≥160 sf or ≥260 lf☐ Demolition☐ Full Containment w/negative pressure☒ Mini-enclosure☒ Glovebag procedure☐ Non-Exempted (*) and Non-friable procedureLocation of
asbestos-containing
material (acm) to be
abated in facility (13)Is location normally used solely
by maintenance/custodial
staff(12)

Yes

No

N/A

Description of asbestos-containing
material (ACM)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

basement

Pipe Insulation

43 LF

☒☐☐☐Registered Waste Hauler
KLOMAX, LLCNJDEP Hauler ID#
0038241Cubic Yards of Waste
1 yds

Name of Registered Landfill

TULLYTOWN, RESOURCE RECOVERY

City, State

Hopatcong, NJ 07843

Disposal Date

TBD

City, State

TULLYTOWN, PA

Completed by (Print or Type)

Paige Boylan

Title

Owner

Signature

Date

12/20/19

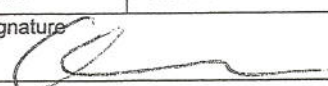
Inv# 112909
Emergency

PAID

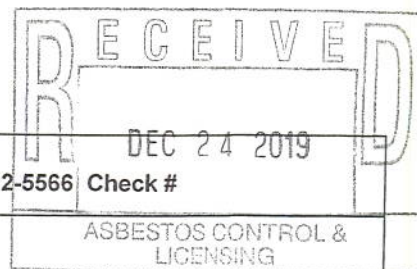
Print Form

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

CK 7740

Date of Notification (1) 12/20/19		Name of Building Owner/Operator (2) Frank Donnauro (Mitco)		<div style="border: 1px solid black; padding: 5px;"> RECEIVED DEC 24 2019 </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>			
		City, State, Zip Code Howell NJ 07731		Telephone Number NG					
		Name of Contact Frank							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Allen Giovengo Private Home				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address <div style="background-color: black; width: 100px; height: 15px;"></div>									
City (5) N Middletown NJ 07748				Square Feet 1000+	# of Floors 1				
				Bldg. Age 50+					
County (6) Monmouth		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) Pernaco Inc					
Street Address				Street Address PO Box 329					
City, State, Zip Code				City, State, Zip Code West Berlin NJ 08091					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 856-753-9800	License No. 00727				
Start Date (10) 12/21/19		Scheduled Completion Date (11) 12/23/19		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:				Street Address					
				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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
Living Room			x	Floor Tile Only	250 SF	x			
Name of Registered Waste Hauler United Roll Off		NJDEP Waste Hauler ID No. 22459		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S				
City, State Elm NJ		Disposal Date 12/23/19		City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President		Signature 		Date 12/20/19			

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



Date of Notification (1) <div style="text-align: center;">12 / 11 / 19</div>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1912-5566 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A City, State, Zip Code Morristown, NJ 07960 Name of Contact John Greco Telephone Number 201-602-1499							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) JCP&L- Belford Substation		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 195 Leonardsville Road		Square Feet							
City (5) Belford, NJ		# of Floors							
County (6) Monmouth		Bldg. Age							
County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) One Source Safety & Health		ASCM No.							
Street Address 140 S. Village Ave. Suite 130		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Exton, PA 19341		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Brian Hovendon		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 610-524-5525		Telephone No. 609-265-2107							
License No. 00529		Name of OSHA Monitor EMSL Analytical							
Start Date (10) 12 / 18 / 18		Scheduled Completion Date (11) 12 / 20 / 19							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input 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 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
Interior East Wall	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Transite	50 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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 20	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 12/20/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 		Date 12-11-19			

INV-16701
CK11849

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

RECEIVED	
DEC 24 2019	
ASBESTOS CONTROL & LICENSING	

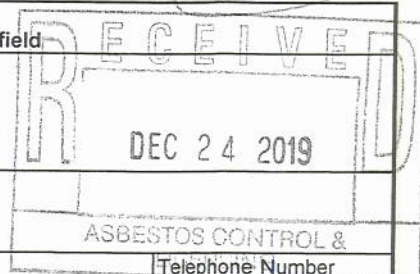
Date of Notification (1) 12 / 10 / 19		Name of Building Owner/Operator (2) NJ DPMC / Job #1906-5500 Check #11849							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 034							
		City, State, Zip Code Trenton, NJ 08625-0034							
		Name of Contact Kevin McDonald	Telephone Number 856-662-9500						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) NJ DOT Building 18 & 18A		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 1035 Parkway Avenue		Square Feet	# of Floors						
City (5) Ewing		Bldg. Age							
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Public Building							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.						
Street Address 344 West State Street		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm William Weisgarber		Telephone No. 609-656-8101	License No. 00529						
Start Date (10) 7 / 15 / 19	Scheduled Completion Date (11) 12 / 31 / 19	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 12/31/19	City, State Tullytown, PA						
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator	Signature 			Date 12-10-19			

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

Inv-16864

Check # 2395 and 2412

Date of Notification (1) December 18, 2019 December 13, 2019		Name of Building Owner / Operator (2) 30 Montgomery Partners, LLC c/o Cushman & Wakefield	
Agencies Notified	Type Notification (APPROVED EMERGENCY)	Street Address 30 Montgomery Street, Suite 200	
<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"/> Cancellation	City, State & Zip Code Jersey City, NJ 07302	
		Name of Contact Ingrid Noonan	Telephone Number 201-508-5292



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Office 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, home, etc.)	
Street Address 30 Montgomery Street		Square Feet 318,708	# of Floors 15
City (5) Jersey City		Bldg. Age 45	
County (6) Hudson		Current Use (Prior if being demolished) Office Building	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Arcadis U.S., Inc.		Name of Abatement Contractor (9) Synatech, Inc.	
Street Address 10 Friends Lane		Street Address 829 Radio Road	
City, State & Zip Code Newtown, PA 18940		City, State & Zip Code Little Egg Harbor, NJ 08087	
Project Manager for Monitoring Firm Firoz Jan		Telephone Number 267-685-1800	License Number 00817
Scheduled Start Date (10) December 14, 2019	Scheduled Completion Date (11) January 30, 2020	Name of OSHA Monitor Synatech, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

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"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted(*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
4 th Floor Vacant Space			X	Floor Tile and Mastic	18,000 SF	X			
1 st Floor Parking Garage			X	Pipe Fittings	10 LF	X			
3rd Floor Parking Garage			X	Pipe Fittings	8 LF	X			

Name of Registered Waste Hauler Synatech, Inc.	NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 80	Name of Registered Landfill Fairless Hills
City, State Little Egg Harbor, NJ 08087	Disposal Date January 31, 2020	City, State Morrisville, PA	
Completed By Diane Aloia	Title Executive Administrator	Signature <i>Diane Aloia</i>	Date December 18, 2019 December 13, 2019

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

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

INV 1108105

Check # 2385

Date of Notification (1) December 18, 2019		Name of Building Owner / Operator (2) AtlantiCare Regional Medical Center – Mainland Division	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 24 2019 ASBESTOS CONTROL </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	65 West Jimmie Leeds Road	
		City, State & Zip Code Pomona, NJ 08240	
		Name of Contact Mike Turner – Aegis Property Group	Telephone Number 609-652-1000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) AtlantiCare Regional Medical Center – Mainland Division		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 65 West Jimmie Leeds Road		Square Feet	# of Floors
City (5) Pomona, NJ		Bldg. Age 43 Years	
County (6) Atlantic		Current Use (Prior if being demolished) Hospital	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) Hillmann Consulting, Inc.		ASCM No.	
Street Address 1600 Route 22 East, Ste 107		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Union, NJ 07083		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Stephen Cherepany		Telephone Number 908-688-7800	City, State & Zip Code Little Egg Harbor, NJ 08087
Scheduled Start Date (10) December 28, 2019		Scheduled Completion Date (11) December 18, 2020	Telephone Number 609-296-6916
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other – Describe: <input type="checkbox"/> Facility Occupied During Abatement		License Number 00817	
		Name of OSHA Monitor Synatech, Inc.	
		Street Address 829 Radio Road	
		City, State & Zip Code Little Egg Harbor, NJ 08087	

Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 50 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input 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 or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Radiology			X	Floor Tile	8,000	X			
Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 40	Name of Registered Landfill Atlantic County Utilities Authority					
City, State Little Egg Harbor, NJ 08087		Disposal Date December 22, 2020		City, State Egg Harbor Township, NJ					
Completed By Diane Aloia		Title Executive Administrator	Signature <i>Diane Aloia</i>			Date December 18, 2019			

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

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

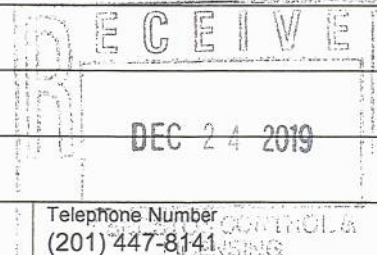
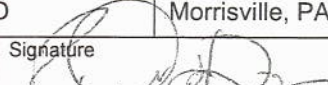
chk# 1174

Date of Notification (1) 12/13/2019		Name of Building Owner/Operator (2) Abraham Hedaya							
Agencies Notified	Type Notification	Street Address							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07305 Name of Contact Abraham Hedaya							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential property		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Jersey City		Square Feet 1,320	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 1920						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Danvic Contracting LLC						
Street Address		Street Address 240 S 5th St.							
City, State, Zip Code		City, State, Zip Code Elizabeth, NJ 07206							
Project Manager for Monitoring Firm		Telephone No. 908-906-4123	License No. 01355						
Start Date (10) 12/13/2019	Scheduled Completion Date (11) 12/20/2019	Name of OSHA Monitor Iris Environmental Laboratories, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<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 Union, NJ 07083							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			X	Pipe Insulation	144 LF	X			
Name of Registered Waste Hauler Danvic Contracting LLC		NJDEP Waste Hauler ID No. 07574	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Elizabeth, New Jersey			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jeymy Donneys		Title Owner	Signature			Date 12/13/2019			

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

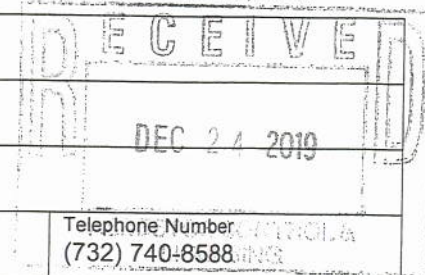
CHECK #6050/26681

NO OK

Date of Notification (1) 10-25-19		Name of Building Owner/Operator (2) The Valley Hospital							
Agencies Notified	Type Notification	Street Address 223 North Van Dien Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ridgewood, NJ 07652		Name of Contact William Stasiak					
				Telephone Number (201) 447-8141					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Valley Hospital			Type of Facility (4)						
Street Address 599 Valley Health Plz			<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) Paramus			Square Feet	# of Floors 1	Bldg. Age				
County (6) Bergen		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Hospital						
Name of Monitoring Firm Hired by Building Owner (8) Colden Corporation		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 131 Varick Street, Suite 1022			Street Address 200 Broad Street						
City, State, Zip Code New York, NY 10013			City, State, Zip Code Carlstadt, NJ 07072						
Project Manager for Monitoring Firm Jim Miades		Telephone No. (347) 435-3561	Telephone No. 201-939-6565	License No. 00756					
Start Date (10) 10-29-19(1)11-04-19		Scheduled Completion Date (11) 06-30-20		Name of OSHA Monitor Even-Air Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address 10-59 Jackson Avenue						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			City, State, Zip Code Long Island City, NY 11101						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Roof: Main			x	Roofing	60,000SF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. NJ-113	Cubic Yards of Waste TBD	Name of Registered Landfill WM Fairless Landfill					
City, State Freehold, NJ 07728			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Richard Doran		Title Project Manager	Signature 			Date 10-25-19			

