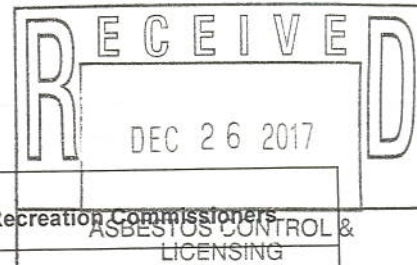


CL 2351

PAID

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



Date of Notification (1) 12 / 18 / 17		Name of Building Owner/Operator (2) Monmouth County Park Systems Board of Recreation Commissioners							
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 805 Newman Springs Road		City, State, Zip Code Lincroft, NJ 07738							
Name of Contact John Eisemann		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 (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Upper 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) Bio Terra Solutions		ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC						
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Estaquio		Telephone No. 973-494-3762	Telephone No. 973-928-4888						
Start Date (10) 12 / 28 / 17		Scheduled Completion Date (11) 01 / 04 / 17	License No. 1188						
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 ALL PRO MANAGEMENT LLC							
Street Address 27 Outwater Lane		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gasket Material	1 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apt, #2, 1st Floor Bedroom Closet	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	20 SF	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 All Pro Management LLC / ATC		NJDEP Waste Hauler ID No. 0034860 / SW-24310		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill / G.R.O.W.S. North Landfill/ Tullytown				
City, State Garfield, NJ / Shirley, NY		Disposal Date TBD		City, State Bethlehem, PA/ Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 12/18/17			

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

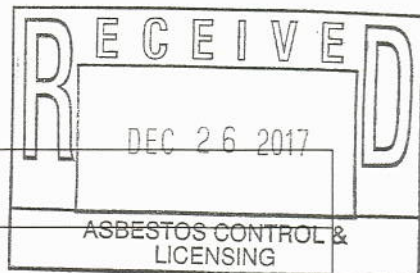
CK# 1415

Date of Notification (1) 12/16/17		Name of Building Owner/Operator (2) Foote and Jenks Corp		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 26 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified	Type Notification	Street Address 1420 Crestmont 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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Camden, NJ 08103 Name of Contact _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial 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 1420 Crestmont Ave			Square Feet 10,000	# of Floors 2	Bldg. Age 50+				
City (5) Camden		County (6) Camden		County Code (7) (STATE USE ONLY) _____					
Name of Monitoring Firm Hired by Building Owner (8) n/a			ASCM No. n/a		Name of Abatement Contractor (9) Harmony Contracting Inc				
Street Address n/a			Street Address 360 Palisade Ave						
City, State, Zip Code n/a			City, State, Zip Code Garfield, NJ 07026						
Project Manager for Monitoring Firm n/a		Telephone No. n/a		Telephone No. 973460.6026	License No. 01255				
Start Date (10) 12/25/17		Scheduled Completion Date (11) 1/5/18		Name of OSHA Monitor Harmony Contracting 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 360 Palisade Ave					
				City, State, Zip Code Garfield, NJ 07026					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input 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
Garage			x	Tank Insulation	100 SF	x			
Garage			x	Pipe Insulation (Wrap & Cut)	180 LF	x			
Name of Registered Waste Hauler Harmony Contracting Inc		NJDEP Waste Hauler ID No. 033058		Cubic Yards of Waste TBD	Name of Registered Landfill GROWS Landfill				
City, State Garfield, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Tina Caporino			Title Secretary		Signature <i>Tina Caporino</i>			Date 12/16/17	

CK 1128

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



Date of Notification (1) 12 / 19 / 17		Name of Building Owner/Operator (2) Jack & Karen Ferriday							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Hawthorne, NJ 07506 Name of Contact Karen Ferriday 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 (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet # of Floors Bldg. Age							
City (5) Hawthorne		County (6) Passaic							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCN No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Estaquio		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-928-4888							
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 12 / 20 / 17		Scheduled Completion Date (11) 12 / 29 / 17							
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 27 Outwater Lane							
City, State, Zip Code Garfield, NJ 07026		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
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation	80 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 All Pro Management LLC / ATC		NJDEP Waste Hauler ID No. 0034860 / SW-24310		Cubic Yards of Waste As Needed		Name of Registered Landfill IESI Bethlehem Landfill/ G.R.O.W.S. North Landfill / Tullytown			
City, State Garfield, NJ / Shirley, NY		Disposal Date TBD		City, State Bethlehem, PA / Morrisville, PA					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 12/19/17			

Ch 2355

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


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DEC 26 2017	
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12 / 20 / 17		Name of Building Owner/Operator (2) Esposito Construction							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 253 Main Street, Suite 385 City, State, Zip Code Matawan, NJ 07747 Name of Contact Jennifer Esposito Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 500 8 th Street		Square Feet # of Floors Bldg. Age							
City (5) Asbury Park		County Code (7)(STATE USE ONLY)							
County (6) Monmouth		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-928-4888							
License No. 1188		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Start Date (10) 01 / 02 / 18		Scheduled Completion Date (11) 01 / 19 / 18							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HVAC Ducts	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Debris	300 SF	<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"/>	HVAC Ducts behind walls	22 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HVAC Ducts & trunks behind walls	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler All Pro Management LLC / ATC		NJDEP Waste Hauler ID No. 0034860 / SW-24310		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill / Minerva Enterprises / G.R.O.W.S. North Landfill / Tullytown				
City, State Garfield, NJ / Shirley, NY		Disposal Date TBD		City, State Bethlehem, PA / Morrisville, PA / Waynesburg, OH					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 12/20/17			

RECEIVED

DEC 26 2017

Type ASBESTOS CONTROL & LICENSING

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: 	Date: 12/20/17
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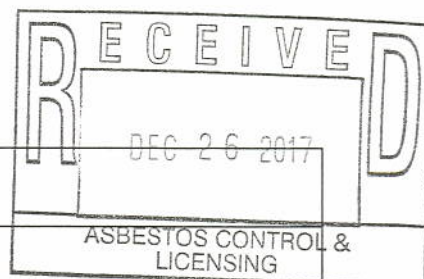
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

PAID

Date of Notification (1) 12/20/2017		Name of Building Owner/Operator (2) JERSEY CITY PUBLIC SCHOOLS	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (Including Justification) <input type="checkbox"/> Cancellation	
Street Address 340 CLAREMONT AVE		City, State, Zip Code JERSEY CITY, NJ 07305	
Name of Contact RAFAEL AUGUSTO		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) INFINITY INSTITUTE		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 193 OLD BERGEN ROAD		Square Feet 40,000+	
City (5) JERSEY CITY		# of Floors 3	
County (6) HUDSON		Bldg. Age 70+	
Country Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Educational	
Name of Monitoring Firm Hired by Building Owner (8) AHERA CONSULTANTS		ASCM No. 0057	
Street Address PO BOX 385		Name of Abatement Contractor (9) HAZMAT DIAGNOSTIC LLC	
City, State, Zip Code OCEANVILLE, NJ 08231		Street Address 16 GLENWILD AVE	
Project Manager for Monitoring Firm ERIC CLARKSON		City, State, Zip Code BLOOMINGDALE, NJ 07403	
Telephone No. 609 652 1833		Telephone No. 973 928 3995	
Start Date (10) 12/21/2017		License No. 01181	
Scheduled Completion Date (11) 12/22/2017		Name of OSHA Monitor HAZMAT DIAGNOSTIC LLC	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: start 4:00pm - 12:30am		Street Address 16 GLENWILD AVE	
City, State, Zip Code BLOOMINGDALE, NJ 07403			
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥25 lf <input type="checkbox"/> ≥180 sf or ≥280 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Infinity Institute Storage Room		x	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT, or other miscellaneous)		Amount (Specify SF or LF)	
Pipe Insulation		9LF	
Name of Registered Waste Hauler HAZMAT DIAGNOSTIC LLC		NJDEP Waste Hauler ID No. 0035440	
City, State BLOOMINGDALE, NJ 07403		Cubic Yards of Waste TBD	
		Disposal Date TBD	
		Name of Registered Landfill G.R.O.W.S.	
		City, State MORRISVILLE, PA	
Completed by Yehana Ronaru		Title Clerk	
		Signature 	
		Date 12/20/2017	

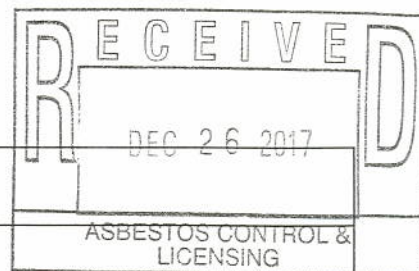
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 State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 5:16)



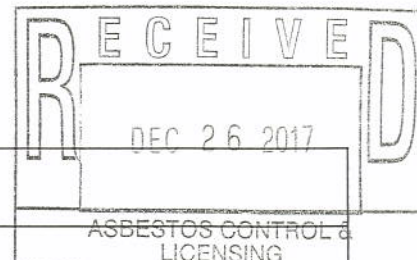
Date of Notification (1) <u>12</u> / <u>20</u> / <u>17</u>		Name of Building Owner/Operator (2) Pegasus Enterprises, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1110 Hamilton Blvd., Suite 2A							
		City, State, Zip Code South Plainfield, NJ 07078							
		Name of Contact Cliff Wang	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 Brook Street									
City (5) Jersey City		Square Feet	# of Floors						
County (6) Hudson		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) <u>01</u> / <u>04</u> / <u>18</u>		Scheduled Completion Date (11) <u>01</u> / <u>26</u> / <u>18</u>							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Street Address 27 Outwater Lane		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Gray Pipe Insulation	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"/>
	<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 All Pro Management LLC / ATC		NJDEP Waste Hauler ID No. 0034860 / SW-24310		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill / G.R.O.W.S. North Landfill / Tullytown / Minerva Enterprises				
City, State Garfield, NJ / Shirley, NY		Disposal Date TBD		City, State Bethlehem, PA / Morrisville, PA / Waynesburg, OH					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 12/20/17			

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



Date of Notification (1) 12 / 20 / 17		Name of Building Owner/Operator (2) Pegasus Enterprises, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1110 Hamilton Blvd., Suite 2A							
		City, State, Zip Code South Plainfield, NJ 07078							
		Name of Contact Cliff Wang	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 17-23 Bates Street		Square Feet # of Floors Bldg. Age							
City (5) Jersey City		County Code (7)(STATE USE ONLY)							
County (6) Hudson		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No.							
Street Address P.O. Box 1224		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
City, State, Zip Code Union, NJ		Street Address 27 Outwater Lane							
Project Manager for Monitoring Firm Rick Eustaquio		City, State, Zip Code Garfield, NJ 07026							
Telephone No. 973-494-3762		Telephone No. 973-928-4888							
Start Date (10) 01 / 04 / 18		License No. 1188							
Scheduled Completion Date (11) 01 / 26 / 18		Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Garfield, NJ 07026							
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"/>	Gray Pipe Insulation	50 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Office Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	650 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 All Pro Management LLC / ATC		NJDEP Waste Hauler ID No. 0034860 / SW-24310		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill / G.R.O.W.S. North Landfill / Tullytown / Minerva Enterprises				
City, State Garfield, NJ / Shirley, NY		Disposal Date TBD		City, State Bethlehem, PA / Morrisville, PA / Waynesburg, OH					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 12/20/17			

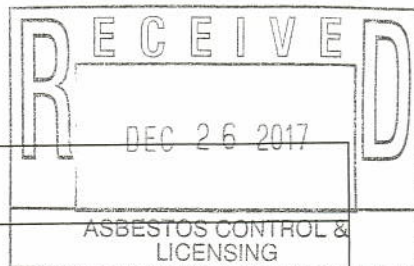
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 12 / 20 / 17		Name of Building Owner/Operator (2) Pegasus Enterprises, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1110 Hamilton Blvd., Suite 2A City, State, Zip Code South Plainfield, NJ 07078 Name of Contact Cliff Wang Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 25 Bates Street		Square Feet # of Floors Bldg. Age							
City (5) Jersey City		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
County (6) Hudson									
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions		ASCM No. Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	License No. 1188						
Start Date (10) 01 / 04 / 18	Scheduled Completion Date (11) 01 / 26 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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 Utility Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT	100 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 All Pro Management LLC / ATC		NJDEP Waste Hauler ID No. 0034860 / SW-24310		Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill / G.R.O.W.S. North Landfill / Tullytown / Minerva Enterprises				
City, State Garfield, NJ / Shirley, NY				Disposal Date TBD	City, State Bethlehem, PA / Morrisville, PA / Waynesburg, OH				
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature <i>Allen Monchik</i>		Date 12/20/17			

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

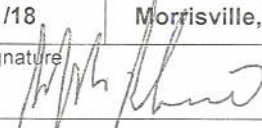
Date of Notification (1) 12 / 20 / 17		Name of Building Owner/Operator (2) Pegasus Enterprises, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1110 Hamilton Blvd., Suite 2A							
		City, State, Zip Code South Plainfield, NJ 07078							
		Name of Contact Cliff Wang	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Commercial		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 9 Brook Street									
City (5) Jersey City		Square Feet	# of Floors						
		Bldg. Age							
County (6) Hudson	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Bio Terra Solutions	ASCM No.	Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC							
Street Address P.O. Box 1224		Street Address 27 Outwater Lane							
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026							
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188						
Start Date (10) 01 / 04 / 18	Scheduled Completion Date (11) 01 / 26 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 27 Outwater Lane							
		City, State, Zip Code Garfield, NJ 07026							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <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	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Asphalt Roof Shingle	5,000 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 All Pro Management LLC / ATC		NJDEP Waste Hauler ID No. 0034860 / SW-24310	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill / G.R.O.W.S. North Landfill / Tullytown / Waynesburg, OH					
City, State Garfield, NJ / Shirley, NY			Disposal Date TBD	City, State Bethlehem, PA / Morrisville, PA / Waynesburg, OH					
Completed By (Print or Type) Allen Monchik		Title Project Manager		Signature Allen Monchik		Date 12/20/17			

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

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ASBESTOS CONTROL & LICENSING	

Date of Notification (1) 12 / 22 / 17		Name of Building Owner/Operator (2) Verizon							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 970 Holmdel Road City, State, Zip Code Holmdel, NJ 07733 Name of Contact Alex Baylor Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon		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 970 Holmdel Road									
City (5) Holmdel, NJ 07733		Square Feet 10,000	# of Floors 3 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) USA Environmental Managaement Inc.		ASCM No.	Name of Abatement Contractor (9) JVN Restoration Inc						
Street Address 8436 Enterprise Avenue		Street Address 47 Foster Road							
City, State, Zip Code Philadelphia, PA 19153		City, State, Zip Code Staten Island NY 10309							
Project Manager for Monitoring Firm Mark Jenkins		Telephone No. 215-365-5810	Telephone No. 718-605-6256 License No. 00774						
Start Date (10) 01 / 02 / 18	Scheduled Completion Date (11) 01 / 31 / 18	Name of OSHA Monitor Testor Tech							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-1:30AM		Street Address 10 59 Jackson Avenue City, State, Zip Code LIC 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 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 A/C Equipment Room	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	80SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. NJ-566	Cubic Yards of Waste 15	Name of Registered Landfill G.R.O.W.S., Inc.					
City, State Hackettstown, NJ		Disposal Date 01/31/18		City, State Morrisville, PA					
Completed By (Print or Type) Ralph Barnhardt		Title Project Manager		Signature 		Date 12-22-2017			

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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:26 and 12:120)

Print Form
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DEC 26 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-22-17		Name of Building Owner/Operator (2) PSEG							
Agencies Notified	Type Notification	Street Address 4000 Hadley Rd.							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Plainfield NJ							
		Name of Contact Dawn Neville							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) PSEG Hinchmans Substation		Type of Facility (4)							
Street Address 685 Hamburg Turnpike		<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) Wayne		Square Feet N/A	# of Floors N/A						
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Switching yard						
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) WRS Environmental Services Inc.						
Street Address N/A		Street Address 17 Old Dock Road							
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm N/A		Telephone No. N/A	License No. 01136						
Start Date (10) 01-03-18	Scheduled Completion Date (11) 06-03-18		Name of OSHA Monitor WRS Environmental Services Inc.						
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Road							
<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>Electrical circuit cabinet</u>		City, State, Zip Code Yaphank, NY 11980							
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
Control House			x	Brick	60 SF	x			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill Fairless landfill					
City, State Elizabeth, NJ 07201			Disposal Date TBD	City, State Morrisville PA 19067					
Completed by Raymond Tutiven		Title Supervisor	Signature <i>Raymond Tutiven</i>			Date 12-22-17			

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

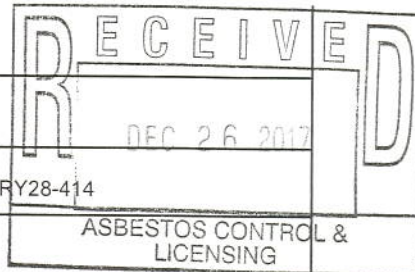
Print Form

DEC 26 2017

ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/20/17		Name of Building Owner/Operator (2) Steve Muller							
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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Ocean Township, NJ 07712							
		Name of Contact Steve Muller	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1428	# of Floors 2						
City (5) Ocean Township		Bldg. Age							
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 12/26/17	Scheduled Completion Date (11) 1/2/18	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Pipe Insulation	30LF	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	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

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NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60-7 and 12:20-7)



Date of Notification (1)