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

CHECK# 26760,6059

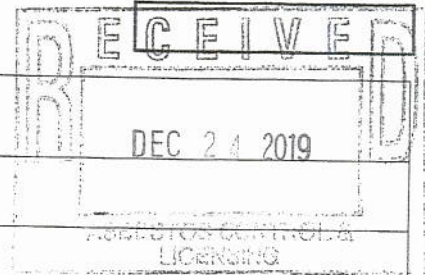


Date of Notification (1) 12-10-19		Name of Building Owner/Operator (2) Verizon Communication							
Agencies Notified	Type Notification	Street Address 700 Hidden Ridge Road							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Irving, TX 75038							
		Name of Contact James E. Thomson	Telephone Number (732) 740-8588						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3)		Type of Facility (4)							
Street Address 28 3rd Avenue		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Long Branch		Square Feet 9,000	# of Floors 2						
County (6) Monmouth		Bldg. Age 65 yrs.							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 1253 North Church Street		Street Address 200 Broad Street							
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Kris Smith		Telephone No. (609) 313-8218	Telephone No. 201-939-6565						
License No. 00756									
Start Date (10) 12-02-19	Scheduled Completion Date (11) 06-30-20	Name of OSHA Monitor Even-Air Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 10-59 Jackson Avenue							
<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:		City, State, Zip Code Long Island City, NY 11101							
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 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: AC Room			x	Duct Insulation	300SF	x			
Basement: AC Room			x	Pipe Insulation	200LF	x			
Basement: AC Room			x	Floor Tile	400SF	x			
1st Floor			x	VAT/Mastic	110SF	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		Date 12-10-19			

Check#3513

PAID

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



Date of Notification (1) 12 / 18 / 19		Name of Building Owner/Operator (2) Blake Brandon	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
		Street Address [REDACTED]	
		City, State, Zip Code Waldwick, NJ 07463	
		Name of Contact Gary Toriello	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Waldwick, NJ 07463		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)		ASCM No.	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 973-356-3511	License No. 01127
Start Date (10) 12 / 28 / 19	Scheduled Completion Date (11) 12 / 29 / 19	Name of OSHA Monitor Envirovision Consultants, Inc		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E		
		City, State, Zip Code Fair Lawn, NJ 07410		

Scope of Work (Check all that apply)

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

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

Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	Cubic Yards of Waste TBD	Name of Registered Landfill T.R.R.F. Inc	
City, State Wayne, NJ 07470		Disposal Date TBD		City, State Tullytown, PA	
Completed By (Print or Type) N.Jevtic	Title Owner	Signature <i>N. Jevtic</i>		Date 12/18/19	

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

CK
8257

Inv# 110937 PAID

Date of Notification 12/17/19 Type Notification		Name of Building Owner / Operator (2) Michael Cashwell	
Agencies Notified EPA DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH DCA		Street Address [REDACTED] City, State & Zip Code Ocean, NJ 07712 Name of Contact Mike Cashwell	
<input checked="" type="checkbox"/> Emergency Notification <input checked="" type="checkbox"/> Initial Notification Amended Notification Cancellation		Telephone Number [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence			Type of Facility (4) School (K-12) Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 2500		
City (5) Ocean			County (6) Monmouth		County Code (7) 70+
Name of Monitoring Firm Hired by Building Owner (8) Environmental Tactics, Inc.			Name of Abatement Contractor (9) Global Abatement Services, LLC		
Street Address 34 Broad Street			Street Address 443 Schoolhouse Road		
City, State & Zip Code Matawan, NJ 07016			City, State & Zip Code Monroe Township, NJ 08831		
Project Manager for Monitoring Firm Tom Geiger			Telephone Number 732-290-2217		License Number 00714
Scheduled Start Date (10) 12/28/19		Scheduled Completion Date (11) 12/31/19		Name of OSHA Monitor Global Abatement Services, LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe:			Street Address 443 Schoolhouse Road City, State & Zip Code Monroe Township, NJ 08831		

Scope of Work (Check all that apply)
Demolition ☐ Renovation ☒
Large Project ☐
☒ Quantity is ≥ 3 SF or ≥ 3 LF ACM
Quantity is ≥ 160 SF or ≥ 260 LF ACM
Full Containment with Negative Pressure ☐
Mini-Enclosure ☐
☒ Glove-bag Procedure
Other: **Non-friable**

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify Square Feet or Linear Feet)	Abatement Type (Specify: Removal, Repair, Encapsulation or Enclosure)
Basement	N/A	TSI Pipe	100 LF	Removal

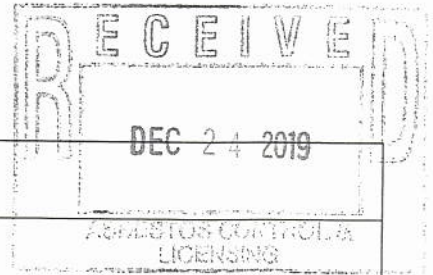
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693		Cu. Yds. of Waste 5		Name of Registered Landfill Fairless Landfill	
City, State Trenton, NJ				Disposal Date 12/31/19		City, State Fairless Hills, PA	
Completed By (Print or Type) Dominick Tringali		Title Manager		Signature <i>Dominick Tringali</i>			Date 12/17/19

Inv# 10938

MD 2022022703

PAID

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



Date of Notification (1) 12 / 18 / 2019		Name of Building Owner/Operator (2) Jayat Dalal							
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 Piscataway NJ 08854 Name of Contact Jayat Dalal Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,350							
City (5) Piscataway		# of Floors 2	Bldg. Age 42						
County (6) Middlesex	County Code (7) (STATE USE ONLY) 1217	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A							
Street Address N/A		Name of Abatement Contractor (9) Acme Professional Services Corp							
City, State, Zip Code N/A		Street Address 550 Rifle Camp Rd							
Project Manager for Monitoring Firm N/A		City, State, Zip Code Woodland Park, NJ 07424							
Telephone No. N/A		Telephone No. 973-938-5266	License No. 02003						
Start Date (10) 12 / 27 / 2019	Scheduled Completion Date (11) 01 / 03 / 2020	Name of OSHA Monitor Arsenije Adamov							
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 550 Rifle Camp Rd City, State, Zip Code Woodland Park, NJ							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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 type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Transite Pipe	1LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM Transite Pipe	19LF	<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 Acme Professional Services Corp		NJDEP Waste Hauler ID No. 0038176	Cubic Yards of Waste 4 cubic yards	Name of Registered Landfill Fairless Landfill					
City, State Woodland Park, NJ		Disposal Date 12/30/19		City, State Morrisvilles, PA					
Completed By (Print or Type) Arsenije Adamov		Title President		Signature <i>Arsenije Adamov</i>			Date 12/18/19		

check# 3307

Inv# 16939

State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 060-2020

Date of Notification (1) December 16, 2019		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH		Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. 27 ROAD 1, BLDG 4086, LIVINGSTON CAMPUS		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL SMITH, ENV. HEALTH & SAFETY		Telephone Number 848-445-2550	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) SAS ENGLISH OFFICE, 36 UNION STREET, BLDG# 3068		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 COLLEGE AVENUE CAMPUS		Sq. Feet: N/A # of Floors: 3 Bldg. Age: 80+ years	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 0098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 268 MAIN STREET	
Project Manager for Monitoring Firm BRIAN KEARNY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 12/27/2019		Scheduled Completion Date (11) 12/30/19	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe <input checked="" type="checkbox"/> Other - Describe: Shift Hours: 5:00 PM - 5:00 AM (24 HRS. & WEEKENDS AS NEEDED)		Name of OSHA Monitor 1 ENVIROVISION, INC.	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address 20-21 WARGARAW ROAD	
Location of Asbestos-Containing Material (ACM) in Facility (13) 211 Restroom		City, State, Zip Code FAIRLAWN, NJ	
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.) VAT	
Amount (Specify SF or LF) 35 SF		Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/> Remove	
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	
Cubic Yards of Waste: 15 CY		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 28969 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 12/30/2019	
City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700			
Completed by (Print or Type) RAYMOND C. PEDALINO		Title SENIOR PROJECT MANAGER	
Signature <i>Raymond C. Pedalino</i>		Date December 16, 2019	

12/16/2019 09:26AM 9733459063

D&S RESTORATIO

CK 5289

INV# 16908

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

D&S Proj. #: 19-277

PAID

DEC 10 DAY DEC 24 2019

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/16/19		Name of Building Owner/Operator (2) Belfor Property Restoration	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEF <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DPH <input type="checkbox"/> DCA		Street Address [REDACTED] City, State, Zip Code Piscataway, NJ 08854	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact Thomas Kusz	
		Telephone Number [REDACTED]	

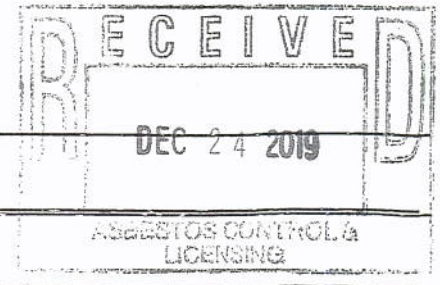
FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs/Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,100 SF		
City (5) Kearny, NJ 07032			# of Floors 02		
County (6) Hudson			Bldg. Age 70		
County Code (7) (State use only)			Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address [REDACTED]			Street Address 20 California Ave.		
City, State, Zip Code [REDACTED]			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		
Phone Number			License Number 01169		
Start Date (10) 12/11/19			Name of OSHA Monitor D & S Restoration, Inc.		
Sched. Completion Date (11) 12/18/2019			Street Address 20 California Avenue		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours. Describe: <input checked="" type="checkbox"/> Other-Describe: Normal hours			City, State, Zip Code Paterson, NJ 07503		
Scope of Work (check all that apply) <input checked="" type="checkbox"/> > 2 sf or > 2 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition			<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure		

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c l o s e	E n c l o s e
	Yes	No	N/A						
First floor Dining Room		X		Wall Plaster	80 Sq Ft	X			
Second Floor Dining Room		X		Wall Plaster	16 Sq Ft	X			

Registered Waste Hauler D & S RESTORATION, INC.	NJ DEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature <i>[Signature]</i>	Date 12/16/19

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



Date of Notification (1) 12/16/19		Name of Building Owner/Operator (2) Belfor Property Restoration	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 50 Ethel Rd. West		City, State, Zip Code Piscataway, NJ 08854	
Name of Contact Thomas kusz		Telephone Number 201-456-3738	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 1,100 SF		
City (5) kearny, nj 07032			County (6) Hudson		# of Floors 02
County Code (7) (State use only)			Bldg. Age 70		Current Use (Prior if being demolished) Residential
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) D & S RESTORATION, INC.		
Street Address			Street Address 20 California Ave.		
City, State, Zip Code			City, State, Zip Code Paterson, NJ 07503		
Project Manager for Monitoring Firm			Telephone Number 973-345-8020		License Number 01169
Start Date (10) 12/11/19			Sched. Completion Date (11) 12/18/2019		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours-Describe: <input checked="" type="checkbox"/> Other-Describe: Normal hours					
Name of OSHA Monitor D & S Restoration, Inc.					
Street Address 20 California Avenue					
City, State, Zip Code Paterson, NJ 07503					

Scope of Work (check all that apply)

- ☒ >3 sf or >3 lf ☒ Renovation
☐ ≥160 sf or ≥260 lf ☐ 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						
First floor Dining Room		<input checked="" type="checkbox"/>		Wall Plaster	80 Sq Ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Floor Dining Room		<input checked="" type="checkbox"/>		Wall Plaster	16 Sq Ft	<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 D & S RESTORATION, INC.	NJDEP Hauler ID# 13506	Cubic Yards of Waste 2 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State PATERSON, NJ 07503	Disposal Date	City, State TULLYTOWN, PA	
Completed by (Print or Type) BOGDAN JOLDZIC	Title PRESIDENT	Signature <i>[Signature]</i>	Date 12/16/19

Inv# 116940
OK 3205

PAID

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

RECEIVED
DEC 24 2019

Date of Notification (1) 12/16/19		Name of Building Owner/Operator (2) Ryan Lehmann	
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 Nutley, NJ 07110	
		Name of Contact Ryan Lehmann	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Private House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Nutley	Square Feet	# of Floors	Bldg. Age
County (6) Essex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) Competent Supervisor		ASCM No.	
Street Address		Name of Abatement Contractor (9) Academy Construction Inc	
City, State, Zip Code		Street Address 205 Route 46 Suite 14	
Project Manager for Monitoring Firm		Telephone No. 973 832 4244	License No. 01379
Start Date (10) 12/27/19	Scheduled Completion Date (11) 01/03/20	Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address	
		City, State, Zip Code	

Scope of Work (Check All That Apply)

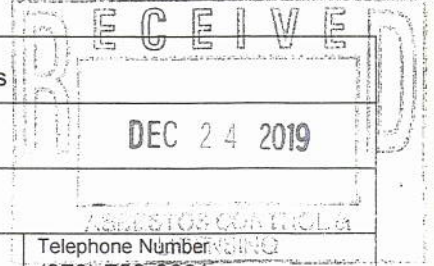
- | | | |
|--|--|---|
| <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input type="checkbox"/> ≥160 sf or ≥260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/>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

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

Name of Registered Waste Hauler Academy Construction Inc		NJDEP Waste Hauler ID No. 034422	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Totowa NJ		Disposal Date TBD		City, State Morrisville, PA	
Completed by Filip Geleski		Title Supervisor	Signature <i>Filip Geleski</i>		Date 12/16/19

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

Check # 3642



Date of Notification (1) 12/12/2019		Name of Building Owner/Operator (2) First Reformed Church of Pompton Plains	
Agencies Notified	Type Notification	Street Address 529 Newark Turnpike	DEC 24 2019
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Pompton Plains, New Jersey 07442	
		Name of Contact Mr. John Driesse	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) First Reformed Church of Pompton Plains		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 529 Newark Turnpike		Square Feet 21,500	# of Floors 2
City (5) Pompton Plains		Bldg. Age 100	
County (6) Morris	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Church	
Name of Monitoring Firm Hired by Building Owner (8) McCabe Environmental Services, L.L.C.		ASCM No. 00118	Name of Abatement Contractor (9) Sky Contracting, LLC
Street Address 464 Valley Brook Avenue		Street Address 1385 Valley Road, Suite K	
City, State, Zip Code Lyndhurst, New Jersey 07071		City, State, Zip Code Wayne, New Jersey 07470	
Project Manager for Monitoring Firm John H. Chiaviello		Telephone No. (201) 438-4839	License No. 00874
Start Date (10) 12/23/2019	Scheduled Completion Date (11) 01/31/2020	Name of OSHA Monitor Sky Contracting, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1385 Valley Road, Suite K	
		City, State, Zip Code Wayne, New Jersey 07470	

Scope of Work (Check All That Apply)

<input 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"/> 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
Food Pantry		x		Textured Ceiling Surfacing	300 SF	x			
Keator Parlor		x		Textured Ceiling Surfacing	500 SF	x			

Name of Registered Waste Hauler Service Transport Group, Inc.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises, LLC
City, State New Castle, Delaware	Disposal Date TBD	City, State Waynesburg, Ohio	
Completed by Ljiljana Sekularac	Title Office Assistant	Signature 	Date 12/12/2019

B & G proj. #: 2020-03

PAID

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

Check # 9800

Date of Notification (1) 12/12/19		Name of Building Owner/Operator (2) Carol Preaster		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 24 2019 ASBESTOS CONTROL </div>
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]		
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation		City, State, Zip Code Belleville, NJ 07109		
		Name of Contact Carol Preaster		
		Telephone Number [REDACTED]		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Carol Preaster			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age		
City (5) Belleville, NJ 07109	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) [REDACTED]		ASCM No. [REDACTED]	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code [REDACTED]			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm [REDACTED]		Phone Number [REDACTED]	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/02/2020		Sched. Completion Date (11) 01/04/2020	Name of OSHA Monitor B & G Restoration, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____			Street Address 105 Ryerson Road		
			City, State, Zip Code Lincoln Park, NJ 07035		

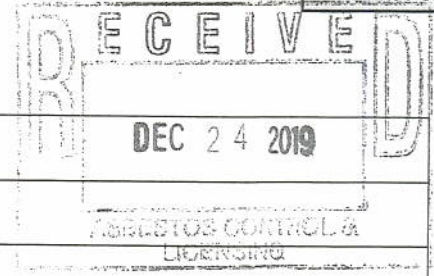
Scope of Work (check all that apply)

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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement			<input checked="" type="checkbox"/>	VAT (no mastic)	540 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 6	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 01/06/2020	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/20/2019

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



Date of Notification (1) 12/20/19		Name of Building Owner/Operator (2) Nadine Drazin	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Clifton, NJ 07013	
		Name of Contact Nadine Drazin	Telephone Number [REDACTED]

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) Clifton		Square Feet 2500	# of Floors 2
		Bldg. Age 65+/-	
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement
Street Address		Street Address 280 N. Midland Ave.	
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 12/26/19	Scheduled Completion Date (11) 12/31/19	Name of OSHA Monitor	

Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M.	Street Address [REDACTED]
	City, State, Zip Code

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

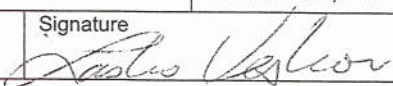
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		x		VAT	896 SF	x			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 5 YD	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ		Disposal Date TBD	City, State Pen Argyl, PA		
Completed by Richard Cristofol		Title President	Signature 	Date 12/20/19	

Inv# 110944
PAID

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

CH# 1276

Date of Notification (1) 12/20/2019		Name of Building Owner/Operator (2) Joe DAmelio		<div style="border: 1px solid black; padding: 5px; text-align: center;">RECEIVED</div> <div style="text-align: right; margin-top: 5px;">DEC 24 2019</div>					
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 <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Denville, NJ 07834		Telephone Number _____					
		Name of Contact Joe							
FACILITY INFORMATION									
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) Denville			Square Feet	# of Floors	Bldg. Age				
County (6) Morris		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Removal Safety LLC					
Street Address				Street Address 8 Crosby Ave					
City, State, Zip Code				City, State, Zip Code Paterson, NJ 07502					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 973-400-8711	License No. 01332				
Start Date (10) 12/30/2019		Scheduled Completion Date (11) 01/06/2020		Name of OSHA Monitor Same as (9)					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 am - 4:30 pm				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor			x	Vermiculite	84 SF	x		x	
Name of Registered Waste Hauler Removal Safety, LLC		NJDEP Waste Hauler ID No. 0037007		Cubic Yards of Waste	Name of Registered Landfill Fairless				
City, State Paterson, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Lasko Veskov		Title President		Signature 		Date 12/20/2019			

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

In #16935
OK 1/6/04
PAID

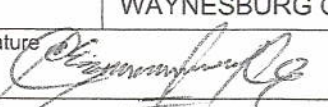
Date of Notification (1) 12/12/2019		Name of Building Owner/Operator (2) JOSEPH TAFFARO & SON CONTRACTING INC.							
Agencies Notified	Type Notification	Street Address	DEC 24 2019						
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	PO. BOX 1046							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code MANAHAWKIN NJ. 08050	ASBESTOS CONTROL & LICENSING						
		Name of Contact JOSEPH TAFFARO	Telephone Number 201-386-7272						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		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) NORTH BERGEN		Square Feet 2,000	# of Floors 2						
County (6) Hudson		County Code (7) (STATE USE ONLY)	Bldg. Age 105						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) North East Environmental LLC.						
Street Address		Street Address 4919 Bergenline Ave.							
City, State, Zip Code		City, State, Zip Code West New York							
Project Manager for Monitoring Firm		Telephone No. 201-776-0642	License No. 1300						
Start Date (10) 12/13/2019	Scheduled Completion Date (11) 12/14/2019	Name of OSHA Monitor EMSL ANALYTICAL INC.							
Occupancy Status During Abatement (Check Only One)		Street Address 307 W, 38TH 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 NEW YORK, N.Y.							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
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
FRONT PORCH ROOF		X		FLAT ROOF MEMBRANE	370 SF.	x			
BASEMENT BOILER ROOM		x		HEAT PAPER INSULATION	16 SF.	x			
		X							
Name of Registered Waste Hauler TRI STATE		NJDEP Waste Hauler ID No. 1951	Cubic Yards of Waste TBD	Name of Registered Landfill MINERVA ENTERPRISE INC.					
City, State BRONX, NY.		Disposal Date TBD		City, State WAYNESBURG OH.					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature <i>[Signature]</i>		Date 12/17/2019			

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

RECEIVED
DEC 24 2019

CK 1599

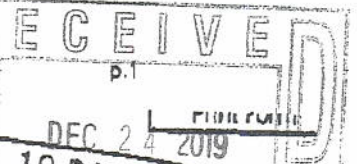
PAID

Date of Notification (1) 12/13/2019		Name of Building Owner/Operator (2) JOHN HOGAN		Street Address [REDACTED]	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Jersey City NJ 07307	
		Name of Contact JOHN HOGAN		Telephone Number [REDACTED]	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) PRIVATE			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] Rear House of The church.			City (5) Jersey City NJ. 07307		
County (6) HUDSON		County Code (7) (STATE USE ONLY) _____		Square Feet 2,000	
				# of Floors 2	
				Bldg. Age 98	
Name of Monitoring Firm Hired by Building Owner (8) N/A.		ASCM No. _____		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.	
Street Address		Street Address 4919 BERGENLINE AVE.		City, State, Zip Code WEST NEW YORK NJ. 07093	
City, State, Zip Code		Telephone No. 201776.0642		License No. 01300	
Project Manager for Monitoring Firm N/A		Telephone No.			
Start Date (10) 12/14/2019		Scheduled Completion Date (11) 12/15/2019		Name of OSHA Monitor EMSL ANALITICAL INC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address 307W 38 ST.		
			City, State, Zip Code NEW YORK N.Y.		
Scope of Work (Check All That Apply)					
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf		<input type="checkbox"/> Renovation		<input type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Mini-Enclosure	
				<input type="checkbox"/> Glovebag Procedure	
				<input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) <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)
	Yes	No	N/A		
EXTERIOR SIDING		X		BLACK/OFF-WHITE SHINGLE	600 SQ.
1 st Floor & Basement		X		Wall Plaster	1,172.50
1 st Floor.		X		Vat Floor Tile	140 SQ
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 19951		Cubic Yards of Waste TBD	
City, State BRONX N.Y.		Disposal Date TBD		Name of Registered Landfill MINERVA ENTERPRISE INC	
City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature 	
				Date 12/13/2019	

Dec 13 19, 10:23a

North East Environmental

2012104127



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

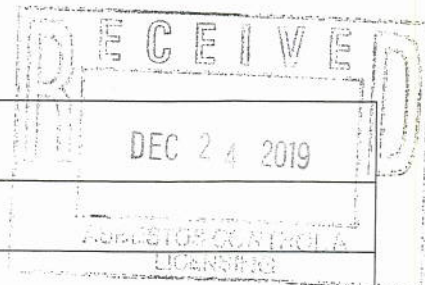
Date of Notification (1) 12/13/2019		Name of Building Owner/Operator (2) JOHN HOGAN							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code JERSEY CITY NJ 07307							
Name of Contact JOHN HOGAN		Telephone Number [REDACTED]							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PRIVATE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED] Rear House of The church.		Square Feet 2,000							
City (5) Jersey City NJ, 07307		# of Floors 2							
County (6) HUDSON		Bldg. Age 98							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) YES							
Name of Monitoring Firm Hired by Building Owner (8) N/A.		ASCM No.							
Street Address		Name of Abatement Contractor (9) NORTH EAST ENVIRONMENTAL LLC.							
City, State, Zip Code		Street Address 4919 BERGENLINE AVE.							
Project Manager for Monitoring Firm N/A		City, State, Zip Code WEST NEW YORK NJ, 07093							
Telephone No.		Telephone No. 201776.0642							
Start Date (10) 12/14/2019		License No. 01300							
Scheduled Completion Date (11) 12/16/2019		Name of OSHA Monitor EMSL ANALITICAL INC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe:		Street Address 307W 38 ST.							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> a3 af or a3 lf <input checked="" type="checkbox"/> a160 af or a260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code NEW YORK N.Y.							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR SIDING		X		BLACK/OFF-WHITE SHINGLE	600 SQ.	X			
1st Floor & Basement		X		Wall plaster	1,172 SF.	X			
1st Floor		X		VAT FLOOR TILE	140	X			
Name of Registered Waste Hauler TRI STATE ASSOCC		NJDEP Waste Hauler ID No. 18051		Cubic Yards of Waste TBD		Name of Registered Landfill MINERVA ENTERPRISE INC			
City, State BRONX N.Y.		Disposal Date TBD		City, State WAYNESBURG OHIO					
Completed by CARLOS ESQUIVEL		Title SAFETY MANAGER		Signature [Signature]		Date 12/13/2019			

ASB-41 (R-08-08)

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

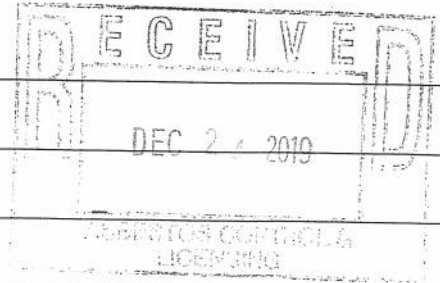
Inv# 10444

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



Date of Notification (1) 12 / 18 / 19			Name of Building Owner/Operator (2) Jeffrey Greenhaus						
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 <div style="background-color: black; height: 15px; width: 100%;"></div> City, State, Zip Code Cherry Hill, NJ 08003 Name of Contact Jeffrey Greenhaus					
				Telephone Number *****					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Greenhaus 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 <div style="background-color: black; height: 15px; width: 100%;"></div>									
City (5) Cherry Hill			Square Feet 1,946	# of Floors 2	Bldg. Age 52				
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341				Street Address 623 Cutler Avenue					
City, State, Zip Code Chesterfield, NJ 08515				City, State, Zip Code Maple Shade, NJ 08052					
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 12 / 31 / 19		Scheduled Completion Date (11) 01 / 02 / 20		Name of OSHA Monitor EMSL Analytical, Inc.					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
Lower Level	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	461 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 01/02/2020		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature <i>Christina Fay</i>		Date 12-18-19			