12 / 18 /17

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

Street Address

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

City, State, Zip Code

RAHWAY, NEW JERSEY 07065

Name of Contact

PATRICIA JOHNSON

Telephone Number

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

MERCK SHARP & DOHME CORPORATION

Type of Facility (4)

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

Street Address

126 EAST LINCOLN AVENUE - BUILDING 80 K

Square Feet

13,900

of Floors

1

Bldg. Age

53

City (5)

RAHWAY

County (6)

UNION

County Code (7)

(STATE USE ONLY)

Current Use (Prior if being demolished)

OFFICE

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)

12 / 20 /17
Month Day Year

Sched. Completion Date (11)

6 / 30 /18
Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC #11480

Occupancy Status During Abatement (Check only one)

☒ Facility Closed/Vacated During Entire Period of Abatement
☐ Abatement Performed Outside of Normal Facility Hours - Describe:
☒ Other - Describe: Monday -Friday 7am-3:30 pm

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

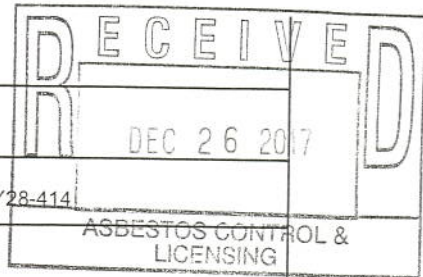
☐ Demolition
☐ >3SF OR LF
☒ >160 SF OR 260 LF

☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSULE	ENCLOSURE
1ST FLOOR MENS ROOM			X	FIRE PROOFING	285 SF	X			
addition to scope:									
1st FLOOR MENS ROOM			X	FLOOR MASTIC	215 SF	X			
80 L MER			X	DUCT INSULATION	9 SF	X			
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill			
FREEHOLD CARTAGE, INC.		15939		15		LYCOMING COUNTY RESOURCE MANAGEMENT SE			
825 HIGHWAY 33						447 ALEXANDER DRIVE/ROUTE 15			
City, State				Disposal Date		City, State			
FREEHOLD, NEW JERSEY				12/19/17-6/30/18		MONTGOMERY, PA 17752			
Completed by (Print or Type)		Title		Signature		Date			
BENJAMIN SANCHEZ		DIRECTOR OF OPERATIONS				12/18/17			

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



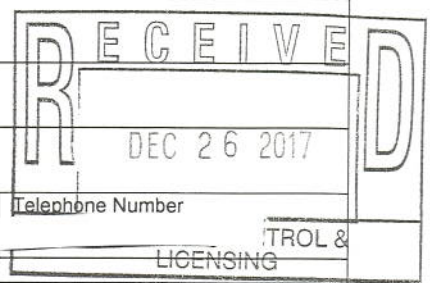
Date of Notification (1) 12 / 6 /17			Name of Building Owner/Operator (2) MERCK SHARP & DOHME CORP.		
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA			Type Notification <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		
Street Address 126 E. LINCOLN AVENUE, P.O. BOX 2000, RY28-414			City, State, Zip Code RAHWAY, NEW JERSEY 07065		
Name of Contact PATRICIA JOHNSON			Telephone Number		
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 80 K			Square Feet 13,900	# of Floors 1	Bldg. Age 53
City (5) RAHWAY	County (6) UNION	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) OFFICE		
Name of Monitoring Firm Hired by Building Owner (8) ENVIRONMENTAL HEALTH INVESTIGATIONS, INC.			ASCM No. 104	Name of Abatement Contractor (9) PAR ENVIRONMENTAL CORPORATION	
Street Address 655 WEST SHORE TRAIL			Street Address 313 SPOOK ROCK ROAD		
City, State, Zip Code SPARTA, NEW JERSEY 07871			City, State, Zip Code SUFFERN, NEW YORK 10901		
Project Manager for Monitoring Firm WILLIAM S. KERBEL, CIH		Telephone Number 973-729-5649	Telephone Number 845-369-7500	License Number 1101	
Expected State Date (10) 12 / 19 /17 Month Day Year		Sched. Completion Date (11) 6 / 30 /18 Month Day Year		Name of OSHA Monitor AMERISCI LABORATORIES INC #11480	
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 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 with Negative Pressure <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) Yes No N/A	Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type REMOVAL REPAIR ENCAPSULE ENCLOSURE
1ST FLOOR MENS ROOM		X	FIRE PROOFING	285 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 10	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 12/6/17	

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Print Form

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

CHECK # 24857



Date of Notification (1) 12-15-17		Name of Building Owner/Operator (2) First Englewood Properties, LLC							
Agencies Notified	Type Notification	Street Address 53 Maple Ave	City, State, Zip Code Morristown, NJ 07960						
<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	Name of Contact Keith Dolan	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Street Address 800 Sylvan Avenue City (5) Englewood Cliffs County (6) Bergen		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 100,000 # of Floors 3 Bldg. Age 50+ Current Use (Prior if being demolished) Commercial							
Name of Monitoring Firm Hired by Building Owner (8) EBS		ASCM No. _____	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 494 Eighth Avenue, Suite 1403 City, State, Zip Code New York, NY 10001		Street Address 200 Broad Street City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm John Leitner		Telephone No. (646) 290-5925	Telephone No. 201-939-6565 License No. 00756						
Start Date (10) 12-26-17	Scheduled Completion Date (11) 06-30-18	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 307 West 38th Street City, State, Zip Code New York, NY 10018							
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
2nd Floor (Partial)			x	VAT	5000	x			
2nd Floor (Partial)			x	Ceiling Glue Dots	5000	x			
Name of Registered Waste Hauler ATC, Inc. / JBT (50071)		NJDEP Waste Hauler ID No. 24310	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State Shirley, NY / Bronx, NY			Disposal Date TBD	City, State Waynesburg, OH 44688					
Completed by Richard Doran		Title Project Manager		Signature 		Date 12-15-17			

B & G proj. #: 2018-01

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26-7 and 12:120-7)

Check # 8737

Date of Notification (1) 11/21/17		Name of Building Owner/Operator (2) Audrey Simpson		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 26 2017 ASBESTOS CONTROL & LICENSING </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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Phillipsburg, NJ 08865		
		Name of Contact Audrey Simpson		
		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Audrey Simpson			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) Phillipsburg, NJ 08865	County (6) Warren	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. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address [REDACTED]			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/02/2018		Sched. Completion Date (11) 01/03/2018	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)

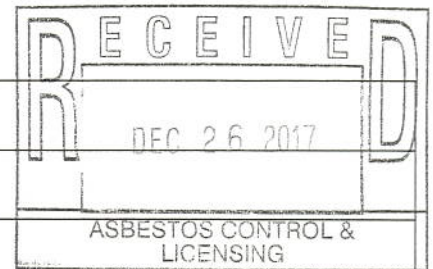
- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☐ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ Non-friable procedure

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 furnace & laundry rm			<input checked="" type="checkbox"/>	duct (wrap & cut)	25 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 B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/04/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/20/2017

C141036

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



Date of Notification (1) 12/21/2017			Name of Building Owner/Operator (2) Steve Misar						
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 type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		[REDACTED] City, State, Zip Code Paterson, NJ 07524					
				Name of Contact Steve Misar					
				Telephone Number					
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) Paterson				Square Feet	# of Floors				
				Bldg. Age					
County (6) Passaic		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) 01/03/2018		Scheduled Completion Date (11) 01/05/2018		Name of OSHA Monitor Removal Safety LLC					
Occupancy Status During Abatement (Check Only One)				Street Address 8 Crosby Ave					
<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 -5:00 pm				City, State, Zip Code Paterson, NJ 07502					
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	150 LF	x		x	
Name of Registered Waste Hauler Removal Safety, LLC			NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill GROWS North				
City, State Paterson, NJ				Disposal Date TBD	City, State Morrisville, Pa				
Completed by Lasko Veskov			Title President	Signature 		Date 12/21/2017			

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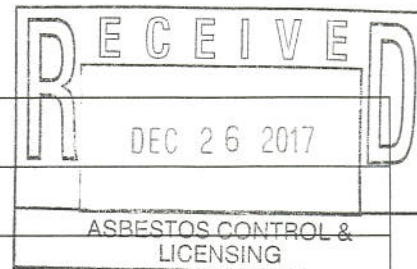
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)

chk#3299

Date of Notification (1) 12 / 22 / 17		Name of Building Owner/Operator (2) Verizon		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 26 2017 ASBESTOS CONTROL & REMEDIATION </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 15 East Montgomery Place, Lower Level							
		City, State, Zip Code Pittsburgh, PA 15212							
		Name of Contact Anthony Porta		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Hackettstown CO				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 114 Valentine St.									
City (5) Hackettstown				Square Feet	# of Floors				
				Bldg. Age					
County (6) Warren		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Management		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 No. 215-365-5810		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) 1 / 8 / 18		Scheduled Completion Date (11) 1 / 12 / 18		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/5:00PM-1:30AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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 Storage Area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	306 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement AC Room #1	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pipe Fittings	33 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 NEW CASTLE, DE 19720				Disposal Date	City, State WAYNESBURG, OH 44688				
Completed By (Print or Type) Brian Scafiro		Title Estimator		Signature Brian Scafiro		Date 12-22-17			

CH 1037

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



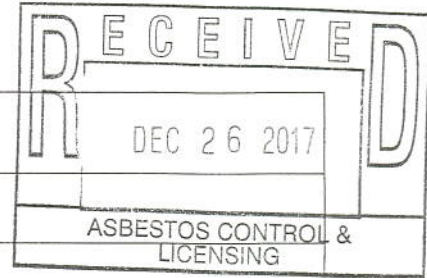
Date of Notification (1) 12/21/2017		Name of Building Owner/Operator (2) Greg Puglia							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input 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 Maplewood, NJ 07040							
		Name of Contact Greg Puglia	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors						
City (5) Maplewood		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)		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. 973-400-8711	License No. 01332						
Start Date (10) 01/04/2018	Scheduled Completion Date (11) 01/05/2018	Name of OSHA Monitor Removal Safety 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 <input checked="" type="checkbox"/> Other - Describe: 8:00 am -5:00 pm		Street Address 8 Crosby Ave							
		City, State, Zip Code Paterson, NJ 07502							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Pipe Insulation	65 LF	x		x	
Name of Registered Waste Hauler Removal Safety, LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill GROWS North					
City, State Paterson, NJ			Disposal Date TBD	City, State Morrisville, Pa					
Completed by Lasko Veskov		Title President	Signature 			Date 12/21/2017			

PAID

C15480

JB # 18001

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



Date of Notification (1) 12 / 22 / 17		Name of Building Owner/Operator (2) Dr. Martha Cole							
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 #0 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Bethesda, MD 20814 Name of Contact Dr. Martha Cole							
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Proposed CVS Metuchen		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 Pearl Street		Square Feet 9500							
City (5) Metuchen, NJ 08840		# of Floors 1							
County (6) Middlesex		Bldg. Age 55+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No. NA							
Street Address 700 Turner Way		Name of Abatement Contractor (9) Alliance Environmental Systems							
City, State, Zip Code Aston, PA 19014		Street Address 550 East Union St.							
Project Manager for Monitoring Firm Don Heim		City, State, Zip Code West Chester, PA 19382							
Telephone No. 610-558-8902		Telephone No. 610-701-9000							
Start Date (10) 1 / 9 / 18		License No. 00508							
Scheduled Completion Date (11) 3 / 2 / 18		Name of OSHA Monitor AET							
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: 7AM- PM/3:30PM- AM		Street Address 28 N. Pennel Road							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		City, State, Zip Code Media, PA 19063							
<input checked="" 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
Ground Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile	5360 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Floor Tile & Mastic	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Plaster Wall Coating	600 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 Richard Burns & Co		NJDEP Waste Hauler ID No. 19955		Cubic Yards of Waste 30	Name of Registered Landfill Western Berks Community Landfill				
City, State Phila., PA		Disposal Date TBD		City, State Birdsboro, PA					
Completed By (Print or Type) Mark Griffin		Title Estimator		Signature [Signature]		Date 12/22/17			

Notification of Asbestos Abatement

(Pursuant to NJAC 8:26-7 and 12:120-7)

B & G proj. #: 2018-03

Check # 8740

Date of Notification (1) 11/21/2017		Name of Building Owner/Operator (2) Vincent Klebaur		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 26 2017 ASBESTOS CONTROL & LICENSING </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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Cranford, NJ 07016		
		Name of Contact Vincent Klebaur		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Vincent Klebaur			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) Cranford	County (6) Union	County Code (7) (State use only)	Current Use (Prior if being demolished) residential		
Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No. n/a	Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address			Street Address 105 Ryerson Road		
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869		License Number 00378
Scheduled Start Date (10) 01/04/2018		Sched. Completion Date (11) 01/05/2018		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	

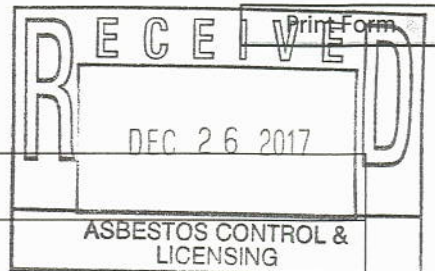
Scope of Work (check all that apply)

- ☐ Demolition ☒ Renovation ☐ Full Containment w/negative pressure ☒ Glovebag procedure
☒ >3 sf or >3 lf ☐ ≥160 sf or ≥260 lf ☒ Mini-enclosure ☐ 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"/>	pipe insulation	108 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 B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/05/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/22/2017

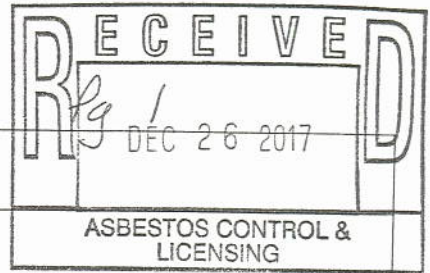
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12/21/17		Name of Building Owner/Operator (2) Victorian Towers							
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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 608 Washington Street							
		City, State, Zip Code Cape May, NJ							
		Name of Contact Mr. Mike Petronaci							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Victorian Towers		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 608 Washington Street		Square Feet 120,000	# of Floors 6						
City (5) Cape May		Bldg. Age 50+							
County (6) Cape May	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8) Vertex		ASCM No.	Name of Abatement Contractor (9) ecoservices, LLC						
Street Address 700 Turner Way		Street Address 303 B National Road							
City, State, Zip Code Aston, PA 19014		City, State, Zip Code Exton, PA 19341							
Project Manager for Monitoring Firm Dave Turotsy		Telephone No. 610-558-8902	License No. 01161						
Start Date (10) December 20, 2017	Scheduled Completion Date (11) February 28, 2018		Name of OSHA Monitor EMSL						
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>Work only in segregated, unoccupied areas</u>		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ							
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 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
Handicap Accessible Units (10 ea)			X	Textured Ceiling Treatment	1,000 SF	X			
Lobby			X	Ceiling Stucco	1,500 SF	X			
Each Window			X	Textured Ceiling Treatment	600 SF			X	
See Attached									
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 100	Name of Registered Landfill GROWS Landfill					
City, State Trenton, NJ			Disposal Date TBD	City, State Morrisville, PA					
Completed by Jack Bally		Title Sr. Project Manager	Signature <i>Jack Bally</i>			Date 12/21/17			

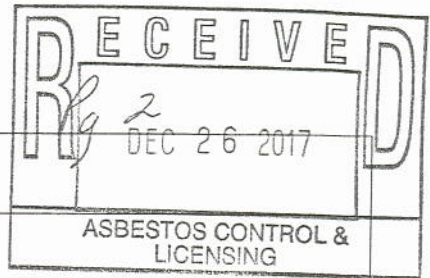
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)



Date of Notification (1) 10 / 10 / 17		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 6-12/14/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue City, State, Zip Code Atlantic City, NJ 08401 Name of Contact Alex Baylor Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)							
Street Address 1609 Pacific Avenue		Square Feet 88,066	# of Floors 7 Bldg. Age +75						
City (5) Atlantic City	County (6) Atlantic	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8346 Enterprise Avenue		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 No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) 12 / 13 / 17	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
1 st Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic (Same Area)	1085 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Generator Exhaust Insulation	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor HSB/New Pad Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	1055 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Temporary Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park					
City, State Bristol, PA		Disposal Date TBD		City, State Egg Harbor Township					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>		Date 12/14/17			

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



Date of Notification (1) <u>10</u> / <u>10</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6-12/14/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue	
		City, State, Zip Code Atlantic City, NJ 08401	
		Name of Contact Alex Baylor	Telephone Number _____

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)	
Street Address 1609 Pacific Avenue			
City (5) Atlantic City	Square Feet 88,066	# of Floors 7	Bldg. Age +75
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8346 Enterprise Avenue		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 No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509	

Start Date (10) <u>12</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>ON HOLD</u>	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC
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Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM <u>5:00PM-2:00AM</u>		Street Address 1123 BEAVER STREET
		City, State, Zip Code BRISTOL, PA 19007

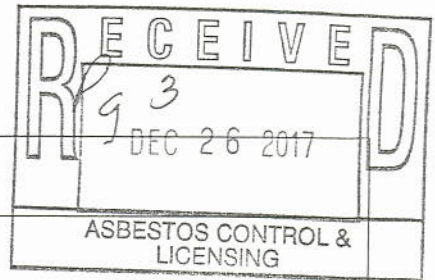
Scope of Work (Check all that apply)