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



Date of Notification (1) NOCK		Name of Building Owner/Operator (2) Stepan Company							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 100 West Hunter Avenue							
		City, State, Zip Code Maywood, NJ 07607							
		Name of Contact Mr. John Ostroski							
		Telephone Number 201-712-7656							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Stepan Company		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 100 West Hunter Avenue		Square Feet 23000	# of Floors 1						
City (5) Maywood, NJ 07607		Bldg. Age NA							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) DIVINE ENVIRONAMENTAL		ASCM No.	Name of Abatement Contractor (9) JLS GROUP INC.						
Street Address 550 BERKELY TERRACE		Street Address 25-11 95TH STREET							
City, State, Zip Code IRVIGTON NJ 17111		City, State, Zip Code EAST ELMHURST NY 11369							
Project Manager for Monitoring Firm NKKIRUKA ONWUKAIFE		Telephone No. 973-483-3400	Telephone No. 877-231-1080						
License No. 01368		Name of OSHA Monitor JLS GROUP INC.							
Start Date (10) 12-7-2019	Scheduled Completion Date (11) 12-13-19	Street Address 25-11 95TH STREET							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code EAST ELMHURST NY 11369							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
BOILER A		X		bricks-thermal insulation	2,000 SF	X			
BOILER B		X		bricks-thermal insulation	2,000 SF	X			
BOILER A & B		X		hard white boiler insulation	160 LF	X			
BOILER A & B		X		tan fiberboard	60 SFF	X			
Name of Registered Waste Hauler TRI STATE TRANSFER ASSOCIATES		NJDEP Waste Hauler ID No. 19551	Cubic Yards of Waste	Name of Registered Landfill Minerva Enterprises Inc					
City, State Bronx NY			Disposal Date	City, State Waynesberg ,Ohio					
Completed by MAUREEN KING		Title OFFICE ASSISTANT	Signature 		Date 12-13-19				

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

Inv-16971

chk #3664

Date of Notification (1) 12/19/2019		Name of Building Owner / Operator (2) VERIZON COMMUNICATIONS	
Agencies Notified	Type Notification	Street Address 114 Paterson Street	<div style="border: 1px solid black; padding: 5px; text-align: center;"> DEC 24 2019 ASBESTOS CONTROL & LICENSING </div>
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Paterson, NJ 07501	
		Name of Contact Doug O'Hare	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Paterson Central Office			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 114 Paterson Street			Square Feet 112000	# of Floors 6	Bldg. Age 100
City (5) Paterson	County (6) Passaic	County Code (7)	Current Use (Prior if being demolished) COMMUNICATIONS		
Name of Monitoring Firm Hired by Building Owner (8) USA ENVIRONMENTAL MANAGEMENT, INC.		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL INC		
Street Address 8436 ENTERPRISE AVE			Street Address 1123 BEAVER STREET		
City, State & Zip Code PHILADELPHIA PA 19153			City, State & Zip Code BRISTOL, PA 19007		
Project Manager for Monitoring Firm MARK JENKINS		Telephone Number 215-365-5810	Telephone Number 215-788-6040	License Number 00509	
Scheduled Start Date (10) 1/6/2020	Scheduled Completion Date (11) 2/14/2020		Name of OSHA Monitor BRISTOL ENVIRONMENTAL INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: 5:00 PM – 1:30 AM <input checked="" type="checkbox"/> Facility Occupied During Abatement			Street Address 1123 BEAVER STREET		
			City, State & Zip Code BRISTOL, PA 19007		

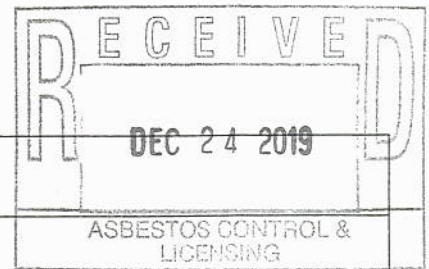
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boiler Insulation	500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Breeching Insulation	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Boiler Insulation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	150 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.	NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 75	Name of Registered Landfill MINERVA LANDFILL
City, State YARDLEY, PA	Disposal Date TBD	City, State WAYNESBURG, OH	
Completed By (Print or Type) PATRICK T. DeCARO	Title Estimator	Signature <i>Patrick T. DeCaro / JK</i>	Date 12/19/2019

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



Date of Notification (1) <u>11</u> / <u>27</u> / <u>19</u>		Name of Building Owner/Operator (2) Verizon	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>1-12/19/19</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level	
		City, State, Zip Code Pittsburgh, PA 15212	
		Name of Contact Anthony Porta	Telephone Number 412-633-4021

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Freehold C.O.		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 56 East Main St.		Square Feet	
City (5) Freehold		# of Floors	Bldg. Age
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 1253 N Church Street		Street Address 1123 BEAVER STREET	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Kris Smith	Telephone No. 609-313-8218	Telephone No. 215-788-6040	License No. 00509
Start Date (10) <u>12</u> / <u>16</u> / <u>19</u>	Scheduled Completion Date (11) <u>12</u> / <u>23</u> / <u>19</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u> </u> AM- <u> </u> PM/ <u>5:00</u> PM- <u>1:30</u> AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glovebag Procedure
		<input 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"/>	Pipe insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL	
City, State YARDLEY, PA		Disposal Date	City, State WAYNESBURG, OH		
Completed By (Print or Type) Brian Scafiro	Title Estimator	Signature <i>Brian Scafiro</i>	Date 12-19-19		

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

Chk#3657

Date of Notification (1) 11 / 27 / 19		Name of Building Owner/Operator (2) Verizon		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 24 2019 </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD 3046 <input checked="" type="checkbox"/> DHSS 3053 <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 15 East Montgomery Place, Lower Level							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Anthony Porta		Telephone Number 412-633-4021					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Freehold C.O.				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 56 East Main St.									
City (5) Freehold				Square Feet	# of Floors				
				Bldg. Age					
County (6) Monmouth		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 1253 N Church Street				Street Address 1123 BEAVER STREET					
City, State, Zip Code Moorestown, NJ 08057				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Kris Smith		Telephone No. 609-313-8218		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 12 / 16 / 19		Scheduled Completion Date (11) 12 / 20 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / 5:00 PM - 1:30 AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor tile and mastic	10 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA				Disposal Date	City, State WAYNESBURG, OH				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro / [Signature]		Date 11-27-19			

ASB-41
MAY 11 13519146

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

Approved By:
 TOM Voorhees, NJDOH
 INV-146882

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

Chk #3663

Date of Notification (1) 12 / 19 / 19		Name of Building Owner/Operator (2) State of NJ Department of Corrections		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 24 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address PO Box 11401			
		City, State, Zip Code Yardville, NJ 08620				Name of Contact Ronald Bohn			
						Telephone Number 609-291-2015			
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Garden State Correctional				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 55 Hogback Road									
City (5) Crosswicks				Square Feet 100000	# of Floors 2				
				Bldg. Age 35+					
County (6) Burlington		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 120 N Warren Street				Street Address 1123 BEAVER STREET					
City, State, Zip Code Trenton, NJ 08608				City, State, Zip Code BRISTOL, PA 19007					
Project Manager for Monitoring Firm Rollie Jones		Telephone No. 609-392-4200		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 12 / 19 / 19		Scheduled Completion Date (11) 12 / 20 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 9:00AM-4:30PM/____PM-____AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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
Visitation Hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster	24 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 BRISTOL ENVIRONMENTAL, INC.		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste 1	Name of Registered Landfill Minerva Landfill				
City, State BRISTOL, PA 19007				Disposal Date 12/20/19	City, State Waynesburg, OH				
Completed By (Print or Type) Gino Pizzigoni		Title Estimator		Signature <i>Gino Pizzigoni</i>		Date 12-19-19			

ASB-41
 MAY 11 GI19299

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

INV-16969

CH 9091

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

RECEIVED
 2091
 DEC 24 2019
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/20/19		Name of Building Owner/Operator (2) MR. BRANCH WATKINS						
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code MORRISTOWN, NJ, 07960 Name of Contact MR. WATKINS						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) MR. BRANCH WATKINS		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 2200	# of Floors 2					
City (5) MORRISTOWN		Bldg. Age 1945						
County (6) MORRIS	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc						
Street Address		Street Address 450 South River St						
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601						
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-329-7444	License No. 00388					
Start Date (10) 1/8/20	Scheduled Completion Date (11) 1/10/20	Name of OSHA Monitor Omega Environmental						
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606						
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type		
	Yes	No	N/A			Removal	Repair	Encapsulate
GARAGE			/	THERMAL SURFACING	290 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 1cy	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL				
City, State Hackensack, N.J. 07601		Disposal Date 1/10/20	City, State NEWBURGH, PA. 17240					
Completed by J. MAIORANO	Title Estimator	Signature [Signature]				Date 12/20/19		

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

RECEIVED
DEC 24 2019
ASBESTOS CONTROL & LICENSING

CK 1332

Date of Notification (1)
12/19/19 *Inv 16884*

Name of Building Owner/Operator (2)
Lime Tree Holdings

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

Type Notification
☒ Initial
☐ Amended
 Amendment # _____
☐ Emergency (including justification)
☐ Cancellation

Street Address
194 Sanford Avenue

City, State, Zip Code
North Plainfield

Name of Contact
Solomon Freitag

Telephone Number

FACILITY INFORMATION

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

Street Address
[REDACTED]

City (5)
North Plainfield

County (6)
Somerset

County Code (7)
(STATE USE ONLY) _____

Type of Facility (4)
☐ School (K-12)
☐ Subchapter 8 (Other than K-12)
☒ Other (i.e. private & commercial buildings, homes, etc.)

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)
home

Name of Monitoring Firm Hired by Building Owner (8)
[REDACTED]

ASCM No.
[REDACTED]

Name of Abatement Contractor (9)
AAA LEAD PROFESSIONALS

Street Address
[REDACTED]

City, State, Zip Code
[REDACTED]

Street Address
6 WHITE DOVE COURT

City, State, Zip Code
LAKEWOOD, NJ 08701

Project Manager for Monitoring Firm
[REDACTED]

Telephone No.
[REDACTED]

Telephone No.
732-668-9078

License No.
1200

Start Date (10)
12/20/19

Scheduled Completion Date (11)
12/22/19

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) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				DUCT WRAP	10LF	x			

Name of Registered Waste Hauler
NEWARK CARTING

NJDEP Waste Hauler ID No.
04509

Cubic Yards of Waste
3

Name of Registered Landfill
IESI

City, State
NEWARK, NJ

Disposal Date
12/22/19

City, State
BETHLEHEM PA

Completed by
JOSEPH PERLSTEIN

Title
OWNER

Signature
[REDACTED]

Date
11/11/19

Inv-16968

PAID

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

Check # 10830
3 WORK AREAS

Date of Notification (1) 12-20-19		Name of Building Owner/Operator (2) Magnetic Metals Corp							
Agencies Notified	Type Notification	Street Address 1900 Hayes Ave							
<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 Camden NJ 08105							
		Name of Contact Frank Raneiro							
		Telephone Number 856-964-7842							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) office/warehouse		Type of Facility (4)							
Street Address 1900 Hayes Ave		<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) Camden NJ 08105	Square Feet	# of Floors 2	Bldg. Age 60+-						
County (6) Camden	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) office/warehouse							
Name of Monitoring Firm Hired by Building Owner (8) EPC Technologies		Name of Abatement Contractor (9) EPC Technologies Inc							
Street Address P.O. Box 337		Street Address P.O. Box 337							
City, State, Zip Code New Egypt, NJ 08533		City, State, Zip Code New Egypt NJ 08533							
Project Manager for Monitoring Firm Steve Schenker		Telephone No. 609 758-3365	License No. 00394						
Start Date (10) Dec 30 2019	Scheduled Completion Date (11) Jan 30 2020	Name of OSHA Monitor EPC Technologies Inc							
Occupancy Status During Abatement (Check Only One)		Street Address P.O. Box 337							
<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 New Egypt NJ 08533							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor offices		X		Floor Tiles/mastic	775 SF	X			
2nd Floor offices		X		Floor Tiles/mastic	1225 SF	X			
Roof Perimeter	X			Flashing	2250 SF	X			
1st Floor		X		Pipe Insulation	9 LF	X			
Name of Registered Waste Hauler EPC Technologies		NJDEP Waste Hauler ID No. 17000		Cubic Yards of Waste 24	Name of Registered Landfill Waste Management of PA				
City, State New Egypt NJ		Disposal Date Various		City, State Morrisville PA					
Completed by Steve Schenker		Title President		Signature Steve Schenker		Date 12-20-19			

INV-16913

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

34957

Date of Notification (1)

12 / 20 / 2019

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

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

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

KINNARI PATEL

 Telephone Number
 732-594-6352

DEC 24 2019

STATUS CONTROL & LICENSING

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 60

 Square Feet
 89,717

 # of Floors
 5

 Bldg. Age
 82

City (5)

RAHWAY

County (6)

UNION

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

RESEARCH LABORATORY AND OFFICE FACILI

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.

ASCM No.

104

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

655 WEST SHORE TRAIL

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

SPARTA, NEW JERSEY 07871

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

WILLIAM S. KERBEL, CIH

Telephone Number

973-729-5649

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

 1 / 13 / 2020
 Month Day Year

Sched. Completion Date (11)

 5 / 30 / 2020
 Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

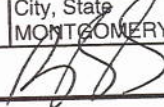
City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

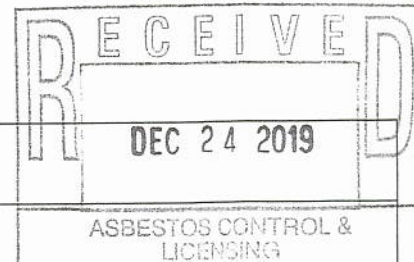
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF
☒ Renovation

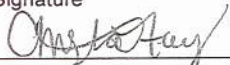
☒ Full Containment with Negative Pressure
☐ Mini Encl.
☐ Glovebag Procedure
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
2ND FLOOR			X	PIPE INSULATION	1,900 SF	X			
3RD FLOOR			X	PIPE INSULATION	1,900 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
FREEHOLD CARTAGE, INC.		15939		120		LYCOMING COUNTY RESOURCE MANAGEMENT SE			
825 HIGHWAY 33						447 ALEXANDER DRIVE/ROUTE 15			
City, State				Disposal Date		City, State			
FREEHOLD, NEW JERSEY				01/06/20-05/30/20		MONTGOMERY, PA 17752			
Completed by (Print or Type)		Title		Signature		Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS				12-20-19			

Inv 16967
CK 10588

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



Date of Notification (1) 12 / 18 / 19		Name of Building Owner/Operator (2) Ian Wallace		RECEIVED DEC 24 2019 ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div> City, State, Zip Code Haddonfield, NJ 08033							
		Name of Contact Ian Wallace		Telephone # _____					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Wallace 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 <div style="background-color: black; width: 150px; height: 1.2em; margin-bottom: 2px;"></div>									
City (5) Haddonfield		Square Feet 2,020	# of Floors 2	Bldg. Age 99					
County (6) Camden		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence					
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.		Name of Abatement Contractor (9) Shade Environmental, LLC					
Street Address PO Box 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070		Telephone No. 856-755-0099	License No. 00842				
Start Date (10) 12 / 27 / 19	Scheduled Completion Date (11) 12 / 28 / 19		Name of OSHA Monitor EMSL Analytical, Inc.						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 25 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Isulation (Wrap & Cut)		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939		Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill				
City, State Freehold, NJ		Disposal Date 12/28/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Fay		Title Vice President of Operations		Signature 			Date 12/18/19		

Inv 16866

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

Chk #2: 3662

Date of Notification (1) 12 / 5 / 19		Name of Building Owner/Operator (2) Leonia Fire Department		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 24 2019 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1-12/18/19 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1 Wood Park							
City, State, Zip Code Leonia, NJ 07605									
Name of Contact Andrea Wardrop		Telephone Number 201-592-5780							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Leonia Fire Department				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 1 Wood Park									
City (5) Leonia		Square Feet +-10,000	# of Floors +-2	Bldg. Age +-50					
County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Fire Department					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 120 North Warren Street		Street Address 1123 BEAVER STREET							
City, State, Zip Code Trenton Nj 08608		City, State, Zip Code BRISTOL, PA 19007							
Project Manager for Monitoring Firm Rollie Jones		Telephone No.		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 12 / 16 / 19		Scheduled Completion Date (11) 12 / 23 / 19		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-4:30PM/ PM- AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
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
Break Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (Wrap & Cut)	20 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Above Engine Bay Ceiling	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation (Wrap & Cut)	36 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.		NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste	Name of Registered Landfill MINERVA LANDFILL				
City, State YARDLEY, PA		Disposal Date TBD		City, State WAYNESBURG, OH					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature Dillan DeCaro / gk		Date 12-18-19			

ASB-41
JAN 13 DD19076

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

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

Chk# 3660

Date of Notification (1) 12 / 5 / 19		Name of Building Owner/Operator (2) Leonia Fire Department		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 24 2019 ASBESTOS CONTROL & ABATEMENT </div>											
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD3145 <input checked="" type="checkbox"/> DOH3138 <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 1 Wood Park City, State, Zip Code Leonia, NJ 07605 Name of Contact Andrea Wardrop		Telephone Number 201-592-5780							
FACILITY INFORMATION															
Name of Facility Where Abatement is Taking Place (3) Leonia Fire Department				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 1 Wood Park				Square Feet +10,000		# of Floors +2		Bldg. Age +50							
City (5) Leonia				County (6) Bergen		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Fire Department							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connection				ASCN No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.									
Street Address 120 North Warren Street				City, State, Zip Code Trenton Nj 08608		Street Address 1123 BEAVER STREET									
Project Manager for Monitoring Firm Rollie Jones				Telephone No.		Telephone No. 215-788-6040									
Start Date (10) 12 / 16 / 19				Scheduled Completion Date (11) 12 / 23 / 19		License No. 00509									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 8:00AM-4:30PM / _____ PM-_____ AM				Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC		Street Address 1123 BEAVER STREET									
				City, State, Zip Code BRISTOL, PA 19007											
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) <u>TO BE ABATED</u> IN Facility (13)			Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)			Amount (Specify SF or LF)			Abatement Type			
												Removal Repair Encapsulate Enclosure			
Break Room			<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>			Pipe Insulation (Wrap & Cut)			20 LF			<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>									<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP, INC.				NJDEP Waste Hauler ID No. 20990		Cubic Yards of Waste		Name of Registered Landfill MINERVA LANDFILL							
City, State YARDLEY, PA				Disposal Date TBD		City, State WAYNESBURG, OH									
Completed By (Print or Type) Dillian DeCaro				Title Estimator		Signature <i>Dillian DeCaro</i>			Date 12-5-19						

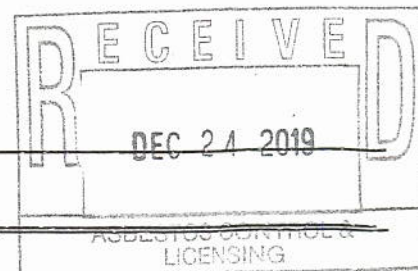
INV 16964

CK 1215

Proj. #: 20-02

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

PAYED



Date of Notification (1) 11/21/19		Name of Building Owner/Operator (2) Mike Oliverio	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code MAPLEWOOD, NJ 07040	
Name of Contact Mike Oliverio		Telephone Number	

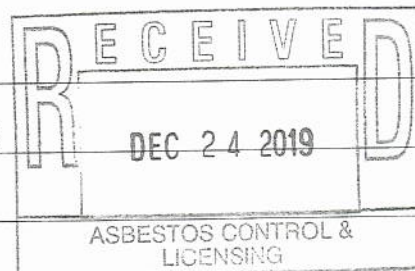
FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet # of Floors Bldg. Age 2,200 SF 02 90		
City (5) MAPLEWOOD, NJ 07040	County (6) Essex	County Code (7) (State use only)	Current Use (Prior if being demolished) Residential		
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 309 W. End Ave		
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629		License Number 02007
Start Date (10) 01/10/2020		Sched. Completion Date (11) 01/13/2020	Name of OSHA Monitor KLOMAX, LLC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: <input checked="" type="checkbox"/> Other-Describe: NORMAL HOURS			Street Address 309 W. End Ave		
			City, State, Zip Code Hopatcong, NJ 07843		

Scope of Work (check all that apply) <input checked="" type="checkbox"/> >3 sf or >3 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition				<input type="checkbox"/> Full Containment w/negative pressure <input checked="" type="checkbox"/> Mini-enclosure <input checked="" type="checkbox"/> Glovebag procedure <input type="checkbox"/> Non-Exempted (*) and Non-friable procedure					
Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement				Pipe Insulation	18 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

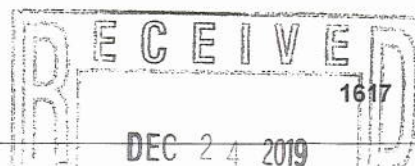
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) December 20, 2019		Name of Building Owner/Operator (2) E.I. du Pont de Nemours / Parlin Plant							
Agencies Notified	Type Notification	Street Address 250 Chesapeake Rd							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Parlin, NJ 08859-1080							
		Name of Contact Project Manager	Telephone Number 732-613-2400						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Site wide		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 250 Chesapeake Rd		Square Feet	Bldg. Age						
City (5) Parlin		Current Use (Prior if being demolished) Plant							
County (6) Middlesex	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) ATC		Name of Abatement Contractor (9) The MACK Group, LLC							
Street Address 3 Terri Lane, Suite 4-5		Street Address 1500 Kings HWY N, STE 209							
City, State, Zip Code Burlington, NJ 8016		City, State, Zip Code Cherry Hill, NJ 08034							
Project Manager for Monitoring Firm John Lutz	Telephone No. 609-386-8800	Telephone No. (973) 759 - 5000	License No. 00781						
Start Date (10) 1/7/2020	Scheduled Completion Date (11) 1/10/2020	Name of OSHA Monitor The MACK Group, LLC.							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
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
Exterior (Main Steam Line to B2005)			X	pipe insulation	25 lf	X			
DUCO Area (Bldg. 712)		X		"-	25 lf	X			
Building 1880	X			"-	5 lf	X			
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509		Cubic Yards of Waste 0.6	Name of Registered Landfill G.R.O.W.S				
City, State Newark, NJ				Disposal Date 1/10/2020	City, State Morrisville, PA				
Completed by Mike Cooper		Title President		Signature 	Date 12/20/19				

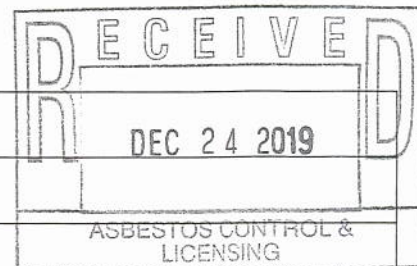
INV-16962
CK 11/17 PAID

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



Date of Notification (1) December 19, 2019		Name of Building Owner/Operator (2) DuPont Specialty Products USA, LLC							
Agencies Notified	Type Notification	Street Address							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Chestnut Run Plaza 974 Centre Road							
		City, State, Zip Code Wilmington DE 19805							
		Name of Contact Project Manager	Telephone Number 973-641-1736						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) DuPont Parlin Site wide		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 250 Chesapeake Rd		Square Feet	# of Floors						
City (5) Parlin		Bldg. Age							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Plant							
Name of Monitoring Firm Hired by Building Owner (8) ATC		ASCM No.							
Street Address 3 Terri Lane, Suite 4-5		Name of Abatement Contractor (9) The MACK Group, LLC							
City, State, Zip Code Burlington, NJ 8016		Street Address 1500 Kings HWY N, STE 209							
Project Manager for Monitoring Firm John Lutz		City, State, Zip Code Cherry Hill, NJ 08034	Telephone No. (973) 759 - 5000						
Start Date (10) 1/7/2020	Scheduled Completion Date (11) 1/7/2021	License No. 00781							
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 The MACK Group, LLC.							
		Street Address 1500 Kings HWY N, STE 209							
		City, State, Zip Code Cherry Hill, NJ 08034							
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
Exterior			X	pipe insulation	25 lf	X			
Ducco Area		X		"-	25 lf	X			
Building 1880	X			"-	5 lf	X			
Name of Registered Waste Hauler Newark Carting		NJ DEP Waste Hauler ID No. 4509	Cubic Yards of Waste 0.6	Name of Registered Landfill Minerva Enterprises, LLC					
City, State Newark, NJ		Disposal Date 1/7/2021		City, State Waynesburg, OH					
Completed by Mike Cooper		Title President		Signature 		Date 12/19/19			