<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 or ≥ 260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Frame Room Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Floor Office Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 th Floor Hallway Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park	
City, State Bristol, PA		Disposal Date TBD	City, State Egg Harbor Township		
Completed By (Print or Type) Dillian DeCaro	Title Estimator	Signature <i>Dillian DeCaro</i>	Date <u>12/14/17</u>		

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



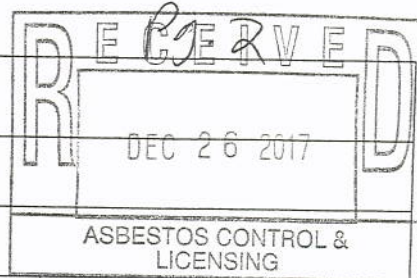
Date of Notification (1) <u>10</u> / <u>10</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>6-12/14/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue City, State, Zip Code Atlantic City, NJ 08401 Name of Contact Alex Baylor Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)							
Street Address 1609 Pacific Avenue		Square Feet 88,066	# of Floors 7 Bldg. Age +75						
City (5) Atlantic City	County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications						
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8346 Enterprise Avenue		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 No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509						
Start Date (10) <u>12</u> / <u>13</u> / <u>17</u>	Scheduled Completion Date (11) <u>ON HOLD</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>5:00</u> AM - <u>2:00</u> PM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
1 st Fl. Outside Central Staircase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Turbine Room Exhaust Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris Clean Up		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Name of Registered Landfill ACUA Haneman Environmental Park				
City, State Bristol, PA		Disposal Date TBD		City, State Egg Harbor Township					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro/jd</i>		Date <u>12/14/17</u>			

Chk # 3297

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

Date of Notification (1) 10 / 10 / 17		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; font-size: 2em; font-weight: bold; letter-spacing: 5px;">RECEIVED</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px;">DEC 26 2017</div> <div style="border: 1px solid black; padding: 2px; margin-top: 5px; font-weight: bold;">ASBESTOS CONTROL & LICENSING</div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5-12/8/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation				Street Address 1609 Pacific Avenue			
		City, State, Zip Code Atlantic City, NJ 08401				Name of Contact Alex Baylor			
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)					
Street Address 1609 Pacific Avenue				Square Feet 88,066					
City (5) Atlantic City				# of Floors 7					
County (6) Atlantic				Bldg. Age +75					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8346 Enterprise Avenue				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 No. 215-365-5810		Telephone No. 215-788-6040					
				License No. 00509					
Start Date (10) 12 / 13 / 17		Scheduled Completion Date (11) 12 / 15 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
1st Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic (Same Area)	1085 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Generator Exhaust Insulation	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor HSB/New Pad Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	1055 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Temporary Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park				
City, State Bristol, PA		Disposal Date TBD		City, State Egg Harbor Township					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro</i>		Date 12-5-17			

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



Date of Notification (1) 10 / 10 / 17		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5-12/8/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue	
		City, State, Zip Code Atlantic City, NJ 08401	
		Name of Contact Alex Baylor	
		Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)		
Street Address 1609 Pacific Avenue					
City (5) Atlantic City			Square Feet 88,066	# of Floors 7	Bldg. Age +75
County (6) Atlantic		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications		

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8346 Enterprise Avenue		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 No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509

Start Date (10) 12 / 13 / 17		Scheduled Completion Date (11) 12 / 15 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM				Street Address 1123 BEAVER STREET	
				City, State, Zip Code BRISTOL, PA 19007	

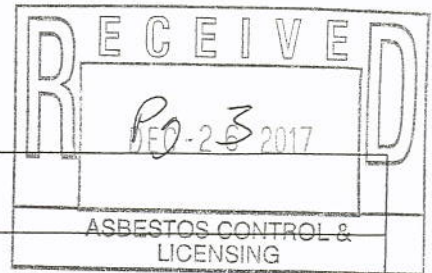
Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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
1st Floor Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Frame Room Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3rd Floor Office Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6th Floor Hallway Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park	
City, State Bristol, PA		Disposal Date TBD	City, State Egg Harbor Township		
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro / JK</i>		Date 12-8-17	

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



Date of Notification (1) 10 / 10 / 17		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 5-12/8/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue City, State, Zip Code Atlantic City, NJ 08401 Name of Contact Alex Baylor Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)	
Street Address 1609 Pacific Avenue		Square Feet 88,066 # of Floors 7 Bldg. Age +75	
City (5) Atlantic City	County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 8346 Enterprise Avenue		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 No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 12 / 13 / 17	Scheduled Completion Date (11) 12 / 15 / 17	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> ≥ 3 sf or ≥ 3 lf | <input checked="" type="checkbox"/> Renovation | <input checked="" type="checkbox"/> Full Containment with Negative Pressure |
| <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf | <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Mini-Enclosure |
| | | <input type="checkbox"/> 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
1 st Fl. Outside Central Staircase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	50 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Turbine Room Exhaust Chase	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Debris Clean Up		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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	Name of Registered Landfill ACUA Haneman Environmental Park	
City, State Bristol, PA		Disposal Date TBD	City, State Egg Harbor Township		
Completed By (Print or Type) Dillian DeCaro	Title Estimator	Signature <i>Dillian DeCaro</i>	Date 12-8-17		

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

CR# 3294

Pg 1

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DEC 26 2017

ASBESTOS CONTROL & LICENSING

Telephone Number

Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 10 / 10 / 17 </div>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4-11/29/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue	
		City, State, Zip Code Atlantic City, NJ 08401	
		Name of Contact Alex Baylor	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)		
Street Address 1609 Pacific Avenue					
City (5) Atlantic City			Square Feet 88,066	# of Floors 7	Bldg. Age +75
County (6) Atlantic		County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications		
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.		
Street Address 8346 Enterprise Avenue		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 No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509	
Start Date (10) 11 / 30 / 17	Scheduled Completion Date (11) 12 / 1 / 17		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC		
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: AM- PM/5:00PM-2:00AM * PROJECT "ON HOLD" AFTER 2AM - 6/1/17			Street Address 1123 BEAVER STREET		
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			City, State, Zip Code BRISTOL, PA 19007		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic (Same Area)	1085 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Generator Exhaust Insulation	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor HSB/New Pad Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	1055 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1 st Floor Temporary Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

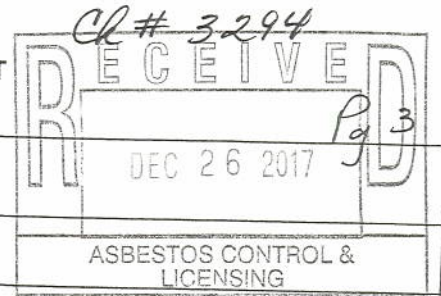
Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park	
City, State Bristol, PA		Disposal Date TBD	City, State Egg Harbor Township		
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro</i>	Date 11/29/17		

CR # 3294

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

Date of Notification (1) <u>10</u> / <u>10</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications		<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED DEC 26 2017 ASBESTOS CONTROL & LICENSING </div>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-11/29/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue							
		City, State, Zip Code Atlantic City, NJ 08401							
		Name of Contact Alex Baylor		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)					
Street Address 1609 Pacific Avenue									
City (5) Atlantic City				Square Feet 88,066	# of Floors 7				
				Bldg. Age +75					
County (6) Atlantic		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Verizon Communications					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8346 Enterprise Avenue				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 No. 215-365-5810		Telephone No. 215-788-6040	License No. 00509				
Start Date (10) <u>11</u> / <u>30</u> / <u>17</u>		Scheduled Completion Date (11) <u>12</u> / <u>1</u> / <u>17</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM 5:00PM-2:00AM</u> PROJECT "ON HOLD" AFTER 8AM - 12/1/17				Street Address 1123 BEAVER STREET					
				City, State, Zip Code BRISTOL, PA 19007					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
1 st Floor Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Frame Room Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Floor Office Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 th Floor Hallway Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park				
City, State Bristol, PA		Disposal Date TBD		City, State Egg Harbor Township					
Completed By (Print or Type) Dillan DeCaro		Title Estimator		Signature <i>Dillan DeCaro/jc</i>		Date 11/29/17			

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



Date of Notification (1) <u>10</u> / <u>10</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4-11/29/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue	
		City, State, Zip Code Atlantic City, NJ 08401	
		Name of Contact Alex Baylor	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)	
Street Address 1609 Pacific Avenue		Square Feet 88,066	# of Floors 7
City (5) Atlantic City		Bldg. Age +75	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications	

Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8346 Enterprise Avenue		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 No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509

Start Date (10) <u>11</u> / <u>30</u> / <u>17</u>	Scheduled Completion Date (11) <u>12</u> / <u>1</u> / <u>17</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 checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>AM</u> - <u>PM 5:00PM-2:00AM</u> * PROJECT "ON HOLD" AFTER 2 AM - 12/1/17		Street Address 1123 BEAVER STREET
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code BRISTOL, PA 19007

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			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 Fl. Outside Central Staircase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	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 Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park	
City, State Bristol, PA		Disposal Date TBD	City, State Egg Harbor Township		
Completed By (Print or Type) Dillan DeCaro	Title Estimator	Signature <i>Dillan DeCaro/jl</i>		Date 11/29/17	

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

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DEC 29 2017	Pg 1
ASBESTOS CONTROL & LICENSING	

Date of Notification (1)
10 / 10 / 17

Name of Building Owner/Operator (2)
Verizon Communications

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

Type Notification
☒ Initial
☒ Amended
 Amendment #3-11/27/17
☐ Emergency (including justification)
☐ Cancellation

Street Address
1609 Pacific Avenue
 City, State, Zip Code
Atlantic City, NJ 08401

Name of Contact
Alex Baylor Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Atlantic City Central Office

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

Street Address
1609 Pacific Avenue

City (5)
Atlantic City

Square Feet
88,066 # of Floors
7 Bldg. Age
+75

County (6)
Atlantic

County Code (7)(STATE USE ONLY)
Verizon Communications

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

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
8346 Enterprise Avenue

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 No.
215-365-5810

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
11 / 21 / 17

Scheduled Completion Date (11)
ON HOLD

Name of OSHA Monitor
BRISTOL ENVIRONMENTAL, INC

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
 Time of Abatement: 5:00 AM - 2:00 PM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

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

☒ Renovation
☐ Demolition

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic (Same Area)	1085 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Generator Exhaust Insulation	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor HSB/New Pad Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	1055 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Temporary Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler
Bristol Environmental Inc

NJDEP Waste Hauler ID No.
18706

Cubic Yards of Waste

Name of Registered Landfill
ACUA Haneman Environmental Park

City, State
Bristol, PA

Disposal Date
TBD

City, State
Egg Harbor Township

Completed By (Print or Type)

Title
Estimator

Signature

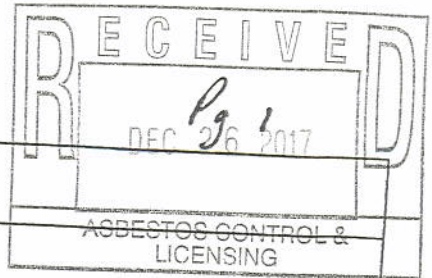
Date

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Pg 2
DEC 26 2017
ASBESTOS CONTROL & LICENSING

SB-41
IN 13 0017070

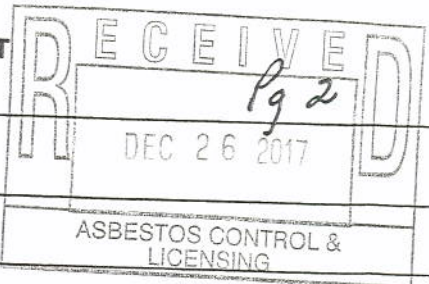
* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 10 / 10 / 17			Name of Building Owner/Operator (2) Verizon Communications						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-11/20/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 1609 Pacific Avenue					
				City, State, Zip Code Atlantic City, NJ 08401					
		Name of Contact Alex Baylor		Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)					
Street Address 1609 Pacific Avenue				Square Feet 88,066					
City (5) Atlantic City				# of Floors 7					
County (6) Atlantic				Bldg. Age 4-75					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Verizon Communications					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc			Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.						
Street Address 8346 Enterprise Avenue			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 No. 215-365-5810		Telephone No. 215-788-6040					
Start Date (10) 11 / 21 / 17		Scheduled Completion Date (11) 11 / 28 / 17		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: 5:00 PM - 2:00 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 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 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 Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic (Same Area)	1085 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Generator Exhaust Insulation	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor HSB/New Pad Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	1055 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Temporary Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park				
City, State Bristol, PA		Disposal Date TBD		City, State Egg Harbor Township					
Completed By (Print or Type) Dillon DeCaro		Title Estimator		Signature <i>Dillon DeCaro</i>		Date 11/20/17			

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



Date of Notification (1) 10 / 10 / 17		Name of Building Owner/Operator (2) Verizon Communications	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2-11/20/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue	ASBESTOS CONTROL & LICENSING
		City, State, Zip Code Atlantic City, NJ 08401	
		Name of Contact Alex Baylor	
Telephone Number			

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)	
Street Address 1609 Pacific Avenue		Square Feet 88,066	# of Floors 7
City (5) Atlantic City		Bldg. Age +-75	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.
Street Address 8346 Enterprise Avenue		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 No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 11 / 21 / 17	Scheduled Completion Date (11) 11 / 28 / 17	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

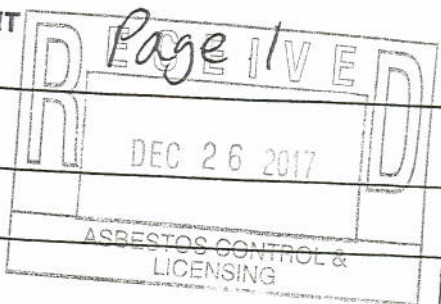
Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1 st Floor Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 nd Floor Frame Room Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 rd Floor Office Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6 th Floor Hallway Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

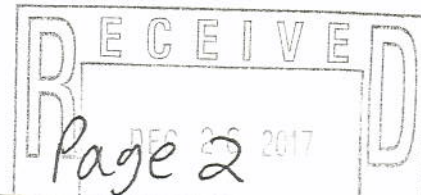
Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park	
City, State Bristol, PA		Disposal Date TBD	City, State Egg Harbor Township		
Completed By (Print or Type) Dillon DeCaro	Title Estimator	Signature <i>Dillon DeCaro</i>	Date 11/20/17		

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



Date of Notification (1) 10 / 10 / 17		Name of Building Owner/Operator (2) Verizon Communications							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 - 11/3/17 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1609 Pacific Avenue City, State, Zip Code Atlantic City, NJ 08401 Name of Contact Alex Baylor							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)							
Street Address 1609 Pacific Avenue		Square Feet 88,066	# of Floors 7						
City (5) Atlantic City		Bldg. Age +-75							
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications							
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.							
Street Address 8346 Enterprise Avenue		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 No. 215-365-5810	License No. 00509						
Start Date (10) 10 / 24 / 17	Scheduled Completion Date (11) ON / HO / LD								
Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC									
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 If <input type="checkbox"/> ≥160 sf or ≥260 If									
<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 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 Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic (Same Area)	1085 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Generator Exhaust Insulation	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor HSB/New Pad Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	1055 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor Temporary Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Inc	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park						
City, State, Zip Code Atlantic City, PA	Disposal Date TBD	City, State Egg Harbor Township							
Prepared By (Print or Type) Michael DeCaro	Title Estimator	Signature <i>Michael DeCaro</i>				Date 11-7-17			

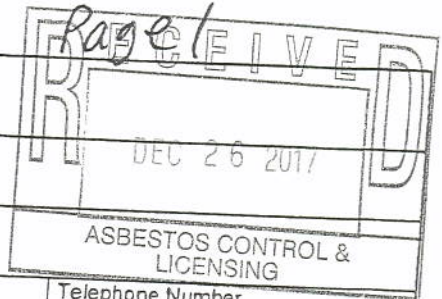
**State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 5:16)**



Date of Notification (1) <u>10</u> / <u>10</u> / <u>17</u>		Name of Building Owner/Operator (2) Verizon Communications		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 checked="" type="checkbox"/> Amended Amendment # <u>1</u> - <u>11/3/17</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1609 Pacific Avenue		City, State, Zip Code Atlantic City, NJ 08401		Name of Contact Alex Baylor					
				Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)					
Street Address 1609 Pacific Avenue				Square Feet 88,066					
City (5) Atlantic City				# of Floors 7					
County (6) Atlantic				Bldg. Age +-75					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Verizon Communications					
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		ASCM No.		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.					
Street Address 8346 Enterprise Avenue				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 No. 215-365-5810		Telephone No. 215-788-6040					
Start Date (10) ____ / ____ / ____		Scheduled Completion Date (11) <u>ON</u> / <u>HO</u> / <u>LD</u>		License No. 00509					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/ 5:00PM-2:00AM		Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC							
		Street Address 1123 BEAVER STREET							
		City, State, Zip Code BRISTOL, PA 19007							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Floor Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Frame Room Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Office Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Hallway Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler USA Environmental Inc		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste		Name of Registered Landfill ACUA Haneman Environmental Park			
State PA		Disposal Date TBD		City, State Egg Harbor Township					
Prepared By (Print or Type) William DeCaro		Title Estimator		Signature <i>William DeCaro</i>		Date 11/2/17			

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

CR #3275



Date of Notification (1) 10 / 10 / 17		Name of Building Owner/Operator (2) Verizon Communications	
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 1609 Pacific Avenue City, State, Zip Code Atlantic City, NJ 08401 Name of Contact Alex Baylor	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Verizon Atlantic City 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 and commercial buildings, homes, etc.)	
Street Address 1609 Pacific Avenue		Square Feet 88,066	# of Floors 7
City (5) Atlantic City		Bldg. Age +-75	
County (6) Atlantic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Verizon Communications	
Name of Monitoring Firm Hired by Building Owner (8) USA Environmental Inc		Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 8346 Enterprise Avenue		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 No. 215-365-5810	Telephone No. 215-788-6040	License No. 00509
Start Date (10) 10 / 24 / 17	Scheduled Completion Date (11) 11 / 16 / 17	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 5:00PM-2:00AM		Street Address 1123 BEAVER STREET City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

☐ ≥ 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
Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic (Same Area)	1085 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Turbine/Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Generator Exhaust Insulation	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor HSB/New Pad Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	1055 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Temporary Store Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Bristol Environmental Inc	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill ACUA Haneman Environmental Park
State Atlantic City, PA		Disposal Date TBD	City, State Egg Harbor Township
Prepared By (Print or Type) John DeCaro	Title Estimator	Signature <i>John DeCaro</i>	Date 12/26/17

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

CR # 3275

Page 2

RECEIVED

DEC 26 2017

ASBESTOS CONTROL & LICENSING

Telephone Number _____

Date of Notification (1)
10 / 10 / 17

Name of Building Owner/Operator (2)
Verizon Communications

Street Address
1609 Pacific Avenue

City, State, Zip Code
Atlantic City, NJ 08401

Name of Contact
Alex Baylor

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

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

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Verizon Atlantic City Central Office

Street Address
1609 Pacific Avenue

City (5)
Atlantic City

County (6)
Atlantic

County Code (7) (STATE USE ONLY)

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

Square Feet
88,066

of Floors
7

Bldg. Age
+75

Current Use (Prior if being demolished)
Verizon Communications

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

ASCM No.

Name of Abatement Contractor (9)
BRISTOL ENVIRONMENTAL, INC.

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Project Manager for Monitoring Firm
Mark Jenkins

Telephone No.
215-365-5810

Telephone No.
215-788-6040

License No.
00509

Start Date (10)
10 / 24 / 17

Scheduled Completion Date (11)
11 / 16 / 17

Occupancy Status During Abatement (Check only one)
☐ Facility Closed/Vacated During Entire Period of Abatement
☒ Abatement Performed Outside of Normal Facility Hours - Describe
Time of Abatement: 5:00PM-2:00AM

Street Address
1123 BEAVER STREET

City, State, Zip Code
BRISTOL, PA 19007

Scope of Work (Check all that apply)

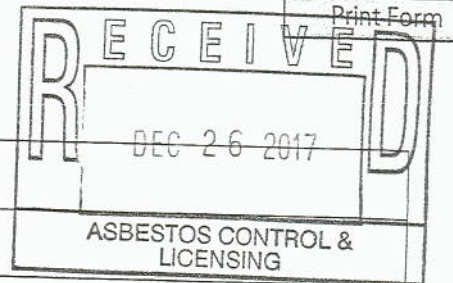
☐ ≥ 3 sf or ≥ 3 lf
☒ ≥ 160 sf or ≥ 260 lf

☒ Renovation
☐ Demolition

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

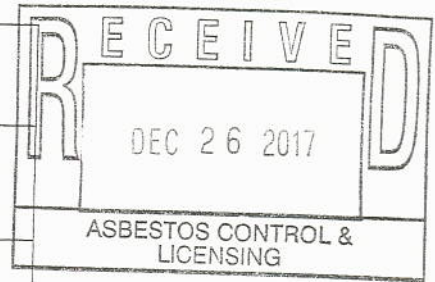
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Floor Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Frame Room Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Office Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT / Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Floor Hallway Penetrations	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Mastic	6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					6 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Bristol Environmental Inc		NJDEP Waste Hauler ID No. 18706		Cubic Yards of Waste		Name of Registered Landfill ACUA Haneman Environmental Park			
City, State Atlantic City, PA		Disposal Date TBD		City, State Egg Harbor Township					
Prepared By (Print or Type) Dylan DeCaro		Title Estimator		Signature <i>Dylan DeCaro</i>		Date 10-10-17			

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



Date of Notification (1) 12-12-2017		Name of Building Owner/Operator (2) College of Saint Elizabeth							
Agencies Notified	Type Notification	Street Address 2 Convent Road							
<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 checked="" type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Steve Iacovo	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) O'Connor Hall		Type of Facility (4)							
Street Address 2 Convent Road		<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		Square Feet 71,130	# of Floors 5						
County (6) Morristown		Bldg. Age 92							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) College							
Name of Monitoring Firm Hired by Building Owner (8) Bioterra Solutions		ASCM No.	Name of Abatement Contractor (9) United Safety LLC						
Street Address 1130 W Chestnut St		Street Address 12 Maple Ave #F2							
City, State, Zip Code Union, NJ 07083		City, State, Zip Code Pine Brook, NJ 07058							
Project Manager for Monitoring Firm Rick Eustaquio		Telephone No. 973-494-3762	Telephone No. 973-276-0099						
Start Date (10) 12-29-2017		Scheduled Completion Date (11) 01-07-2018	License No. 01317						
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor United Safety LLC							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 12 Maple Ave #F2							
		City, State, Zip Code Pine Brook, NJ 07058							
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"/> <input type="checkbox"/> <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
				See Attached					
Name of Registered Waste Hauler United Safety LLC		NJDEP Waste Hauler ID No. 0036820	Cubic Yards of Waste TBD	Name of Registered Landfill Grows Landfill					
City, State Pine Brook, NJ		Disposal Date TBD		City, State Tullytown, PA					
Completed by Vanco Petkov		Title Project Manager		Signature 			Date 12-12-2017		

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	Enclose
Basement Hallway outside Main Electrical Room		X		Pipe Insulation	2 LF	X			
Basement Hallway by Elevator		X		Pipe Insulation	7 LF	X			
Basement Laundry Room Lounge		X		Pipe Insulation	130 LF	X			
Basement Hallway outside Laundry Room		X		Pipe Insulation	5 LF	X			
Basement outside Trunk Room		X		Pipe Insulation	3 LF	X			
Basement Hallway outside Gender Neutral Bathroom		X		Pipe Insulation	30 LF	X			
Basement Hallway outside Class of 1956		X		Pipe Insulation	40 LF	X			
Basement Trash Room		X		Pipe Insulation	80 LF	X			



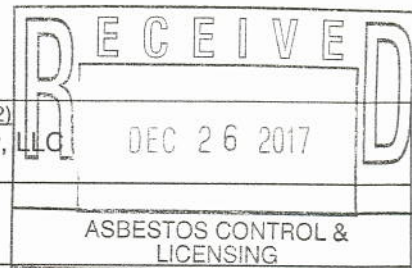


State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

MD CK

Date of Notification (1) 12/18/17		Name of Building Owner/Operator (2) PSEG Fossil, LLC, Hudson Generating Station							
Agencies Notified	Type Notification	Street Address Duffield and Van Keuren Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Jersey City, NJ 07306							
		Name of Contact Roger Clouse	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Hudson Generating Station		Type of Facility (4)							
Street Address Duffield and Van Keuren 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 1,000,000	# of Floors 8						
		Bldg. Age 70							
County (6) Hudson	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Electric Generating Station							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Absolut Ace						
Street Address		Street Address PO Box 295							
City, State, Zip Code		City, State, Zip Code Florham Park							
Project Manager for Monitoring Firm		Telephone No. 973-410-9217	License No. 00225						
Start Date (10) 1/1/18	Scheduled Completion Date (11) 12/31/18	Name of OSHA Monitor MECS							
Occupancy Status During Abatement (Check Only One)		Street Address 5 Linwood Ct							
<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 Hamilton, NJ 08690							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Powerhouse & Ancillary Structures		X		Boiler/Pipe Insul., Transite, Tile	160 sqft / 260	X	X	X	X
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 30	Name of Registered Landfill Tullytown Resource Recovery					
City, State Elizabeth, NJ 07114-2436		Disposal Date TBD		City, State Tullytown, PA 19007					
Completed by Erin Gorman		Title Manager - Env Compliance		Signature 		Date 12/18/17			

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 7:26-2.12)



Date of Notification (1) December 18, 2017		Name of Building Owner/Operator (2) Exelon Generation Company, LLC	
Agencies Notified (x) EPA (x) DEP (x) DOL (x) DOH (x) DCA	Notification Type (x) Initial Notification () Amended Certification () Cancelled	Street Address P.O. Box 388, U.S. Route 9	
		City, State, Zip Code Forked River, New Jersey 08731	
		Name of Contact Edwin O'Brien	Tel. Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Oyster Creek Generating Station			Type of Facility (4) () School (K-12) () Subchapter 8 (other than K-12) (x) Other (i.e. private & commercial bldgs., homes, etc.)
Street Address 741 U.S. Route 9 South			Sq. Feet: <25 # of Floors: Various
City (5) Forked River	County (6) Ocean	County Code (7) (State Use Only)	Bldg. Age Current Use (prior if being demolished)

Name of Monitoring Firm Hired by Bldg. Owner (8) Accredited Environmental Technologies	ASCM No. #00021	Name of Contractor (9) Advanced Specialty Contractors
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Street Address 28 North Pennell Road	Street Address 120 North Line Street
City, State, Zip Code Media, PA 19063	City, State, Zip, Code Lancaster, PA 17602

Project Manager for Monitoring Firm Tony Smith	Telephone Number 610-842-0461	Telephone Number 800-437-0441	License Number #00750 Type A
---	----------------------------------	----------------------------------	---------------------------------

Scheduled Start Date (10) January 1, 2018	Scheduled Completion Date (11) December 31, 2018	Name of OSHA Monitor Keith Dreher – Oyster Creek Generating Station
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Occupancy Status During Abatement (Check only one) () Facility Closed/Vacated During Entire Period of Abatement () Abatement Performed Outside of Normal Facility Hours -	Street Address P.O. Box 388, U.S. Route 9
Describe Other – N/A Describe – Notification is for contingency, no planned abatement	City, State, Zip Code Forked River, New Jersey 08731

Source of Work (Check all that apply)

() Demolition (x) Renovation
() Large Proj. (>160 SF or >260 LF ACM) () SM Proj. (>25<160 SF or >10 <260 LF ACM) (x) Minor Proj. (<25 SF or <10 LF ACM)
() Full Containment with Negative Pressure () Mini-Enclosure () Glove bag Procedure

Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of ACM (i.e. thermal systems insulation, surfacing, VAT, or other misc.)	Amount (Specify SF or LF)	Abatement Type Rem. Rep. Encap Enclose
Site-wide (contingency)		Misc.	<25 SF	

Name of Reg. Waste Hauler (PSC Industrial)	NJDEP Waste Hauler ID # DEP #SW2497	Cubic Yards of Waste <1	Name of Reg. Landfill Conestoga Landfill
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City, State 2869 Sandstone Drive, Hatfield, PA 19440	Disp. Date 12/31/16	City, State Morgantown, PA
---	------------------------	-------------------------------

Completed by (Print or Type) Edwin O'Brien	Title Sr. Environmental Chemist	Signature <i>Edwin O'Brien</i>	Date 12.18.17
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Mail to: NJDEP-DSHW-BRRTP Telephone 609-984-6620
401 E. State St., PO 414
Trenton, NJ 08625-0414

9/18/00

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

Print Form
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DEC 26 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/14/17		Name of Building Owner/Operator (2) USEPA Region II							
Agencies Notified	Type Notification	Street Address 290 Broadway 18th fl.	ASBESTOS CONTROL & LICENSING						
<input checked="" 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 New York, NY 10007							
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Hunter Young							
Telephone Number _____									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Kiltone Superfund Site		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 722 South 6th Street		Square Feet 400	# of Floors 1						
City (5) Vineland		Bldg. Age 50							
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Vacant garage							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Nova Development Group, Inc.						
Street Address		Street Address 189 Townsend Street							
City, State, Zip Code		City, State, Zip Code New Brunswick, NJ 08901							
Project Manager for Monitoring Firm		Telephone No. 732 565-3655	License No. 01284						
Start Date (10)	Scheduled Completion Date (11)	Name of OSHA Monitor EM&CA							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address PO Box 872							
		City, State, Zip Code Somerville, NJ 08876							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Garage			X	Siding	1500	X			
Name of Registered Waste Hauler Nova Development Group, Inc		NJDEP Waste Hauler ID No. NJ -807	Cubic Yards of Waste 10	Name of Registered Landfill GROWS, Inc.					
City, State New Brunswick, NJ		Disposal Date Jan 2018		City, State Morrisville, PA					
Completed by Todd Grant		Title President		Signature Todd Grant				Date 12/14/17	

* COURTESY NOTICE NOCL
SENT TO NJ DOL

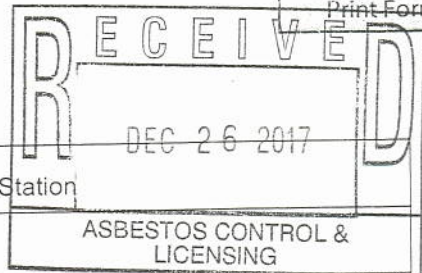
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form
RECEIVED
DEC 26 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/14/17		Name of Building Owner/Operator (2) USEPA Region II	
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 290 Broadway 18th fl.		City, State, Zip Code New York, NY 10007	
Name of Contact Hunter Young		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Kiltone Superfund Site		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 720 South 6th Street		Square Feet 400	# of Floors 1
City (5) Vineland		Bldg. Age 50	
County (6) Cumberland		Current Use (Prior if being demolished) Vacant garage	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Nova Development Group, Inc.
Street Address		Street Address 189 Townsend Street	
City, State, Zip Code		City, State, Zip Code New Brunswick, NJ 08901	
Project Manager for Monitoring Firm		Telephone No. 732 565-3655	License No. 01284
Start Date (10)	Scheduled Completion Date (11)		
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 EM&CA	
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 checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address PO Box 872	
City, State, Zip Code Somerville, NJ 08876			
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)
Garage			Siding
Name of Registered Waste Hauler Nova Development Group, Inc.		NJDEP Waste Hauler ID No. NJ -807	Cubic Yards of Waste 10
City, State New Brunswick, NJ		Name of Registered Landfill GROWS, Inc.	
Disposal Date Jan 2018		City, State Morrisville, PA	
Completed by Todd Grant		Title President	Signature Todd Grant
		Date 12/14/17	

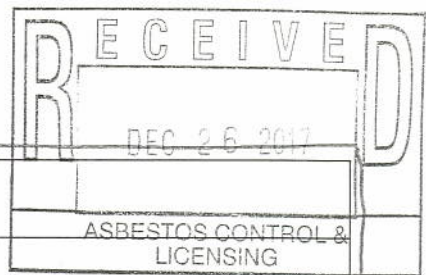
* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 12/12/2017		Name of Building Owner/Operator (2) PSEG Fossil, LLC, Linden Generating Station							
Agencies Notified	Type Notification	Street Address 4001 South Wood Ave							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Linden, NJ 07036							
		Name of Contact Guy Rivera	Telephone Number _____						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Linden 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 4001 South Wood Ave		Square Feet 800,000	# of Floors 8						
City (5) Linden		Bldg. Age 60							
County (6) Union	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Electric Generating Station							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No. _____	Name of Abatement Contractor (9) Absolut Ace						
Street Address		Street Address PO Box 295							
City, State, Zip Code		City, State, Zip Code Florham Park							
Project Manager for Monitoring Firm		Telephone No. 973-410-9217	License No. 00225						
Start Date (10) 1/1/2018	Scheduled Completion Date (11) 12/31/2018	Name of OSHA Monitor MECS							
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>Plant manned 24 hours, limited access to abatement areas</u>		Street Address 5 Linwood Ct							
		City, State, Zip Code Hamilton, NJ 08690							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input 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
Powerhouse & Ancillary Structures		X		Boiler/Pipe Insul., Transite, Tile	2,835 CF	X	X	X	X
Name of Registered Waste Hauler Waste Management of New Jersey		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste 105	Name of Registered Landfill Tullytown Resource Recovery					
City, State Elizabeth, NJ 07114-2436			Disposal Date TBD	City, State Tullytown, PA 19007					
Completed by Guy Rivera		Title EH&S Manager	Signature 			Date 12/12/2017			

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



Date of Notification (1) 12 / 21 / 17		Name of Building Owner/Operator (2) Hyacinth House LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1405 Clinton Street, #204 City, State, Zip Code Hoboken, NJ 07030 Name of Contact Matthew Testa Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Commercial		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 500 8th Street		Square Feet	
City (5) Asbury Park		# 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) Bio Terra Solutions		Name of Abatement Contractor (9) ALL PRO MANAGEMENT LLC	
Street Address P.O. Box 1224		Street Address 27 Outwater Lane	
City, State, Zip Code Union, NJ		City, State, Zip Code Garfield, NJ 07026	
Project Manager for Monitoring Firm Rick Eustaquio	Telephone No. 973-494-3762	Telephone No. 973-928-4888	License No. 1188
Start Date (10) 01 / 02 / 18	Scheduled Completion Date (11) 01 / 19 / 18	Name of OSHA Monitor ALL PRO MANAGEMENT LLC	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 27 Outwater Lane City, State, Zip Code Garfield, NJ 07026	