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



Date of Notification (1) 12/20/19 <i>JHV 169601</i>		Name of Building Owner/Operator (2) Natural Selection	
Agencies Notified	Type Notification	Street Address 56 Sparta Avenue	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newton, NJ 07860	
		Name of Contact JR D'Annibale	Telephone Number 862-354-7572

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Thorlabs		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 47 Sparta Avenue		Square Feet 4,500	# of Floors 2
City (5) Newton		Bldg. Age 73+/-	
County (6) Sussex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Pizza parlor/Residential	
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 150 Glenwood Drive	
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Washington Crossing, PA 18977	
Project Manager for Monitoring Firm Peter Photopoulos		Telephone No. 610-279-7070	License No. 01225
Start Date (10) 01/06/2020	Scheduled Completion Date (11) 02/07/2020	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	

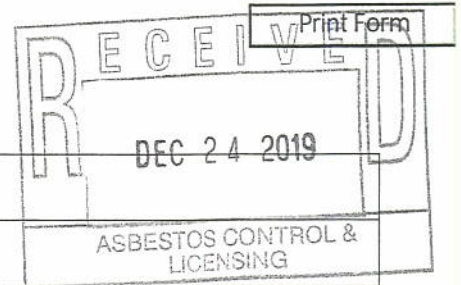
Scope of Work (Check All That Apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input 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				Pipe Insulation	10 LF	X			
Exterior				Asbestos cement siding	4,160 SF	X			
Enclosed porch on Floor 2				12"x12" dark brown floor tile	120 SF	X			
<i>Attached</i>						X			

Name of Registered Waste Hauler Service Transport Group	NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises
City, State New Castle, DE		Disposal Date TBD	City, State Waynesburg, OH
Completed by Andre Gosek	Title Project Manager	Signature <i>[Signature]</i>	Date 12/20/19

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



Date of Notification (1) 12/20/19		Name of Building Owner/Operator (2) Natural Selection		ASBESTOS CONTROL & LICENSING					
Agencies Notified		Type Notification		Street Address 56 Sparta Avenue					
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Newton, NJ 07860					
Name of Contact JR D'Annibale				Telephone Number 862-354-7572					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Thorlabs				Type of Facility (4)					
Street Address 43 Sparta Avenue				<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) Newton		Square Feet 10,200		# of Floors 2	Bldg. Age 75+/-				
County (6) Sussex County		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Office/Warehouse					
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No. _____		Name of Abatement Contractor (9) ELCON Environmental					
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 150 Glenwood Drive							
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Peter Photopoulos		Telephone No. 610-279-7070		Telephone No. 215-313-7427	License No. 01225				
Start Date (10) 01/06/2020		Scheduled Completion Date (11) 06/11/2020		Name of OSHA Monitor Same					
Occupancy Status During Abatement (Check Only One)				Street Address					
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____				City, State, Zip Code					
Scope of Work (Check All That Apply)									
<input 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 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				Pipe Insulation	10 LF	X			
Floor 1				12"x12" floor tile and mastic	4,000 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises				
City, State New Castle, DE				Disposal Date TBD	City, State Waynesburg, OH				
Completed by Andre Gosek		Title Project Manager		Signature 		Date 12/20/19			

INV 116869
CK 3509

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


Print Form
RECEIVED
DEC 24 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/18/2019		Check # 3509		Name of Building Owner/Operator (2) BERGEN ARTS & SCIENCE CHARTER SCHOOL					
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 43 Maple Avenue City, State, Zip Code Hackensack, NJ Name of Contact Tom Telephone Number 551-497-3004					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Bergen Arts & Science Charter School				Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 43 Maple Avenue				Square Feet 60,000	# of Floors 3				
City (5) Hackensack				Bldg. Age 50+					
County (6) BERGEN		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) School					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) EA Services Corporation					
Street Address		Street Address 426 69th Street							
City, State, Zip Code		City, State, Zip Code Guttenberg, NJ 07093							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-295-1700	License No. 01074				
Start Date (10) 12/27/2019		Scheduled Completion Date (11) 12/28/19		Name of OSHA Monitor Same as above					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: AM				Street Address City, State, Zip Code					
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
Third Floor		x		Ceiling Plaster	2 SF		x		
Second Floor		x		Floor Tile	1 SF		x		
Name of Registered Waste Hauler EA Services Corporation		NJDEP Waste Hauler ID No. 101278		Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises, Inc				
City, State Guttenberg, NJ		Disposal Date tbd		City, State Waynesburg, OH					
Completed by Gina Betances		Title Office Manager		Signature 			Date 12/16/19		

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

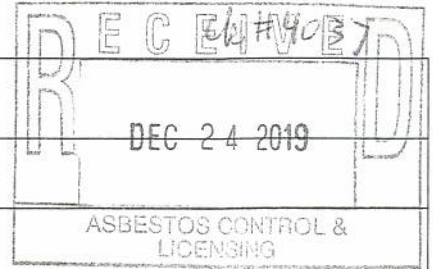
Inv 16958

CL #4038

Date of Notification (1) <div style="text-align: center;">12 / 18 / 19</div>		Name of Building Owner/Operator (2) Rider University		<div style="border: 2px solid black; padding: 5px; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;">DEC 24 2019</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px; font-size: 0.8em;">ASBESTOS CONTROL & REMEDIATION DIVISION</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road							
		City, State, Zip Code Lawrenceville, NJ 08648							
		Name of Contact Walter Eddy							
<div style="text-align: center; border-top: 1px solid black; border-bottom: 1px solid black; padding: 2px 0;">FACILITY INFORMATION</div>									
Name of Facility Where Abatement is Taking Place (3) Rider University - Omega House				Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 2083 Lawrenceville Road									
City (5) Lawrenceville				Square Feet 75,000	# of Floors 2				
				Bldg. Age 50					
County (6) Mercer		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) school					
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 102	Name of Abatement Contractor (9) Plymouth Environmental Company, Inc						
Street Address 515 Grove Street, Suite 1B			Street Address 923 Haws Avenue						
City, State, Zip Code Haddon Heights, NJ 08035			City, State, Zip Code Norristown, PA 19401						
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-656-2944	Telephone No. 610-239-9920		License No. 0398				
Start Date (10) <div style="text-align: center;">1 / 2 / 20</div>		Scheduled Completion Date (11) <div style="text-align: center;">2 / 3 / 20</div>		Name of OSHA Monitor Plymouth Environmental Company, Inc.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM / ____PM-____AM			Street Address 923 Haws Avenue						
			City, State, Zip Code Norristown, PA 19401						
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	1,500SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	350SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ground and 1st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	covebase mastic	1,500LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304		Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill				
City, State Voorhees, NJ 08043				Disposal Date 2/3/20	City, State Moorisville, PA				
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 		Date 12/18/19			

INV-16957
CK41037

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



Date of Notification (1) 12 / 18 / 19		Name of Building Owner/Operator (2) Rider University	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road	
		City, State, Zip Code Lawrenceville, NJ 08648	
		Name of Contact Walter Eddy	Telephone Number 609-896-5080

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University - Moore Library		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 2083 Lawrenceville Road			
City (5) Lawrenceville		Square Feet 75,000	# of Floors 2
		Bldg. Age 50	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) school	
Name of Monitoring Firm Hired by Building Owner (8) Pennoni		ASCM No. 102	Name of Abatement Contractor (9) Plymouth Environmental Company, Inc
Street Address 515 Grove Street, Suite 1B		Street Address 923 Haws Avenue	
City, State, Zip Code Haddon Heights, NJ 08035		City, State, Zip Code Norristown, PA 19401	
Project Manager for Monitoring Firm Brian Clark		Telephone No. 856-656-2944	License No. 0398
Start Date (10) 1 / 2 / 20	Scheduled Completion Date (11) 2 / 3 / 20	Name of OSHA Monitor Plymouth Environmental Company, Inc.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/____PM-____AM		Street Address 923 Haws Avenue	
		City, State, Zip Code Norristown, PA 19401	

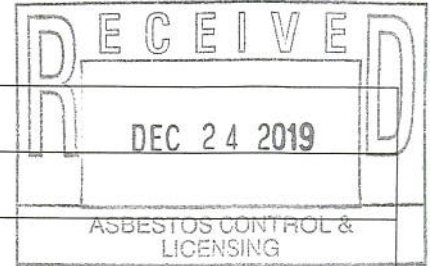
Scope of Work (Check all that apply)

<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input type="checkbox"/> Demolition	<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
1 st Floor Lobby	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	insulation wrap	200SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	600SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	floor tile and mastic	4000SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st , 3 rd and Penthouse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	covebase mastic	600LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

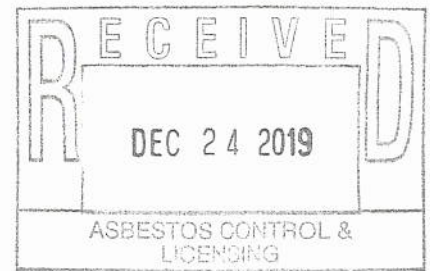
Name of Registered Waste Hauler Robinson Waste Disposal		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 1	Name of Registered Landfill GROWS Landfill	
City, State Voorhees, NJ 08043		Disposal Date 2/3/20		City, State Moorisville, PA	
Completed By (Print or Type) James M. Kelly		Title Vice President		Signature 	Date 12/18/19

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



Date of Notification (1) 12/20/19 <i>INV 1169101</i>		Name of Building Owner/Operator (2) Natural Selection							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 56 Sparta Avenue		City, State, Zip Code Newton, NJ 07860							
Name of Contact JR D'Annibale		Telephone Number 862-354-7572							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Thorlabs		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 47 Sparta Avenue		Square Feet 4,500	# of Floors 2						
City (5) Newton		Bldg. Age 73+/-							
County (6) Sussex County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Pizza parlor/Residential							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental						
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 150 Glenwood Drive							
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Peter Photopoulos		Telephone No. 610-279-7070	Telephone No. 215-313-7427 License No. 01225						
Start Date (10) 01/06/2020	Scheduled Completion Date (11) 02/07/2020	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 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				Pipe Insulation	10 LF	X			
Exterior				Asbestos cement siding	4,160 SF	X			
Enclosed porch on Floor 2				12"x12" dark brown floor tile	120 SF	X			
<i>Attached</i>						X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Andre Gosek		Title Project Manager		Signature <i>[Signature]</i>			Date 12/20/19		

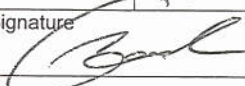
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Remove	Repair	Encapsulate	Enclose
Flat roof				Roofing material	800 SF	X			
Flat Roof				duct coating	56 SF	X			
throughout				plaster	4,950	X			



CK 201

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

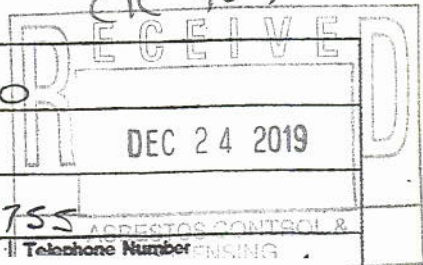
RECEIVED	Print Form
DEC 24 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/20/19 INV 16959		Name of Building Owner/Operator (2) Natural Selection							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 56 Sparta Avenue		City, State, Zip Code Newton, NJ 07860							
Name of Contact JR D'Annibale		Telephone Number 862-354-7572							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Thorlabs		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 43 Sparta Avenue		Square Feet 10,200	# of Floors 2						
City (5) Newton		Bldg. Age 75+/-							
County (6) Sussex County		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office/Warehouse						
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No. _____	Name of Abatement Contractor (9) ELCON Environmental						
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 150 Glenwood Drive							
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Peter Photopoulos		Telephone No. 610-279-7070	License No. 01225						
Start Date (10) 01/06/2020	Scheduled Completion Date (11) 06/11/2020	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 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				Pipe Insulation	10 LF	X			
Floor 1				12"x12" floor tile and mastic	4,000 SF	X			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Andre Gosek		Title Project Manager		Signature 		Date 12/20/19			