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HVAC Ducts	100 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crawlspace	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Soil Debris	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1st Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HVAC Ducts behind walls	22 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2nd Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	HVAC Ducts & trunks behind walls	140 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler All Pro Management LLC / ATC		NJDEP Waste Hauler ID No. 0034860 / SW-24310	Cubic Yards of Waste As Needed	Name of Registered Landfill IESI Bethlehem Landfill / Minerva Enterprises / G.R.O.W.S. North Landfill / Tullytown	
City, State Garfield, NJ / Shirley, NY			Disposal Date TBD	City, State Bethlehem, PA / Morrisville, PA / Waynesburg, OH	
Completed By (Print or Type) Allen Monchik	Title Project Manager	Signature <i>Allen Monchik</i>		Date 12/20/17	

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DEC 26 2017
ASBESTOS CONTROL &
LICENSING


Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: <i>Allen Monchik</i>	Date: 12/21/17
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DEC 26 2017
ASBESTOS CONTROL &
LICENSING

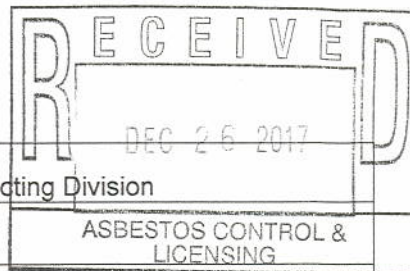
ASB-41
JAN 13

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DEC 26 2017
ASBESTOS CONTROL & LICENSING

Completed by: (Print or type) Allen Monchik	Title: Project Manager	Signature: 	Date: 12/20/17
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 12:120)



Date of Notification (1) 12-20-2017		Name of Building Owner / Operator (2) US Army Engineer District, Philadelphia Contracting Division	
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial (Courtesy Notification) <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Philadelphia, PA 19107	
		Name of Contact	Telephone Number
		Rich Sosdorf	

FACILITY INFORMATION

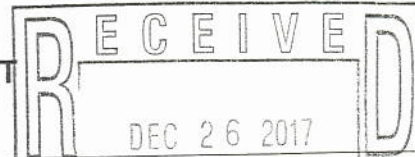
Name of Facility Where Abatement is Taking Place (3) Building 342 Navair Cryogenics Lab			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address Joint Base-McGuire-Dix			Square Feet	# of Floors	Bldg. Age
			12,000	1	56
City (5) Lakehurst, NJ	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Cryogenics Lab		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, LLC		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC		
Street Address PO Box 365		Street Address 2115 Hamilton Avenue, Suite 202			
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619			
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-839-2432	Telephone Number 609-977-6159	License Number 01185	
Scheduled Start Date (10) 12-21-2017		Scheduled Completion Date (11) 1-08-2018		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 checked="" type="checkbox"/> Abatement Performed during Normal Hours Describe: 8:00AM – 4:30PM <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 |
| | | <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
Roof "A"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof membrane	2,650 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof "A"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing material/tar	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof "A"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing sheeting	350 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof "D"	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Flashing material/tar	230 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryogenics Lab Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vinyl Floor Tile	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cryogenics Lab Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Door Frame Caulk	6 SF	<input checked="" 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 Hamilton, NJ 08619				Disposal Date TBD	City, State Morrisville, PA				
Completed By (Print or Type) Brian Haney				Title: President	Signature 			Date 12-20-2017	

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



Date of Notification (1) 12-20-2017		Name of Building Owner / Operator (2) US Army Engineer District, Philadelphia Contracting Division	
Agenies Notified	Type Notification	Street Address Wanamaker Building, 100 Penn Square East	
<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 (Courtesy Notification) <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code Philadelphia, PA 19107	
		Name of Contact Rich Sisdorf	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Building 342 Navair Cryogenics Lab			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 Joint Base-McGuire-Dix			Square Feet 12,000	# of Floors 1	Bldg. Age 56
City (5) Lakehurst, NJ	County (6) Burlington	County Code (7)	Current Use (Prior if being demolished) Cyrogenics Lab		
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services, LLC			ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC	
Street Address PO Box 365			Street Address 2115 Hamilton Avenue, Suite 202		
City, State & Zip Code Berlin, NJ 08009			City, State & Zip Code Trenton, NJ 08619		
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-839-2432	Telephone Number 609-977-6159	License Number 01185	
Scheduled Start Date (10) 12-21-2017	Scheduled Completion Date (11) 1-08-2018		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 checked="" type="checkbox"/> Abatement Performed during Normal Hours Describe: 8:00AM - 4:30PM <input type="checkbox"/> Facility Occupied During Abatement			Street Address 2333 Route 22 West City, State & Zip Code Union, NJ 07083		

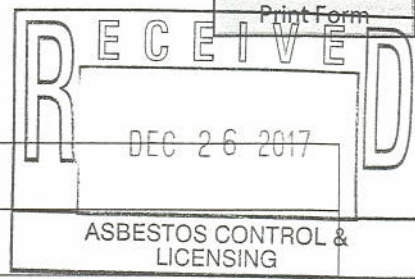
Scope of Work (Check all that apply)

- | | | |
|---|--|--|
| <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 |
| | | <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 Façade	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1 st & 2 nd Layer of expansion Joint Caulk	5 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building Exterior-Inside exterior fire door	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Insulation Material	190 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 Hamilton, NJ 08619	Disposal Date TBD	City, State Morrisville, PA	Date 12-20-2017
Completed By (Print or Type) Brian Haney	Title: President	Signature 	

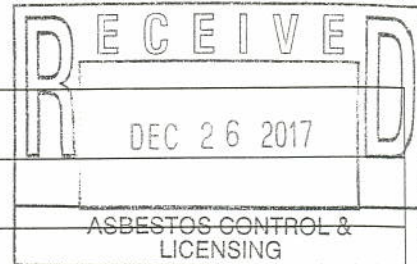
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 12-15-17		Name of Building Owner/Operator (2) Wyeth Holdings LLC							
Agencies Notified	Type Notification	Street Address 20 Polhemus Lane							
<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 Bridgewater, NJ							
		Name of Contact Russell Downey							
		Telephone Number _____							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) American Cyanamid GWTF		Type of Facility (4)							
Street Address 20 Polhemus Lane		<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) Bridgewater		Square Feet N/A	# of Floors N/A						
		Bldg. Age N/A							
County (6) Somerset	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) WRS Environmental Services, Inc.						
Street Address N/A		Street Address 17 Old Dock Road							
City, State, Zip Code N/A		City, State, Zip Code Yaphank, NY 11980							
Project Manager for Monitoring Firm N/A	Telephone No. N/A	Telephone No. 631-924-8111	License No. 01136						
Start Date (10) 09-17-17	Scheduled Completion Date (11) 09-17-18	Name of OSHA Monitor WRS Environmental Services, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 17 Old Dock Road							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code Yaphank, NY 11980							
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 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
Gwtf Bldg / North Containment Tank			x	Transite pipe	300 LF	x			
Name of Registered Waste Hauler WASTE MANAGEMENT		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste TBD	Name of Registered Landfill FAIRLESS LANDFILL					
City, State ELIZABETH, NJ			Disposal Date TBD	City, State Morrisville, PA 19067					
Completed by Amanda Vallone		Title Admin Ops Manager	Signature <i>Amanda Vallone</i>	Date 12-15-17					

NOCK

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



Date of Notification (1) 12/21/2017		Name of Building Owner/Operator (2) Steve Misar							
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 type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07524 Name of Contact Steve Misar							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private Home		Type of Facility (4)							
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Paterson		Square Feet	# of Floors						
County (6) Passaic		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) 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. 973-400-8711	License No. 01332						
Start Date (10) 01/03/2018	Scheduled Completion Date (11) 01/05/2018	Name of OSHA Monitor Removal Safety LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 8 Crosby Ave							
<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 -5:00 pm		City, State, Zip Code Paterson, NJ 07502							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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	Wrap and Cut	150 LF	x			
Name of Registered Waste Hauler Removal Safety, LLC		NJDEP Waste Hauler ID No. 0037007	Cubic Yards of Waste 3	Name of Registered Landfill GROWS North					
City, State Paterson, NJ		Disposal Date TBD		City, State Morrisville, Pa					
Completed by Lasko Veskov		Title President	Signature 			Date 12/21/2017			

B & G proj. #: 2017-186-C

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

Check # 8739

Date of Notification (1)

11/21/12/12/11/17

Name of Building Owner/Operator (2)

Somerset Hills Board of Education

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Street Address

25 Olcott Avenue

City, State, Zip Code

Bernardsville, NJ 07924

Name of Contact

Dan McDougal

RECEIVED
 DEC 26 2017

ASBESTOS CONTROL & LICENSING

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Administration Building (NON Sub-8)

Type of Facility (4)

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

Square Feet

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Administration Building

Street Address

25 Olcott Avenue

City (5)

Bernardsville, NJ 07924

County (6)

Somerset

County Code (7)

(State use only)

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

EnviroVision

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

20-21 Wagaraw Road, Building 35E

Street Address

105 Ryerson Road

City, State, Zip Code

Fair Lawn, NJ 07410

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Guillermo Morales

Phone Number

973-636-9145

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

12/23/2017

Sched. Completion Date (11)

12/29/2017

Occupancy Status During Abatement (Check only one)

☒ Facility closed/vacated during entire period of abatement.☐ Abatement performed outside of normal facility hours-

Describe:

☐ Other-Describe:

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☐ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Mini-enclosure☐ 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						
Sprinkler rm., Storage rm.			<input checked="" type="checkbox"/>	plaster debris on floor-decontamina	90 sqft	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
right/left side stairwell			<input checked="" type="checkbox"/>	damaged elbow ends	9-12 ends	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1Name of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJDisposal Date
12/26-29/2017City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date

12/22/2017

068739

B & G Proj. #: 2017-196-C

State of NJ
Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 17:27 and 17:28-7)
EMERGENCY

RECEIVED
DEC 26 2017
Check 585739 ASBESTOS CONTROL & ABATEMENT

Date of Notification (1) 11/21/12 12/11/17		Name of Building Owner/Operator (2) Somerset Hills Board of Education	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEF <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	
Street Address 25 Olcott Avenue		City, State, Zip Code Bernardsville, NJ 07924	
Name of Contact Dan McDougal		Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Administration Building (NON Sub-2)			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address 25 Olcott Avenue			Square Feet # of Floors Bldg. Age		
City (5) Bernardsville, NJ 07924			County (6) Somerset		
County Code (7) (State use only)			Current Use (Prior if being demolished) Administration Building		
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision			Name of Abatement Contractor (9) B & G Restoration, Inc.		
Street Address 20-21 Wagaraw Road, Building 35E			Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410			City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Guillermo Morales			Telephone Number (973) 696-6669		
Phone Number 973-636-9145			License Number 00378		
Scheduled Start Date (10) 12/23/2017			Scheduled Completion Date (11) 12/29/2017		
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:					
Name of OSHA Monitor B & G Restoration, Inc.					
Street Address 105 Ryerson Road					
City, State, Zip Code Lincoln Park, NJ 07035					

Scope of Work (check all that apply)

☐ Demolition
☒ > 3 sf or > 3 ft
☒ Renovation
☐ ≥ 180 sf or ≥ 280 ft

☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ Glovebag procedure
☐ 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	S	P	E	N	C	L
	Yes	No	N/A										
Sprinkler rm., Storage rm.			X	plaster debris on floor-decontamina	90 sqft								
right/left side stairwell			X	damaged elbow ends	9-12 ends								
Registered Waste Hauler B & G Restoration, Inc.		NJ DEP Hauler ID# 19563		Cubic Yards of Waste 1	Name of Registered Landfill Tullytown Resource & Recovery Center								
City, State Lincoln Park, NJ		Disposal Date 12/28-29/2017		City, State Tullytown, PA									
Completed by (Print or Type) Gordana Luna		Title Secretary/Treasurer		Signature Gordana Luna					Date 12/22/2017				

B & G proj. #:

2018-02

PAID

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

Check # 8738

Date of Notification (1)

11/21/17

Name of Building Owner/Operator (2)

George Hardman

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

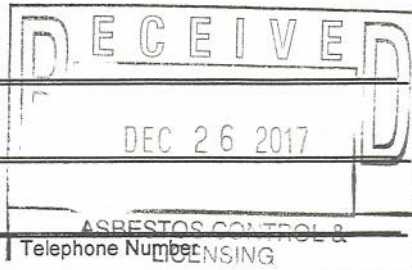
Street Address

City, State, Zip Code

Oakland, NJ 07436

Name of Contact

Laura O'Connell



FACILITY INFORMATION

Name of facility where abatement is taking place (3)

George Hardman

Street Address

City (5)

Oakland, NJ 07436

County (6)

Bergen

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

of Floors

Bldg. Age

Current Use (Prior if being demolished)

residential

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

ASCM No.

n/a

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

Street Address

105 Ryerson Road

City, State, Zip Code

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Phone Number

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

01/03/2018

Sched. Completion Date (11)

01/04/2018

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

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:

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☒ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Mini-enclosure☐ 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)	Remove	Repair	Encap	Encl
	Yes	No	N/A						
gas meter rm above ceiling			<input checked="" type="checkbox"/>	pipe insulation	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
outside gas meter room			<input checked="" type="checkbox"/>	pipe	15 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
boiler room			<input checked="" type="checkbox"/>	pipe	6 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
hallway			<input checked="" type="checkbox"/>	pipe	4 lf	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

1

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ

Disposal Date

01/05/2018

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

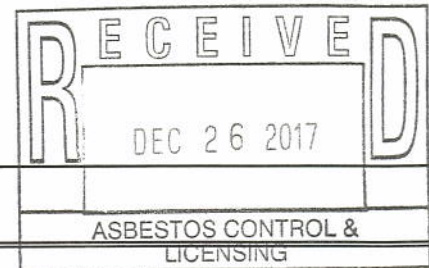
Gordana Luna

Date

12/21/2017

PAID

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



D&S Proj. #: 17-346
CL 1203

Date of Notification (1) <u>12/1/19</u> / <u>11/17/17</u>		Name of Building Owner/Operator (2) <u>MADISON & CALIFORNIA, LLC</u>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address <u>9 CALIFORNIA AVENUE</u> City, State, Zip Code <u>Paterson, NJ 07503</u>	
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Name of Contact <u>Dusko Joldzic</u> Telephone Number _____	

FACILITY INFORMATION

Name of facility where abatement is taking place (3) <u>MADISON & CALIFORNIA, LLC</u> Street Address <u>9 CALIFORNIA AVENUE</u> City (5) <u>Paterson</u>			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.) Square Feet _____ # of Floors _____ Bldg. Age _____ Current Use (Prior if being demolished) _____		
County (6) <u>PASSAIC</u>		County Code (7) (State use only)			
Name of Monitoring Firm Hired by Bldg. Owner (8) Street Address _____ City, State, Zip Code _____			Name of Abatement Contractor (9) <u>D & S RESTORATION, INC.</u> Street Address <u>20 California Ave.</u> City, State, Zip Code <u>Paterson, NJ 07503</u> Telephone Number <u>973-345-8020</u> License Number <u>01169</u> Name of OSHA Monitor <u>D & S Restoration, Inc.</u> Street Address <u>20 California Avenue</u> City, State, Zip Code <u>Paterson, NJ 07503</u>		
Project Manager for Monitoring Firm _____ Phone Number _____					
Start Date (10) <u>12/20/17</u>		Sched. Completion Date (11) <u>01/12/17</u>			
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: <u>NORMAL HOURS</u>					

Scope of Work (check all that apply)						<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				
<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								
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)	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
boiler room			<input checked="" type="checkbox"/>		PIPE INSULATION	10 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
so. office closet			<input checked="" type="checkbox"/>		vat	35 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ex. boiler rm./chimney			<input checked="" type="checkbox"/>		transite/roof	30/30 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
high roof flashing/lower flat roof			<input checked="" type="checkbox"/>		black flashing/black roof material	60/240 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
middle roof			<input checked="" type="checkbox"/>		black/gray roof	1,800 sq ft	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Registered Waste Hauler <u>D & S RESTORATION, INC.</u>		NJDEP Hauler ID# <u>13506</u>		Cubic Yards of Waste <u>25 yds</u>	Name of Registered Landfill <u>TULLYTOWN, RESOURCE RECOVERY</u>					
City, State <u>PATERSON, NJ 07503</u>		Disposal Date <u>12/22/17</u>		City, State <u>TULLYTOWN, PA</u>						
Completed by (Print or Type) <u>BOGDAN JOLDZIC</u>		Title <u>PRESIDENT</u>		Signature _____				Date <u>12/19/2017</u>		

Ch 25600

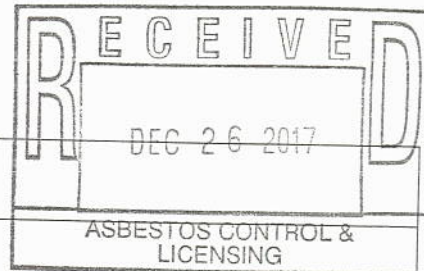
PAID

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 5:16)

RECEIVED
DEC 26 2017

Date of Notification (1) <u>12/20/2017</u>		Name of Building Owner/Operator (2) <u>Twin Towers Trading, Inc.</u>						
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 Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation						
Street Address <u>10 Station Street</u>		City, State, Zip Code <u>Manalapan, NJ 07726</u>						
Name of Contact <u>Anne Ciely</u>		Telephone Number _____						
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) <u>Residential</u>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)						
Street Address _____		Square Feet <u>2500</u>						
City (5) <u>Englishtown, NJ 07726</u>		# of Floors <u>2</u>						
County (6) <u>Middlesex</u>		Bldg. Age <u>90+/-</u>						
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) _____						
Name of Monitoring Firm Hired by Building Owner (8) <u>MECS</u>		ASCM No. _____						
Street Address <u>PO Box 341</u>		Name of Abatement Contractor (9) <u>Stevens Environmental Services, Inc.</u>						
City, State, Zip Code <u>Crosswicks, NJ 08515</u>		Street Address <u>PO Box 322</u>						
Project Manager for Monitoring Firm <u>Bill Weisgarber</u>		Telephone No. <u>(609) 298-4070</u>						
Start Date (10) <u>1/2/2018</u>		Scheduled Completion Date (11) <u>1/5/2018</u>						
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>8am - 4pm</u>		Telephone No. <u>(609) 259-9688</u>						
Name of OSHA Monitor <u>MECS</u>		License No. <u>00493</u>						
Street Address <u>PO Box 341</u>		City, State, Zip Code <u>Crosswicks, NJ 08515</u>						
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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) <u>12</u>	Abatement Type			
	Yes	No			N/A	Removal	Repair	Encapsulate
<u>Basement/Crawl</u>	X		<u>Asbestos Fittings</u>	<u>12</u>	X			
Name of Registered Waste Hauler <u>Stevens Environmental Services, Inc.</u>		NJDEP Waste Hauler ID No. <u>18292</u>		Cubic Yards of Waste <u>1</u>		Name of Registered Landfill <u>Fairless Landfill</u>		
City, State <u>Allentown, NJ</u>		Disposal Date <u>1/5/2018</u>		City, State <u>Morrisville, PA</u>				
Completed By <u>Mahlon E. Stevens</u>		Title <u>Project Manager</u>		Signature <u>[Signature]</u>		Date <u>12/20/17</u>		

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



Date of Notification (1) 12 / 22 / 17		Name of Building Owner/Operator (2) County of Passaic (Page 1 of 3)							
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 #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 Grand Street							
		City, State, Zip Code Paterson, NJ 07505							
		Name of Contact Andrew Thompson	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex 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 63 Hamilton Street		Square Feet 40,000	# of Floors 4						
City (5) Paterson		Bldg. Age 127 yrs							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCM No. 00099	Name of Abatement Contractor (9) Superior Abatement Inc						
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 560-4900	Telephone No. (973) 808-1616						
Start Date (10) 10 / 23 / 17		Scheduled Completion Date (11) 01 / 16 / 18	License No. 00411						
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 Superior Abatement Inc							
Street Address 2 Henderson Drive		City, State, Zip Code West Caldwell, NJ 07006							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,553 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Joint Insulation	826 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall and Ceiling Plaster	41,793 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Skim Coat	1,030 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste 1500	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date Various		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 12-22-17			

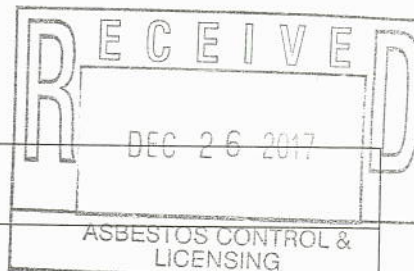
PAID

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

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	ASBESTOS CONTROL & LICENSING

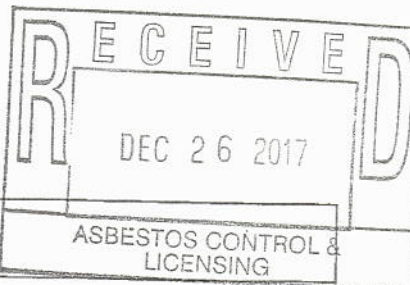
Date of Notification (1) 12 / 22 / 17		Name of Building Owner/Operator (2) (Page 2 of 3)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address							
		City, State, Zip Code							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 63 Hamilton Street		Square Feet	# of Floors						
City (5) Paterson		Bldg. Age							
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.						
Start Date (10) ____ / ____ / ____	Scheduled Completion Date (11) ____ / ____ / ____	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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		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 type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) 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
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Debris	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspended Ceilings w/ACM debris	15,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	1,210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd FI-Chases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seem Tape	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed By (Print or Type)		Title	Signature	Date					

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



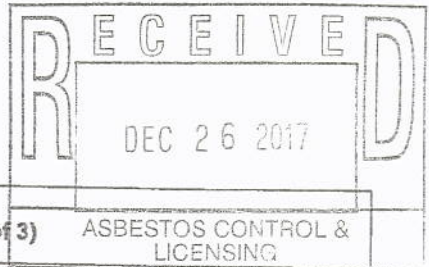
Date of Notification (1) <div style="text-align: center;">12 / 22 / 17</div>		Name of Building Owner/Operator (2) <div style="text-align: right;">(Page 3 of 3)</div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address							
		City, State, Zip Code							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 63 Hamilton Street		Square Feet	# of Floors						
City (5) Paterson		Bldg. Age							
County (6)	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)						
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm	Telephone No.	Telephone No.	License No.						
Start Date (10) ____ / ____ / ____	Scheduled Completion Date (11) ____ / ____ / ____	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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM		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"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
1st Floor Space 1-14A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wooden Door with Core Insulation	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	17570 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Old Electric Panel Board	56 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground and 1st Floors (Exterior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Door/Louver Caulk	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill					
City, State		Disposal Date		City, State					
Completed By (Print or Type)		Title		Signature		Date			

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



Date of Notification (1) 10 / 12 / 17		Name of Building Owner/Operator (2) County of Passaic (Page 1 of 3)							
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 401 Grand Street City, State, Zip Code Paterson, NJ 07505 Name of Contact Andrew Thompson Telephone Number 							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex 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 63 Hamilton Street		Square Feet 40,000	# of Floors 4						
City (5) Paterson		Bldg. Age 127 yrs							
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Langan	ASCM No. 00099	Name of Abatement Contractor (9) Superior Abatement Inc							
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Vijay Patel	Telephone No. (973) 560-4900	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 10 / 23 / 17	Scheduled Completion Date (11) 01 / 16 / 18	Name of OSHA Monitor Superior Abatement 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 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006							
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
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,553 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Joint Insulation	826 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall and Ceiling Plaster	37,293 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Skim Coat	1,030 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 1000	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 1/16/2018		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 		Date 10-12-17			

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



Date of Notification (1) <div style="display: flex; justify-content: space-around; width: 100%;"> 10 / 12 / 17 </div>		Name of Building Owner/Operator (2) <div style="text-align: right;">(Page 2 of 3)</div>		ASBESTOS CONTROL & LICENSING					
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 type="checkbox"/> Amended Amendment #2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address City, State, Zip Code Name of Contact <div style="float: right;">Telephone Number</div>					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 63 Hamilton Street				Square Feet # of Floors Bldg. Age					
City (5) Paterson									
County (6)		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8)		ASCN No.		Name of Abatement Contractor (9)					
Street Address				Street Address					
City, State, Zip Code				City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. License No.					
Start Date (10) <div style="display: flex; justify-content: space-around; width: 100%;"> / / </div>		Scheduled Completion Date (11) <div style="display: flex; justify-content: space-around; width: 100%;"> / / </div>		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 - Describe Time of Abatement: <u> </u> AM - <u> </u> PM / <u> </u> PM - <u> </u> AM				Street Address City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input 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) <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, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Debris	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspended Ceilings w/ACM debris	15,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	1,210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Fl-Chases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seem Tape	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State				Disposal Date	City, State				
Completed By (Print or Type)		Title		Signature		Date			


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

R E C E I V E D	DEC 26 2017
ASBESTOS CONTROL & LICENSING	

Date of Notification (1) <div style="text-align: center;">10 / 12 / 17</div>		Name of Building Owner/Operator (2) <div style="text-align: right;">(Page 3 of 3)</div>		ASBESTOS CONTROL & LICENSING							
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 City, State, Zip Code Name of Contact Telephone Number							
FACILITY INFORMATION											
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 63 Hamilton Street				Square Feet # of Floors Bldg. Age							
City (5) Paterson											
County (6)		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)							
Street Address				Street Address							
City, State, Zip Code				City, State, Zip Code							
Project Manager for Monitoring Firm		Telephone No.		Telephone No. License No.							
Start Date (10) ____ / ____ / ____		Scheduled Completion Date (11) ____ / ____ / ____		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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address City, State, Zip Code							
Scope of Work (Check all that apply) <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf </div> <div> <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition </div> <div> <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 </div> </div>											
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) <div style="display: flex; justify-content: space-around;"> Yes No N/A </div>		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
1st Floor Space 1-14A		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Wooden Door with Core Insulation		20 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Floor Tile and Mastic		17570 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Old Electric Panel Board		56 SF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground and 1st Floors (Exterior)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A		Window/Door/Louver Caulk		210 LF		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste		Name of Registered Landfill					
City, State				Disposal Date		City, State					
Completed By (Print or Type)		Title		Signature		Date					

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

R E C E I V E D
DEC 26 2017
ASBESTOS CONTROL & LICENSING

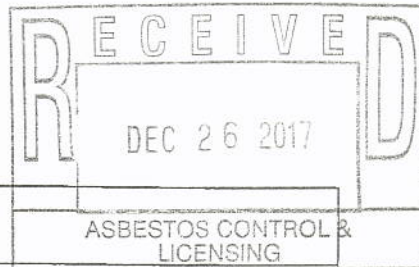
Date of Notification (1) 10 / 05 / 17		Name of Building Owner/Operator (2) County of Passaic (Page 1 of 3)		ASBESTOS CONTROL & LICENSING	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> 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 401 Grand Street		City, State, Zip Code Paterson, NJ 07505		Name of Contact Andrew Thompson	
Telephone Number					
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex 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 63 Hamilton Street				City (5) Paterson	
Square Feet 40,000		# of Floors 4		Bldg. Age 127 yrs	
County (6) Passaic		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Vacant	
Name of Monitoring Firm Hired by Building Owner (8) Langan		ASCN No. 00099		Name of Abatement Contractor (9) Superior Abatement Inc	
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive			
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006			
Project Manager for Monitoring Firm Vijay Patel		Telephone No. (973) 560-4900		Telephone No. (973) 808-1616	
License No. 00411					
Start Date (10) 10 / 16 / 17		Scheduled Completion Date (11) 01 / 16 / 18		Name of OSHA Monitor Superior Abatement 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: <u> </u> AM- <u> </u> PM/ <u> </u> PM- <u> </u> AM				Street Address 2 Henderson Drive	
				City, State, Zip Code West Caldwell, NJ 07006	
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)	
		Yes	No		
Ground, 1st, 2nd, 3rd Floors & Attic		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation
Ground, 1st, 2nd, 3rd Floors & Attic		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Joint Insulation
Ground, 1st, 2nd and 3rd Floors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall and Ceiling Plaster
Ground, 1st, 2nd and 3rd Floors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Skim Coat
Amount (Specify SF or LF)		1,553 LF		<input checked="" type="checkbox"/>	
Amount (Specify SF or LF)		826 EA		<input checked="" type="checkbox"/>	
Amount (Specify SF or LF)		37,293 SF		<input checked="" type="checkbox"/>	
Amount (Specify SF or LF)		1,030 SF		<input checked="" type="checkbox"/>	
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 1000	
City, State New Castle, DE		Disposal Date 1/16/2018		Name of Registered Landfill Minerva Landfill	
City, State Waynesburg, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 	
Date 10-5-17					

RECEIVED
DEC 26 2017
ASBESTOS CONTROL & LICENSING

ASB-41
MAY 11

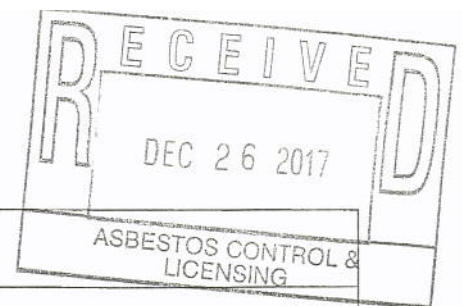
* Do not use this form for asbestos licensure exempted activities.

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



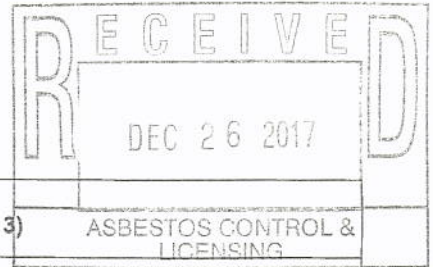
Date of Notification (1) <div style="text-align: center;">10 / 05 / 17</div>		Name of Building Owner/Operator (2) <div style="text-align: right;">(Page 3 of 3)</div>		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <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		City, State, Zip Code		Name of Contact					
Telephone Number									
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 63 Hamilton Street				Square Feet					
City (5) Paterson				# of Floors					
County (6)				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)					
Street Address		Street Address		City, State, Zip Code					
City, State, Zip Code		City, State, Zip Code		City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.		License No.					
Start Date (10) ____ / ____ / ____		Scheduled Completion Date (11) ____ / ____ / ____		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 - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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	Encapsulate	Enclosure
1st Floor Space 1-14A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wooden Door with Core Insulation	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	17570 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Old Electric Panel Board	56 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground and 1st Floors (Exterior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Door/Louver Caulk	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State		Disposal Date		City, State					
Completed By (Print or Type)		Title		Signature		Date			

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



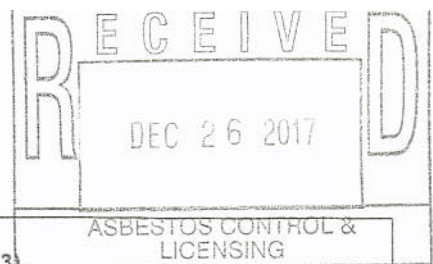
Date of Notification (1) 09 / 29 / 17		Name of Building Owner/Operator (2) County of Passaic (Page 1 of 3)							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 Grand Street City, State, Zip Code Paterson, NJ 07505 Name of Contact Andrew Thompson							
		Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex 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 63 Hamilton Street									
City (5) Paterson	Square Feet 40,000	# of Floors 4	Bldg. Age 127 yrs						
County (6) Passaic	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Vacant							
Name of Monitoring Firm Hired by Building Owner (8) Langan		Name of Abatement Contractor (9) Superior Abatement Inc							
Street Address 300 Kimball Drive		Street Address 2 Henderson Drive							
City, State, Zip Code Parsippany, NJ 07054		City, State, Zip Code West Caldwell, NJ 07006							
Project Manager for Monitoring Firm Vijay Patel	Telephone No. (973) 560-4900	Telephone No. (973) 808-1616	License No. 00411						
Start Date (10) 10 / 10 / 17	Scheduled Completion Date (11) 12 / 22 / 17	Name of OSHA Monitor Superior Abatement 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 2 Henderson Drive City, State, Zip Code West Caldwell, NJ 07006							
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
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	1,553 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Joint Insulation	826 EA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wall and Ceiling Plaster	37,293 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Skim Coat	1,030 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Service Transport Group, Inc		NJDEP Waste Hauler ID No. SW2117		Cubic Yards of Waste 1000	Name of Registered Landfill Minerva Landfill				
City, State New Castle, DE		Disposal Date 12/22/2017		City, State Waynesburgh, OH					
Completed By (Print or Type) Nick Petrovski		Title President		Signature 			Date 9-29-17		

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;">09 / 29 / 17</div>		Name of Building Owner/Operator (2) <div style="text-align: right;">(Page 2 of 3)</div>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address City, State, Zip Code Name of Contact Telephone Number							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 63 Hamilton Street		Square Feet # of Floors Bldg. Age							
City (5) Paterson		County (6) County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address							
City, State, Zip Code		City, State, Zip Code							
Project Manager for Monitoring Firm		License No.							
Start Date (10) ____ / ____ / ____		Scheduled Completion Date (11) ____ / ____ / ____							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Name of OSHA Monitor							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> Renovation <input type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		Street Address City, State, Zip Code							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<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"/>
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Plaster Debris	550 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Suspended Ceilings w/ACM debris	15,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd, 3rd Floors & Attic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Insulation	1,210 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd FI-Chases	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Duct Seem Tape	8 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State		Disposal Date		City, State					
Completed By (Print or Type)		Title		Signature		Date			