INV-16956

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

ck 9090



Date of Notification (1) 12/20/19		Name of Building Owner/Operator (2) MR. DAVID CAMEO					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code OAKHURST, N.J. 07755	Telephone Number [REDACTED]				
Name of Facility Where Abatement is Taking Place (3) MR. DAVID CAMEO		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 2000	# of Floors 1				
City (5) OAKHURST		Bldg. Age 1960					
County (6) MONMOUTH		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE				
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Best Removal Inc					
Street Address		Street Address 450 South River St					
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601					
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388				
Start Date (10) 1/6/20	Scheduled Completion Date (11) 1/7/20	Name of OSHA Monitor Omega Environmental					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00AM TO 5:00PM		Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606					
Scope of Work (Check all that apply) <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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
1 FLOOR			VAT	350 SF	X		
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 31/20	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL			
City, State Hackensack, N.J. 07601		Disposal Date 1/7/20	City, State NEWBURGH, PA. 17240				
Completed by J. MAIORANO	Title Estimator	Signature [Signature]			Date 12/20/19		

ASB-41

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

CIL 41253

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

RECEIVED	Print Form
	DEC 24 2019
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/19/2019 <i>INV-16875</i>		Name of Building Owner/Operator (2) Newark Public Schools	
Agencies Notified	Type Notification	Street Address 190 Muhammad Ali Avenue	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark, NJ 07108	
		Name of Contact Benjamin Olagadeyo	Telephone Number 973-993-7544

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Malcom X Shabazz High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 122 Milford Ave.		Square Feet 62,000	# of Floors 3
City (5) Newark		Bldg. Age 105	
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) School	
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		Name of Abatement Contractor (9) Smac Corp.	
Street Address 1253 North Church Street		Street Address 431 North Midland Ave.	
City, State, Zip Code Moorestown, NJ 08057		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm James Guilardi		Telephone No. 856-840-8800	License No. 01110
Start Date (10) 12/20/2019	Scheduled Completion Date (11) 12/28/2019	Name of OSHA Monitor EMSL Analytical, 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 1056 Shelton Ave.	
		City, State, Zip Code Piscataway, NJ 08854	

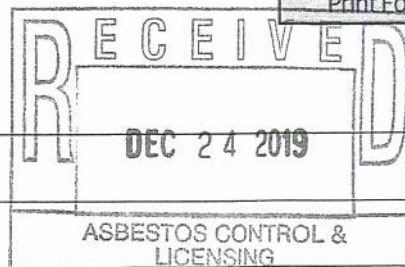
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Room # 208		X		ACM Floor Tiles	1,700 SF	X			
Main Office		X		ACM Pipe Insulation	9 LF	X		X	

Name of Registered Waste Hauler Smac Corp.		NJDEP Waste Hauler ID No. 18590	Cubic Yards of Waste 10 yards	Name of Registered Landfill Grown Landfill	
City, State Saddle Brook, NJ 07663		Disposal Date 12/28/2019		City, State Morrisville, PA	
Completed by Borce Gjorsoski		Title President	Signature <i>Borce Gjorsoski</i>	Date 12/19/2019	

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



CK 4254

Date of Notification (1)
12/19/2019 INV 16881

Name of Building Owner/Operator (2)
Newark Public Schools

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

Type Notification
☐ Initial
☐ Amended
☐ Amendment # _____
☒ Emergency (including justification)
☐ Cancellation

Street Address
190 Muhammad Ali Avenue

City, State, Zip Code
Newark, NJ 07108

Name of Contact
Benjamin Olagadeyo

Telephone Number
973-993-7544

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Thirteen Avenue School

Street Address
359 13th Ave.

City (5)
Newark

County (6)
Essex

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
83,420

of Floors
4

Bldg. Age
73

Current Use (Prior if being demolished)
School

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

ASCM No. _____

Name of Abatement Contractor (9)
Smac Corp.

Street Address
1253 North Church Street

Street Address
431 North Midland Ave.

City, State, Zip Code
Moorestown, NJ 08057

City, State, Zip Code
Saddle Brook, NJ 07663

Project Manager for Monitoring Firm
James Guiliardi

Telephone No.
856-840-8800

Telephone No.
201-791-6777

License No.
01110

Start Date (10)
12/20/2019

Scheduled Completion Date (11)
12/28/2019

Name of OSHA Monitor
EMSL Analytical, Inc

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

Street Address
1056 Shelton Ave.

City, State, Zip Code
Piscataway, NJ 08854

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Band Room		X		ACM Mastic	1,800 SF	X			

Name of Registered Waste Hauler
Smac Corp.

NJDEP Waste Hauler ID No.
18590

Cubic Yards of Waste
5 yards

Name of Registered Landfill
Grown Landfill

City, State
Saddle Brook, NJ 07663

Disposal Date
12/28/2019

City, State
Morrisville, PA

Completed by
Borce Gjorsoski

Title
President


Signature
Borce Gjorsoski

Date
12/19/2019

CH 2470

PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 6:60 and 12:120)

Print Form
RECEIVED
DEC 24 2019
ASBESTOS CONTROL & LICENSING

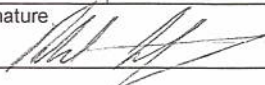
Date of Notification (1) 12/19/19 INV-16883		Name of Building Owner/Operator (2) Harold Ganz	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Hillsdale, NJ 07642 Name of Contact Harold Ganz Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 3100	
City (5) Hillsdale		# of Floors 2	
County (6) Bergen		Bldg. Age 65+/-	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residential Home	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		Name of Abatement Contractor (9) All Stages Abatement	
Street Address		Street Address 280 N. Midland Ave.	
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	
Start Date (10) 12/23/19		License No. 01305	
Scheduled Completion Date (11) 12/29/19		Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M. to 4 P.M.		Street Address	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code	
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
Den	x	VAT	247 SF
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	
City, State Saddle Brook, NJ		Cubic Yards of Waste 3 YD	
Disposal Date TBD		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Pen Argyl, PA		Signature 	
Completed by Richard Cristofol		Title President	
		Date 12/19/19	

INV-16954
CK2471

PAID

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

RECEIVED	Print Form
DEC 24 2019	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12/19/19		Name of Building Owner/Operator (2) Graham Bazikian							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Fair Lawn, NJ 07410							
		Name of Contact Graham Bazikian	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1900	# of Floors 2						
City (5) Fair Lawn		Bldg. Age 65+/-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 1/3/20	Scheduled Completion Date (11) 1/5/20	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input 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		VAT	28 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President		Signature 			Date 12/19/19		

RECEIVED	Print Form
	DEC 24 2019
ASBESTOS CONTROL & LICENSING	

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

Date of Notification (1) 12/19/19		Name of Building Owner/Operator (2) Wendy Levi	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address [REDACTED]		City, State, Zip Code Edgewater, NJ 07020	
Name of Contact Wendy Levi		Telep [REDACTED]	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Apartment Complex		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 1000	
City (5) Edgewater		# of Floors 1	Bldg. Age 65+/-
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Apartment Complex	
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		Name of Abatement Contractor (9) All Stages Abatement	
Street Address		Street Address 280 N. Midland Ave.	
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663	
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305
Start Date (10) 1/6/20	Scheduled Completion Date (11) 1/10/20	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address	
		City, State, Zip Code	

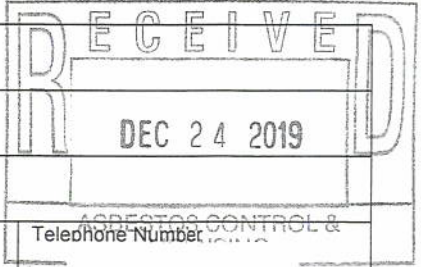
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure	
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Fl Studio		X		Mastic	207 SF	X			

Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 1 YD	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Saddle Brook, NJ		Disposal Date TBD	City, State Pen Argyl, PA		
Completed by Richard Cristofol		Title President	Signature [Signature]	Date 12/19/19	

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

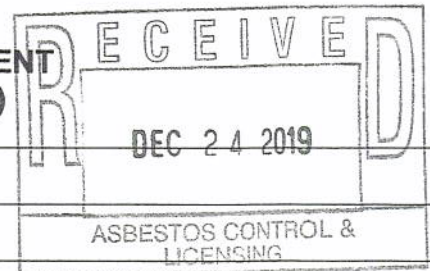
Check # 26039



Date of Notification (1) 12/20/2019		Name of Building Owner/Operator (2) Cohen							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Hackensack, NJ 07601							
		Name of Contact Josh Cohen							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<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) Hackensack, NJ 07601		Square Feet 5500	# of Floors 2						
County (6) Bergen		Bldg. Age 100 +/-							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) MECS		ASCM No.							
Street Address PO Box 341		Name of Abatement Contractor (9) Stevens Environmental Services, Inc.							
City, State, Zip Code Crosswicks, NJ 08515		Street Address PO Box 322							
Project Manager for Monitoring Firm Bill Weisgarber		City, State, Zip Code Allentown, NJ 08501	Telephone No. 609 298-4070						
Start Date (10) 12/30/2019		Telephone No. 609 259-9688	License No. 00493						
Scheduled Completion Date (11) 1/7/2020		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 to 4 pm		City, State, Zip Code Chesterfield, NJ 08515							
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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		Thermal Pipe Insulation	600 lf	X			
Boiler Room		X		Tank Insulation	20 sf	X			
Basement		X		VAT	700 sf	X			
Name of Registered Waste Hauler Stevens Environmental		NJDEP Waste Hauler ID No. 18292		Cubic Yards of Waste 8	Name of Registered Landfill Fairless Landfill				
City, State Allentown, NJ		Disposal Date 1/7/2020		City, State Morrisville, PA					
Completed by Mahlon E. Stevens		Title Project Manager		Signature 			Date 12/20/2019		

Inv-16950
CK 3089

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



Date of Notification (1) 12/18/2019		Name of Building Owner / Operator (2) Rider University	
Agencies Notified	Type Notification	Street Address 2083 Lawrenceville Road	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code Lawrenceville, NJ 08648	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact Mr. Walter Eddy	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number 609-896-5000	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input checked="" type="checkbox"/> DCA			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rider University-Gill Memorial Chapel			Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address 2083 Lawrenceville Road			Square Feet 4,000	# of Floors 2	Bldg. Age 55+
City (5) Lawrenceville, NJ	County (6) Mercer	County Code (7)	Current Use (Prior if being demolished) Campus Building		
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address 515 Grove Street, Suite 1B			Street Address 2115 Hamilton Ave, Suite 202		
City, State & Zip Code Haddonfield, NJ 08035			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Brian Clark		Telephone Number 856-547-0505	Telephone Number 609-977-6159	License Number 01185	
Scheduled Start Date (10) 1-2-2020	Scheduled Completion Date (11) 1-31-2020		Name of OSHA Monitor J&S Environmental Laboratories, Inc.		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed During 1st Shift Describe: 7AM-5PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West		
			City, State & Zip Code Union, NJ 07083		

Scope of Work (Check all that apply)

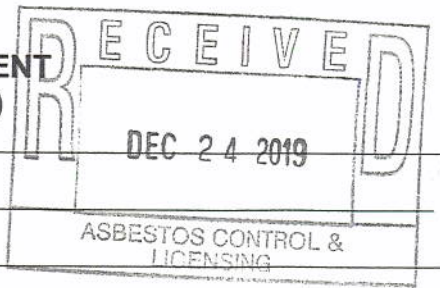
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures/Cut & Wrap
		<input type="checkbox"/> Non-Exempted and Non-Frangible Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Back Hall and Rooms on 1 st floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	2000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office areas in basement level	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Joint Compound	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"/>
	<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 Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney	Title President	Signature <i>Brian Haney</i>	Date 12/18/2019

INV 16948
CK 3088

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



Date of Notification (1) 12/18/2019		Name of Building Owner / Operator (2) Rider University	
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"/> Emergency <input type="checkbox"/> Cancellation	Street Address 2083 Lawrenceville Road	
		City, State & Zip Code Lawrenceville, NJ 08648	
		Name of Contact Mr. Walter Eddy	Telephone Number 609-896-5000

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Rider University-Gill Memorial Chapel		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 2083 Lawrenceville Road		Square Feet 4,000	# of Floors 2
City (5) Lawrenceville, NJ	County (6) Mercer	County Code (7)	Bldg. Age 55+
Name of Monitoring Firm Hired by Building Owner (8) Pennoni & Associates		ASCM No.	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address 515 Grove Street, Suite 1B		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Haddonfield, NJ 08035		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Brian Clark	Telephone Number 856-547-0505	Telephone Number 609-977-6159	License Number 01185
Scheduled Start Date (10) 1-2-2020	Scheduled Completion Date (11) 1-30-2020	Name of OSHA Monitor J&S Environmental Laboratories, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed During 1st Shift Describe: 7AM-5PM <input type="checkbox"/> Facility Occupied During Abatement		Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glove Bag Procedures/Cut & Wrap
		<input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure