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

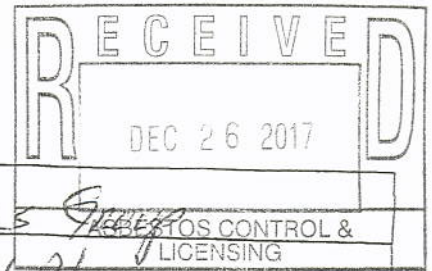


Date of Notification (1) 09 / 29 / 17		Name of Building Owner/Operator (2) (Page 3 of 3)		ASBESTOS CONTROL & LICENSING					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address City, State, Zip Code Name of Contact Telephone Number					
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Passaic County Courthouse Annex Building				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)					
Street Address 63 Hamilton Street									
City (5) Paterson				Square Feet	# of Floors				
County (6)				County Code (7)(STATE USE ONLY)					
Name of Monitoring Firm Hired by Building Owner (8)				Name of Abatement Contractor (9)					
Street Address				Street Address					
City, State, Zip Code				City, State, Zip Code					
Project Manager for Monitoring Firm		Telephone No.		Telephone No.	License No.				
Start Date (10) ____ / ____ / ____		Scheduled Completion Date (11) ____ / ____ / ____		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 - Describe Time of Abatement: __AM-__PM/__PM-__AM				Street Address					
				City, State, Zip Code					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input 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	Encapsulate	Enclosure
1st Floor Space 1-14A	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Wooden Door with Core Insulation	20 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	17570 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground, 1st, 2nd and 3rd Floors	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Old Electric Panel Board	56 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ground and 1st Floors (Exterior)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window/Door/Louver Caulk	210 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.		Cubic Yards of Waste	Name of Registered Landfill				
City, State				Disposal Date	City, State				
Completed By (Print or Type)		Title		Signature		Date			

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PAID

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

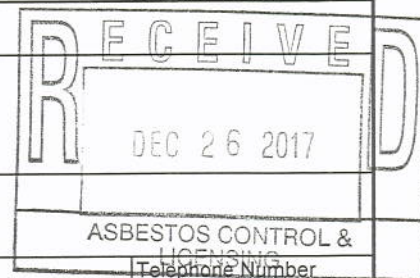


Date of Notification (1) 12-16-17		Name of Building Owner/Operator (2) Several Properties							
Agencies Notified	Type Notification	Street Address 818 Haddonfield Rd							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> 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 Cherry Hill NJ 08002							
		Name of Contact Jay Several							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Old Meeting Hall		Type of Facility (4)							
Street Address 1012 Haddonfield Rd		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Cherry Hill NJ		Square Feet 6000	# of Floors 2						
County (6) Camden		Bldg. Age 70							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Union Hall							
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC							
Street Address		Street Address 1212 Burlington Ave							
City, State, Zip Code		City, State, Zip Code Delanco NJ 08015							
Project Manager for Monitoring Firm		Telephone No. 609-346-0916	License No. C1070						
Start Date (10) 12-26-17	Scheduled Completion Date (11) 1-12-18	Name of OSHA Monitor Self							
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 type="checkbox"/> Other - Describe: Demo Bldg		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
Windows outside		<input checked="" type="checkbox"/>		52 Panels	225 SF	<input checked="" type="checkbox"/>			
2 Rooms Front Den		<input checked="" type="checkbox"/>		Floor tile ACM	325 SF	<input checked="" type="checkbox"/>			
1 Closet UPSTAIRS		<input checked="" type="checkbox"/>		Floor tile ACM	3 SF	<input checked="" type="checkbox"/>			
1 Room Front Right		<input checked="" type="checkbox"/>							
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20547	Cubic Yards of Waste	Name of Registered Landfill WM of PA					
City, State Delanco NJ		Disposal Date TBD	City, State Milltown Pa						
Completed by Joseph T Hall		Title V. President	Signature 		Date 12-16-17				

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

Check # 12508

Date of Notification (1) December 21, 2017		Name of Building Owner / Operator (2) Pinelands Regional Board of Education	
Agencies Notified	Type Notification	Street Address 520 Nugentown Road	
<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 Little Egg Harbor, NJ 08087	
		Name of Contact Stephen Brennan, Business Administrator	



FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Pinelands Regional High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, home, etc.)	
Street Address 565 Nugentown Road		Square Feet 22,000	# of Floors 3
City (5) Little Egg Harbor		Bldg. Age 48	
County (6) Ocean		Current Use (Prior if being demolished) Public Building	
County Code (7) USE ONLY			
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental, Inc.		ASCM No. 0003	
Street Address 1253 North Church Street		Name of Abatement Contractor (9) Synatech, Inc.	
City, State & Zip Code Moorestown, NJ 08057		Street Address 829 Radio Road	
Project Manager for Monitoring Firm Jim Guilardi		City, State & Zip Code Little Egg Harbor, NJ 08087	
Telephone Number 856-840-8800		Telephone Number 609-296-6916	License Number 00817
Scheduled Start Date (10) January 2, 2018	Scheduled Completion Date (11) January 8, 2018	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 ≥ 3 lf | <input 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) 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
2 nd Floor Hallways – 2 Areas			X	Floor Tile and Mastic	1,240 SF	X			

Name of Registered Waste Hauler Synatech, Inc.		NJDEP Waste Hauler ID No. 27429	Cubic Yards of Waste 5	Name of Registered Landfill Grows Landfill	
City, State Little Egg Harbor, NJ 08087		Disposal Date January 9, 2017		City, State Morrisville, PA	
Completed By Diane Aloia	Title Exec. Administrator	Signature <i>Diane Aloia</i>		Date December 21, 2017	

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

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


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DEC 26 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12-21-2017		Name of Building Owner / Operator (2) Cristina DiMeglio	
Agencies Notified	Type Notification	Street Address	
<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 Lawrenceville, NJ 08648 Name of Contact Cristina DiMeglio	
		Telephone Number	

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4)	
Street Address		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Lawrenceville, NJ 08648	County (6) Mercer	County Code (7)	Square Feet 1,620 # of Floors 1 Bldg. Age 40
Name of Monitoring Firm Hired by Building Owner (8) Health and Safety Services		ASCM No. 117	Name of Abatement Contractor (9) Resource Management Group, LLC
Street Address P.O. Box 365		Street Address 2115 Hamilton Ave, Suite 202	
City, State & Zip Code Berlin, NJ 08009		City, State & Zip Code Trenton, NJ 08619	
Project Manager for Monitoring Firm Mr. Jim Proctor		Telephone Number 856-452-1311	Telephone Number 609-914-4279 License Number 01185
Scheduled Start Date (10) 12-30-2017	Scheduled Completion Date (11) 12-30-2017	Name of OSHA Monitor J&S 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 checked="" type="checkbox"/> Abatement Performed during Normal Hours: Describe: 8:00am – 4:00pm <input type="checkbox"/> Facility Occupied During Abatement		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 ≥260 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition	<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove Bag Procedures <input checked="" type="checkbox"/> Non-Exempted and Non-Friable Procedure	

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	Encapsulat	Enclosure
Crawl space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite pipe	15 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"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 08619		Disposal Date TBD		City, State Morrisville, PA	
Completed By (Print or Type) Mr. Brian Haney		Title President	Signature 		Date 12-21-2017

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DEC 26 2017	
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check # 5102	
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State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:80 and 12:120)

Date of Notification (1) 12/19/2017		Name of Building Owner/Operator (2) Livingston Board of Education	
Agencies Notified	Type Notification	Street Address	City, State, Zip Code
<input 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 checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	11 Foxcroft Drive	Livingston, NJ 07039
		Name of Contact	Telephone Number
		James Parrette	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Heritage Middle School		Type of Facility (4)	
Street Address 120 Foxcroft Drive		<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter s (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Livingston, New Jersey 07039		Square Feet 20,000	# of Floors 2
County (6) Essex		Reg. Age 55+	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Middle School	
Name of Monitoring Firm Hired by Building Owner (8) Garden State Environmental		ASCM No.	
Street Address 555 S. Broad Street		Name of Abatement Contractor (9) Lilich Corporation	
City, State, Zip Code Glen Rock, NJ 07452		Street Address 806 McBride Ave	
Project Manager for Monitoring Firm Bruce Wolf		City, State, Zip Code Woodland Park, New Jersey	
Telephone No. 201-652-1119		Telephone No. 973-225-8400	License No. 01104
Start Date (10) 12/22/2017	Scheduled Completion Date (11) 12/24/2017	Name of OSHA Monitor Iris Environmental Laboratories, LLC	
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 2333 Route 22 West	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 280 lf <input 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/ Tent <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Union, NJ 07083	

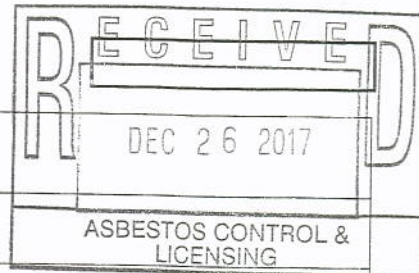
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
Copy R, Library, Technology Office		X		640 SF VAT & Mastic	640 SF	X			
				Non Friable Method					

Name of Registered Waste Hauler Lilich Corporation		NJDEP Waste Hauler ID No. 18724	Cubic Yards of Waste 10	Name of Registered Landfill G.R.O.W.S Landfill	
City, State Woodland Park, New Jersey		Disposal Date 12/24/2017		City, State Morrisville, PA	
Completed by Adriana Olejarova		Title President		Date 12/19/2017	

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



Date of Notification (1) 12 / 21 / 17		Name of Building Owner/Operator (2) Mary McAndrew	
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 Nutley, NJ 07110	
Name of Contact Mary McAndrew		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]		Square Feet # of Floors Bldg. Age	
City (5) Nutley, NJ 07110		County Code (7) (STATE USE ONLY)	
County (6) Essex		Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9)	
Street Address				Gr Tech LLC	
City, State, Zip Code				Street Address 576 Valley Rd #283	
Project Manager for Monitoring Firm		Telephone No.		City, State, Zip Code Wayne, NJ 07470	
Start Date (10) 01 / 03 / 18		Scheduled Completion Date (11) 01 / 04 / 18		Telephone No. 973-638-1777	
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		License No. 01127	

Street Address 20-21 Wagaraw Road, Bldg. # 35E	
City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<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		

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	90 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 12/21/17	

PAID Emergency

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:129)Via FAX
ch# 4189

Date of Notification (1) 12/18/17		Name of Building Owner/Operator (2) R&A LAND DEVELOPMENT, LLC					
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	140 MARY ALICE COURT					
		City, State, Zip Code UNION N.J. 07083					
		Name of Contact RAY EISDORFER					
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3)		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, etc.)					
City (5) ELIZABETH N.J.		Square Feet 3,000	# of Floors 1				
County (6) UNION		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) HOUSE				
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9)				
Street Address			NOVATECH INC				
City, State, Zip Code			P.O. Box 814				
Project Manager for Monitoring Firm		Telephone No.	Telephone No. 132 238x7500				
Start Date (10) 12/19/17		Scheduled Completion Date (11) 12/23/17	License No. 00806				
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor					
<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:		NOVATECH INC					
Scope of Work (Check All That Apply)		Street Address					
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		P.O. Box 814					
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code OLD BRIDGE N.J. 08857					
<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement (14)	
	Yes	No	N/A			Removal	Repair
1 ST FLOOR			X	9x9 FLOOR TILE	21500	X	
Name of Registered Waste Hauler NOVATECH INC							
City, State OLD BRIDGE N.J. 08857		NJDEP Waste Hauler ID No. 18501		Cubic Yards of Waste 5		Name of Registered Landfill G.R.O.W.S.	
Completed by CARLOS AMEIDA		Title PRESIDENT		Signature [Signature]		Date 12/18/17	

CK 6197

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

RECEIVED	Print Form
DEC 26 2017	
ASBESTOS CONTROL & LICENSING	

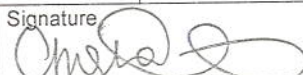
Date of Notification (1) 12/19/17		Name of Building Owner/Operator (2) CHABAD OF THE SHORE							
Agencies Notified	Type Notification	Street Address 620 OCEAN AVE							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code LONG BRANCH, NJ 07740							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Chabad of the Shore, Long Branch		Type of Facility (4)							
Street Address 620-624 Ocean 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) Long Branch		Square Feet	# of Floors 1						
County (6) Monmouth		County Code (7) (STATE USE ONLY) _____	Bldg. Age						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No.	License No. 1200						
Start Date (10) 12/20/17	Scheduled Completion Date (11) 12/26/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT							
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
INTERIOR				Tile and Mastic	2000 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 10	Name of Registered Landfill IESI					
City, State NEWARK, NJ		Disposal Date 12/26/17		City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature			Date		

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

RECEIVED	DEC 26 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12 / 20 / 17		Name of Building Owner/Operator (2) Metro Development of SJ, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 53 Covington Lane							
		City, State, Zip Code Voorhees, NJ 08053							
		Name of Contact Nick Aspras	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Future Wawa		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 912 Haddonfield Road									
City (5) Cherry Hill	Square Feet 50,000	# of Floors 1	Bldg. Age 50						
County (6) Camden	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Vacant Commercial Space							
Name of Monitoring Firm Hired by Building Owner (8) PARS Environmental, Inc.		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address 500 Horizon Drive, Suite 540		Street Address 623 Cutler Avenue							
City, State, Zip Code Robbinsville, NJ 08691		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Rafael Torres	Telephone No. 609-890-7277	Telephone No. 856-755-0099	License No. 00842						
Start Date (10) 01 / 04 / 18	Scheduled Completion Date (11) 01 / 12 / 18	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Meinke Exterior	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Roof Flashing	600 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 Jack Robinson Waste Disposal Service		NJDEP Waste Hauler ID No. 17304	Cubic Yards of Waste 40	Name of Registered Landfill GROWS North Landfill					
City, State Voorhees, NJ		Disposal Date 01/12/2018		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature 		Date 12/20/17			

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

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R E C E I V E D	
DEC 26 2017	
ASBESTOS CONTROL & REMEDIATION	
Telephone Number	

Date of Notification 12/16/17 Type Notification		Name of Building Owner / Operator (2) Anita Rose	
Agencies Notified	<input checked="" type="checkbox"/> Emergency Notification <input type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
<input checked="" type="checkbox"/> EPA		City, State & Zip Code Chester, NJ 07930	
<input checked="" type="checkbox"/> DEP		Name of Contact John Scelba	
<input checked="" type="checkbox"/> DOL			
<input checked="" type="checkbox"/> DOH			
<input checked="" type="checkbox"/> DCA			

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 2,000	# of Floors 2
City (5) Chester	County (6) Morris	County Code (7)	Bldg. Age 70+	
Current Use (Prior if being demolished) Home				
Name of Monitoring Firm Hired by Building Owner (8) Eikon Planning and Design		ASCM No.	Name of Abatement Contractor (9) Global Abatement Services, LLC	
Street Address 221 High Street			Street Address 443 Schoolhouse Road	
City, State & Zip Code Hackettstown, NJ 07840			City, State & Zip Code Monroe Township, NJ 08831	
Project Manager for Monitoring Firm John Scelba		Telephone Number 908-813-2323	Telephone Number 732-605-9062	License Number 00714
Scheduled Start Date (10) 12/17/17	Scheduled Completion Date (11) 12/18/17		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 <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Large Project <input type="checkbox"/> <input checked="" type="checkbox"/> Quantity is ≥ 3 SF or ≥ 3 LF ACM Quantity is ≥ 160 SF or ≥ 260 LF ACM			Full Containment with Negative Pressure Mini-Enclosure <input checked="" type="checkbox"/> 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	No	TSI Pipe	30 LF	Removal
Name of Registered Waste Hauler Freehold Carting		NJDEP Waste Hauler ID # 18693	Cu. Yds. of Waste 3	Name of Registered Landfill GROWS
City, State Trenton, NJ		Disposal Date 12/18/17	City, State Morrisville, Pa	
Completed By (Print or Type) Dominick Tringali	Title Manager	Signature <i>Dominick Tringali</i>		Date 12/16/17

B & G proj. #: 2017-186

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

Check # 8733

8736

Date of Notification (1) <u>11/21/2017</u>		Name of Building Owner/Operator (2) Somerset Hills Board of Education		<div style="border: 2px solid black; padding: 10px; font-size: 2em; font-weight: bold;">RECEIVED</div> <div style="margin-top: 5px;">DEC 26 2017</div> <div style="margin-top: 5px; font-size: 0.8em;">ASBESTOS CONTROL & LICENSING</div>
Agencies Notified	Type Notification	Street Address 25 Olcott 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"/> Amendment <input type="checkbox"/> Cancellation	City, State, Zip Code Bernardsville, NJ 07924		
		Name of Contact Dan McDougal		
		Telephone Number		

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Administration Building (sub chapter 8)			Type of Facility (4) <input checked="" type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)	
Street Address 25 Olcott Avenue			Square Feet	# of Floors
City (5) Bernardsville, NJ 07924			Bldg. Age	
County (6) Somerset	County Code (7) (State use only)	Current Use (Prior if being demolished) Administration Building		
Name of Monitoring Firm Hired by Bldg. Owner (8) EnviroVision		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address 20-21 Wagaraw Road, Building 35E		Street Address 105 Ryerson Road		
City, State, Zip Code Fair Lawn, NJ 07410		City, State, Zip Code Lincoln Park, NJ 07035		
Project Manager for Monitoring Firm Guillermo Morales	Phone Number 973-636-9145	Telephone Number (973)696-6869	License Number 00378	
Scheduled Start Date (10) 12/23/2017	Sched. Completion Date (11) 12/30/2017	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 LincolnPark, NJ 07035		

Scope of Work (check all that apply)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Demolition | <input checked="" type="checkbox"/> Renovation | <input type="checkbox"/> Full Containment w/negative pressure | <input checked="" type="checkbox"/> Glovebag procedure |
| <input checked="" type="checkbox"/> >3 sf or >3 lf | <input type="checkbox"/> ≥160 sf or ≥260 lf | <input checked="" 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						
Hallway			X	pipe runs & elbows	27 - 35 lf	X			
lower level girl's room			X	pipe runs & elbows	120 - 135 lf	X			

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 5	Name of Registered Landfill Tullytown Resource & Recovery Center
City, State Lincoln Park, NJ	Disposal Date 01/02/2018	City, State Tullytown, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 12/20/2017

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B & G Proj. #: 2017-188

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:80-7 and 12:120-7)
*** EMERGENCY ***

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DEC 26 2017
Check # 8733
ASBESTOS CONTROL & LICENSING
TV

Date of Notification (1)
12/15/17

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

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)
Somerset Hills Board of Education

Street Address
25 Olcott Avenue

City, State, Zip Code
Bernardsville, NJ 07924

Name of Contact
Dan McDougal

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)
Administration Building (sub chapter B)

Street Address
25 Olcott Avenue

City (6)
Bernardsville, NJ 07924

County (5)
Somerset

County Code (7)
(State use only)

Type of Facility (4)
☒ School (K - 12)
☐ Subchapter B (Other than K-12)
☐ Other (Private/Commercial Bldgs./Homes, etc.)