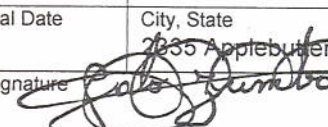
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior of Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Window Glazing	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior of Building	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Exterior Building Caulk	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Hall	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Door Caulk	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Interior Expansion Caulk	100 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Resource Management Group, LLC	NJDEP Waste Hauler ID No. 0035218	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill
City, State Trenton, NJ	Disposal Date TBD	City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian J. Haney	Title President	Signature <i>Brian Haney</i>	Date 12/18/2019

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

2# 1223

RECEIVED	
DEC 24 2019	
ASBESTOS CONTROL & Licensing	
Telephone Number 804-815-1141	

Date of Notification (1) 12/16/2019		Name of Building Owner/Operator (2) Cedar knolls LLC							
Agencies Notified	Type Notification	Street Address 80 S Jefferson Rd Suite 202							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Whippany NJ 07981							
<input type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact Aaron Guy							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Property		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) Morristown NJ		Square Feet 2200	# of Floors 1						
County (6) Morris County		Bldg. Age +50							
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. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384						
Start Date (10) 12/18/2019	Scheduled Completion Date (11) 12/22/2019	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One)		Street Address 2333 Route 22 West							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code Union NJ 07803							
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours									
<input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM									
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf		<input type="checkbox"/> Renovation							
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<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
First floor stair/basement			x	floor tile	200SF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670		Disposal Date		City, State 2335 Applebiter Rd Bethlehem PA					
Completed by Galo Zumba		Title Principal		Signature 		Date 12/16/2019			

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

CHECK # 26834
RECEIVED
DEC 24 2019
ASBESTOS CONTROL &
LICENSING
Telephone Number
(732) 427-4573

Date of Notification (1) 12-12-19 <i>INV-16860</i>		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"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code East Brunswick, NJ 08816							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Marc Boumann							
		Telephone Number (732) 427-4573							
FACILITY INFORMATION									
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	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 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior: 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			

Inv-16825
CK 100322

PAID

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

RECEIVED
DEC 24 2019
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/17/2019		Name of Building Owner/Operator (2) The Prudential Insurance Company of America	
Agencies Notified	Type Notification	Street Address 213 Washington Street	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 4	City, State, Zip Code Newark, NJ 07102	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Bill Barrett	Telephone Number 973-802-2175

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	
County (6) Essex				Bldg. Age 50+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Commercial			
Name of Monitoring Firm Hired by Building Owner (8) Tiger Environmental Inc		ASCM No.		Name of Abatement Contractor (9) PAL Environmental Safety Corp. D/B/A PAL Envir	
Street Address 256A Jefferson Court		Street Address 11-02 Queens Plaza South			
City, State, Zip Code Lakewood, NJ 08701		City, State, Zip Code Long Island City, NY 11101			
Project Manager for Monitoring Firm Kelly Walton		Telephone No. 732-948-9458		License No. 00853	
Start Date (10) 11/25/2019		Scheduled Completion Date (11) 01/25/2020		Name of OSHA Monitor Wojciech Kowalczyk	
Occupancy Status During Abatement (Check Only One) <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	

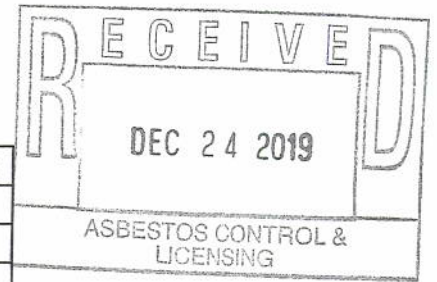
Scope of Work (Check All That Apply)		
<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input type="checkbox"/>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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
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 12/17/2019	

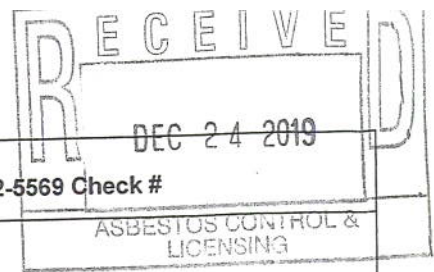
213 WASHINGTON STREET - ADDITIONAL MATERIAL

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
12TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF
13TH	ELEVATOR MACHINE ROOM	PIPE INSULATION	50 LF
11TH	COLUMN D2	PIPE INSULATION	36 LF
12TH	COLUMN D2	PIPE INSULATION	36 LF
13TH	COLUMN D2	PIPE INSULATION	36 LF
14TH	COLUMN D2	PIPE INSULATION	36 LF



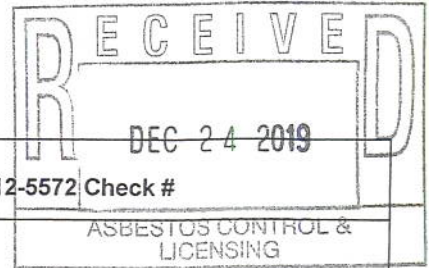
> Additional.

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



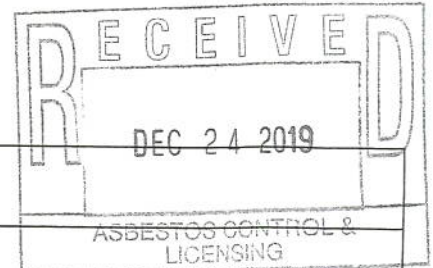
Date of Notification (1) 12 / 19 / 19		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1912-5569 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Matt Turner	Telephone Number 215-221-9335						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Valiant/JCP&L Pole		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 44 South Wall Street		Square Feet	# of Floors Bldg. Age						
City (5) Neptune City		Current Use (Prior if being demolished) Substation							
County (6) Monmouth	County Code (7) (STATE USE ONLY)								
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 12 / 20 / 19	Scheduled Completion Date (11) 12 / 31 / 19	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM- ____ PM/ ____ PM- ____ AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input 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) <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) 16 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Utility Pole#JC165NC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers		<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 AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 12/31/19	City, State Tullytown, PA						
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator	Signature 		Date 12-19-19				

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



Date of Notification (1) <div style="text-align: center;">12 / 18 / 19</div>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1912-5572 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Matt Turner	Telephone Number 215-221-9335						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Valiant/JCP&L Pole		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 520 Main Street									
City (5) Allenhurst	Square Feet	# of Floors	Bldg. Age						
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 12 / 19 / 19	Scheduled Completion Date (11) 12 / 31 / 19	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input 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
Exterior Utility Pole#WR60234007	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ			Disposal Date 12/31/19	City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator	Signature 	Date 12-18-19					

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



Date of Notification (1) <u>12</u> / <u>17</u> / <u>19</u>		Name of Building Owner/Operator (2) NJ DPMC / Job #1906-5500 Check #	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>7</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 034 City, State, Zip Code Trenton, NJ 08625-0034	ASBESTOS CONTROL & LICENSING
		Name of Contact Kevin McDonald	Telephone Number 856-662-9500

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) NJ DOT Building 18 & 18A		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 1035 Parkway Avenue		Square Feet	# of Floors
City (5) Ewing		Bldg. Age	
County (6) Mercer	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Public Building	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 344 West State Street		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Trenton, NJ 08618		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm William Weisgarber	Telephone No. 609-656-8101	Telephone No. 609-265-2107	License No. 00529
Start Date (10) <u>7</u> / <u>15</u> / <u>19</u>	Scheduled Completion Date (11) <u>1</u> / <u>31</u> / <u>20</u>	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

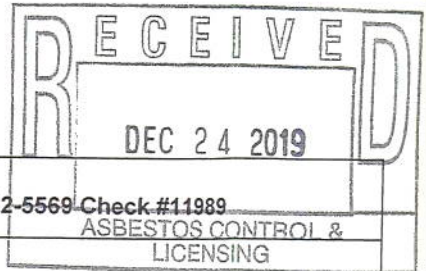
- | | | |
|--|--|--|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input checked=""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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	See Attached	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	70 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Duct Insulation	150 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 1/31/20	City, State Tullytown, PA		
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 12-17-19		

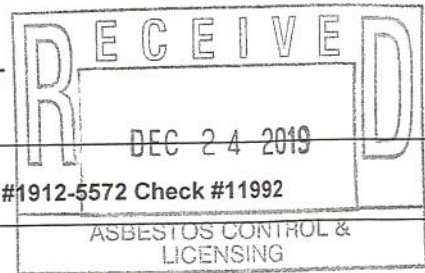
INV-116826
CK 11989

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



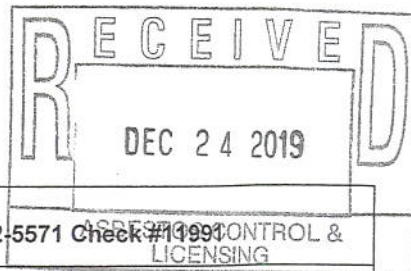
Date of Notification (1) <div style="text-align: center;">12 / 17 / 19</div>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1912-5569 Check #11989							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Matt Turner	Telephone Number 215-221-9335						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Valiant/JCP&L Pole		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 44 South Wall Street		Square Feet	# of Floors						
City (5) Neptune City		Bldg. Age							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) <div style="text-align: center;">12 / 20 / 19</div>	Scheduled Completion Date (11) <div style="text-align: center;">12 / 20 / 19</div>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input 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
Exterior Utility Pole#JC165NC	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 12/20/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 			Date 12-17-19		

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:46)



Date of Notification (1) 12 / 16 / 19		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1912-5572 Check #11992							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Matt Turner	Telephone Number 215-221-9335						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Valiant/JCP&L Pole		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 520 Main Street		Square Feet	# of Floors						
City (5) Allenhurst		Bldg. Age							
County (6) Monmouth	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 12 / 19 / 19	Scheduled Completion Date (11) 12 / 19 / 19	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input 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
Exterior Utility Pole#WR60234007	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 12/19/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 			Date 12-16-19		

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



Date of Notification (1) 12 / 13 / 19		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1912-5571 Check #11991	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A	
		City, State, Zip Code Morristown, NJ 07960	
		Name of Contact John Greco	Telephone Number 201-602-1499

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) JCP&L		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 5 South Street			
City (5) Morristown, NJ 07963		Square Feet	# of Floors
		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Substation	
Name of Monitoring Firm Hired by Building Owner (8) 1 Source Safety & Health, Inc.		Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address 140 S. Village Ave. Suite 130		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Exton, PA 19341		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm Exton, PA 19341	Telephone No. 610-524-5525	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 12 / 16 / 19	Scheduled Completion Date (11) 12 / 20 / 19	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

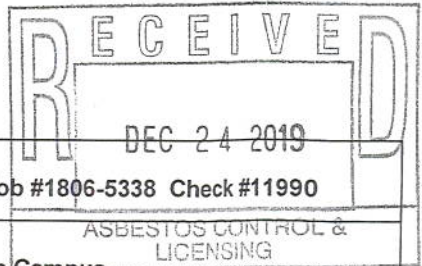
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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 Manhole\	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Splicing Tape	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill	
City, State Lumberton, NJ		Disposal Date 12/20/19	City, State Tullytown, PA		
Completed By (Print or Type) Gwen Trumbetti	Title Operations Coordinator	Signature 	Date 12-13-19		

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



Date of Notification (1) 12 / 11 / 19		Name of Building Owner/Operator (2) Rutgers, The State University of NJ / Job #1806-5338 Check #11990	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address REHS, 27 Road 1, Bldg. 4086 Livingston Campus	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Michael F. Smith	Telephone Number 848-445-2550

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Rutgers- Livingston Campus- Bldgs. 4086, 4087 & 4155		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 27 Road #1			
City (5) Piscataway, NJ 08854		Square Feet 4	Bldg. Age 60+
County (6) Middlesex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Academic	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm James Proctor	Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 12 / 13 / 19	Scheduled Completion Date (11) 12 / 16 / 19	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input checked="" type="checkbox"/> Demolition | <input type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> Glovebag Procedure |
| | | <input 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Asbestos/Building Materials	180 CY	<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 Mazza Recycling Service	NJDEP Waste Hauler ID No. 00366891	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Tinton Falls, NJ		Disposal Date 12/16/19	City, State Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 12/17/19