Square Feet
of Floors
Bldg. Age

Current Use (Prior to being demolished)
Administration Building

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

ASCM No.

Name of Abatement Contractor (9)
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Telephone Number
(973)896-6889

License Number
00378

Name of OSHA Monitor
B & G Restoration, Inc.

Street Address
105 Ryerson Road

City, State, Zip Code
Lincoln Park, NJ 07035

Project Manager for Monitoring Firm
Guillermo Morales

Phone Number
973-636-9145

Scheduled Start Date (10)
12/22/2017

Sched. Completion Date (11)
12/30/2017

Occupancy Status During Abatement (Check only one)
☒ Facility closed/vacated during entire period of abatement.
☐ Abatement performed outside of normal facility hours.
☐ Other-Describe:

Scope of Work (check all that apply)

☐ Demolition
☒ Renovation
☐ Full Containment w/negative pressure
☒ Mini-enclosure
☐ Glovebag procedure
☐ Non-triable procedure

☒ >2 sf or >2 lf
☐ ≥160 sf or ≥280 lf

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 s u l e	E n c l o s e
	Yes	No	N/A						
Hallway			X	pipe runs & elbows	27 - 35 lf	X			
lower level girls room			X	pipe runs & elbows	120 - 135 lf	X			

Registered Waste Hauler
B & G Restoration, Inc.

NJDEP Hauler ID#
19563

Cubic Yards of Waste
5

Name of Registered Landfill
Tullytown Resource & Recovery Center

City, State
Lincoln Park, NJ

Disposal Date
01/02/2018

City, State
Tullytown, PA

Completed by (Print or Type)
Gordana Lina

Title
Secretary/Treasurer

Signature
Gordana Lina

Date
12/15/2017

B & G proj. #: 2017-186

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

Check # 8733

Date of Notification (1)

11/21/15/11/17

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

Somerset Hills Board of Education

Street Address

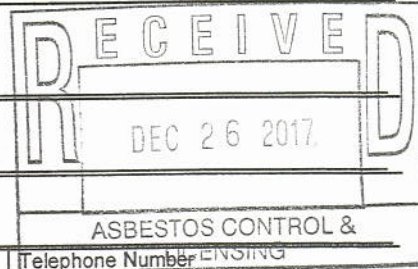
25 Olcott Avenue

City, State, Zip Code

Bernardsville, NJ 07924

Name of Contact

Dan McDougal



FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Administration Building (sub chapter 8)

Street Address

25 Olcott Avenue

City (5)

Bernardsville, NJ 07924

County (6)

Somerset

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

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Administration Building

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

EnviroVision

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

20-21 Wagaraw Road, Building 35E

City, State, Zip Code

Fair Lawn, NJ 07410

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Guillermo Morales

Phone Number

973-636-9145

Telephone Number

(973)696-6869

License Number

00378

Scheduled Start Date (10)

12/22/2017

Sched. Completion Date (11)

12/30/2017

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☐ Full Containment w/negative pressure☒ Glovebag procedure☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☒ Mini-enclosure☐ 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						
Hallway			<input checked="" type="checkbox"/>	pipe runs & elbows	27 - 35 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
lower level girl's room			<input checked="" type="checkbox"/>	pipe runs & elbows	120 - 135 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"/>

Registered Waste Hauler

B & G Restoration, Inc.

NJDEP Hauler ID#

19563

Cubic Yards of Waste

5

Name of Registered Landfill

Tullytown Resource & Recovery Center

City, State

Lincoln Park, NJ

Disposal Date

01/02/2018

City, State

Tullytown, PA

Completed by (Print or Type)

Gordana Luna

Title

Secretary/Treasurer

Signature

Gordana Luna

Date

12/15/2017

B & G proj. #: 2017-186

State of NJ
Notification of Asbestos Abatement
(Pursuant to NJAC 8:26-7 and 12:120-7)
*** EMERGENCY ***

Check # 8733

ASBESTOS CONTROL &
LICENSING

Date of Notification (1)

11/21/15/11/17

Name of Building Owner/Operator (2)

Somerset Hills Board of Education

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOM
☐ DCA

Type Notification

☒ Initial
☐ Amendment
☐ Cancellation

Street Address

25 Olcott Avenue

City, State, Zip Code

Bernardsville, NJ 07924

Name of Contact

Dan McDougal

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Administration Building (sub chapter 8)

Street Address

25 Olcott Avenue

City (5)

Bernardsville, NJ 07924

County (5)

Somerset

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

of Floors

Bldg. Age

Current Use (Prior if being demolished)

Administration Building

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

EnviroVision

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

20-21 Wagaraw Road, Building 35E

Street Address

105 Ryerson Road

City, State, Zip Code

Fair Lawn, NJ 07410

City, State, Zip Code

Lincoln Park, NJ 07035

Project Manager for Monitoring Firm

Guillermo Morales

Phone Number

973-636-9145

Telephone Number

(973)896-6869

License Number

00378

Scheduled Start Date (10)

12/22/2017

Sched. Completion Date (11)

12/30/2017

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

☐ Demolition
☒ Renovation
☐ Full Containment w/negative pressure
☒ Glovebag procedure
☒ >2 sf or >2 lf
☐ ≥100 sf or ≥280 lf
☒ Mini-enclosure
☐ Non-habitable procedure

Location of asbestos-containing material 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	R	E	E
m	e	n	n
c	p	c	c
v	i	p	p

Hallway

lower level girl's room

pipe runs & elbows

pipe runs & elbows

27 - 35 lf

120 - 135 lf

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
5Name of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJDisposal Date
01/02/2018City, State
Tullytown, PACompleted by (Print or Type)
Gordana I. ImaTitle
Secretary/Treasurer

Signature

Gordana Ima

Date
12/15/2017

B & G proj. #: 2017-188

PAID

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

Check # 8734

Date of Notification (1)

11/21/12 10/11/17

Agencies Notified

☐ EPA☐ DEP☒ DOL☒ DOH☐ DCA

Type Notification

☒ Initial☐ Amendment☐ Cancellation

Name of Building Owner/Operator (2)

Jersey City Charter School

Street Address

2495 Kennedy Boulevard

City, State, Zip Code

Jersey City, NJ 07305

Name of Contact

Colin Hogan

RECEIVED	
DEC 26 2017	
ASBESTOS CONTROL & RESTORATION	
Telephone Number	

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Jersey City Charter School (NON Sub 8)

Street Address

2495 Kennedy Boulevard

City (5)

Jersey City, NJ 07305

County (6)

Hudson

County Code (7)

(State use only)

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

N/A

ASCM No.

Street Address

City, State, Zip Code

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

12/21/2017

Sched. Completion Date (11)

12/22/2017

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: _____

Scope of Work (check all that apply)

☐ Demolition☒ Renovation☒ >3 sf or >3 lf☐ ≥160 sf or ≥260 lf☐ Full Containment w/negative pressure☒ Glovebag procedure☒ Mini-enclosure☐ 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						
Auditorium above ceiling			<input checked="" type="checkbox"/>	pipe insulation	6 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
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1Name of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJDisposal Date
12/22/2017City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date
12/20/2017

PAID

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

B & G Proj. #: 2017-188

*** EMERGENCY ***

Check # 8734

ASBESTOS CONTROL & LICENSING

Date of Notification (1)
11/21/2017/11/17

Agencies Notified

☐ EPA
☐ DEP
☒ DOL
☒ DOH
☐ DCA

Type Notification
☒ Initial
☐ Amendment
☐ Cancellation

Name of Building Owner/Operator (2)

Jersey City Charter School

Street Address

2495 Kennedy Boulevard

City, State, Zip Code

Jersey City, NJ 07305

Name of Contact

Colin Hogan

Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3)

Jersey City Charter School (NON Sub B)

Street Address

2495 Kennedy Boulevard

City (5)

Jersey City, NJ 07305

County (6)

Hudson

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

of Floors

Bldg. Age

Current Use (Prior to being demolished)
school (non sub B)

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

N/A

ASCM No.

Name of Abatement Contractor (9)

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Telephone Number

(973)898-6869

License Number

00378

Project Manager for Monitoring Firm

Phone Number

Scheduled Start Date (10)

12/21/2017

Sched. Completion Date (11)

12/22/2017

Occupancy Status During Abatement (Check only one)

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

Name of OSHA Monitor

B & G Restoration, Inc.

Street Address

105 Ryerson Road

City, State, Zip Code

Lincoln Park, NJ 07035

Scope of Work (check all that apply)

- ☐ Demolition
☒ Renovation
☒ >3 sf or >3 ft
☐ >160 sf or >280 ft

- ☐ Full Containment w/negative pressure
☒ Glovebag procedure
☒ Mini-enclosure
☐ Non-triable 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	U n c l
	Yes	No	N/A						
Auditorium above ceiling			X	pipe insulation	6 lf	X			

Registered Waste Hauler
B & G Restoration, Inc.NJDEP Hauler ID#
19563Cubic Yards of Waste
1Name of Registered Landfill
Tullytown Resource & Recovery CenterCity, State
Lincoln Park, NJDisposal Date
12/22/2017City, State
Tullytown, PACompleted by (Print or Type)
Gordana LunaTitle
Secretary/Treasurer

Signature

Gordana Luna

Date
12/20/2017

12/18/2017 09:39

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AMAC

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PAGE 02/03	
DEC 18 2017	
CH # 1030	
ASBESTOS CONTROL & LICENSING	
WAVES APPROVED	

CL1030

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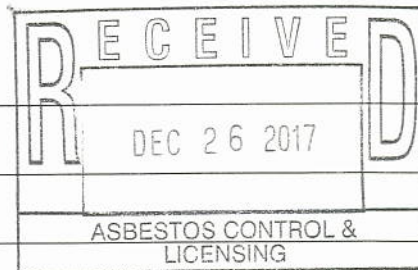
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:129)

Date of Notification (1) 12/18/17		Name of Building Owner/Operator (2) SCOTT KEARNS							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Street Address [REDACTED]							
Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code SPRING, TEXAS 77386							
		Name of Contact SCOTT KEARNS							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Squares Feet 1850							
City (5) HAWTHORNE		# of Floors 2							
County (6) PASSAIC		Bldg. Age 1.50							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) A. MAC Contracting Inc.							
City, State, Zip Code		Street Address 185 Vreeland Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Midland Park, NJ 07432							
Telephone No.		Telephone No. 201-262-5841							
Start Date (10) 12/18/17		License No. 00158							
Scheduled Completion Date (11) 12/22/17		Name of OSHA Monitor Omega Environmental Services Inc							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:		Street Address 280 Huyler Street							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or >23 sf >180 sf or >2250 sf <input type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Glovebag Procedure Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code Hackensack, NJ 07606							
Location of Asbestos Containing Material (ACM) TO BE ABATED In Facility (13) BOILER ROOM	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) 30 LF	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulation	Enclosure
			✓	PIPE INSULATION	30 LF	✓			
Name of Registered Waste Hauler Newark Carting Inc.		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 2		Name of Registered Landfill Grand Central Sanitary Landfill			
City, State Newark, NJ 07106		Disposal Date 12/18/17		City, State Penn Argy, PA 08702					
Completed by Joseph Vocatura		Title Vice President		Signature J. Vocatura		Date 12/18/17			

Ch 3107

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



Date of Notification (1) 12/15/17		Check # 3107		Name of Building Owner/Operator (2) Our Lady of Visitation Church School	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		234 N Fairview Avenue	
				City, State, Zip Code Paramus, NJ 07652	
				Name of Contact Rev Eugene Field	
				Telephone Number _____	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) Visitation Academy				Type of Facility (4)	
Street Address 222 N Fairview Ave				<input checked="" 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.)	
City (5) Paramus				Square Feet 40,000	# of Floors 2
				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) Omega Environmental Services		ASCM No. _____		Name of Abatement Contractor (9) EA Services Corporation	
Street Address 280 Hyuler Street				Street Address 426 69th Street	
City, State, Zip Code South Hackensack				City, State, Zip Code Gutenberg, NJ 07093	
Project Manager for Monitoring Firm Alex Palets		Telephone No. _____		Telephone No. 201-295-1700	License No. 01074
Start Date (10) 12/27/17		Scheduled Completion Date (11) 12/30/17		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: <u>Starting at 8 AM</u>				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)
	Yes	No	N/A		
Room 109		x		Plaster ceiling	60 SF
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste tbd	Name of Registered Landfill Minerva Enterprises
City, State Bronx, NY				Disposal Date tbd	City, State Waynesburg OH
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>	Date 12/15/17

CK 6157

PAID

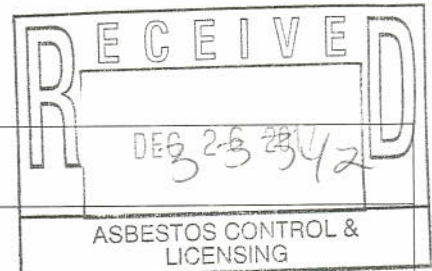
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:60 and 12:120)

Print Form
DEC 26 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/18/17		Name of Building Owner/Operator (2) ARM Construction							
Agencies Notified	Type Notification	Street Address 711 Park 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 Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Lakewood, NJ 08701							
		Name of Contact	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 247 Ramtown-Greenville Rd, 2 Warehouses		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 247 Ramtown-Greenville Rd		Square Feet 40000	# of Floors Bldg. Age						
City (5) Howell		Current Use (Prior if being demolished) warehouse							
County (6) Monmouth	County Code (7) (STATE USE ONLY) _____								
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS						
Street Address		Street Address 6 WHITE DOVE COURT							
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701							
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200						
Start Date (10) 12/21/17	Scheduled Completion Date (11) 12/28/17	Name of OSHA Monitor AAA LEAD PROFESSIONALS							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: _____		Street Address 6 WHITE DOVE COURT							
		City, State, Zip Code LAKEWOOD, NJ 08701							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				(full demo)Roofing	40,000 SF	x			
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 120	Name of Registered Landfill IESI					
City, State NEWARK, NJ			Disposal Date 12/28/17	City, State BETHLEHEM PA					
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature			Date			

CH 333412

PAID
State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to N.J.A.C. 8:60 and 5:16)



Date of Notification (1) <div style="text-align: center;">12 / 20 / 17</div>		Name of Building Owner/Operator (2) Lertch Wrecking & Disposal	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address P O Box 1362	
		City, State, Zip Code Wall, NJ 07719	
		Name of Contact Doug	

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) Wall	Square Feet 1800	# of Floors 1	Bldg. Age 65
County (6) Monmouth	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		Name of Abatement Contractor (9) Guardian Contracting, Inc.	
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola		Telephone No. 732-349-9932	License No. 00624
Start Date (10) 01 / 03 / 18	Scheduled Completion Date (11) 01 / 05 / 18	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM - _____ PM / _____ PM - _____ AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input 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 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	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos pipe insulation	90 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.		NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 5	Name of Registered Landfill T.R.R.F.	
City, State Toms River, New Jersey		Disposal Date 01/05/18	City, State Tullytown, Pennsylvania		
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 12/20/17		

CKL4923

PAID

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

RECEIVED
DEC 26 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/11/17		Name of Building Owner/Operator (2) Dolph							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address PO Box 69 City, State, Zip Code Swell NJ 08080 Name of Contact Gary							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Resident		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet							
City (5) Atlantic City		# of Floors							
County (6) Atlantic		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) Ami Joe Abatement Demolition LLC							
City, State, Zip Code		Street Address 1212 Burlington Ave							
Project Manager for Monitoring Firm		City, State, Zip Code Delanco NJ 08055							
Telephone No.		Telephone No. 609-346-0916							
Start Date (10) 12/21/17		License No. C1070							
Scheduled Completion Date (11) 1/21/18		Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <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 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
Throughout house				Plaster	10,000 SF				
2nd & 3rd Floor				Floor tile	700 SF				
Name of Registered Waste Hauler Ami Joe LLC		NJDEP Waste Hauler ID No. 20647		Cubic Yards of Waste		Name of Registered Landfill WM of PA			
City, State Delanco NJ		Disposal Date TBD		City, State Tullytown Pa					
Completed by Joseph T Hall		Title V. President		Signature [Signature]		Date 12/11/17			

check # 3068

PAID

State of New Jersey - Notification of Asbestos Abatement

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

GAC Project # 060-

Date of Notification (1) December 12, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" 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	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) KATZENBACH HALL, BLDG# 8331		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: 59,170 # of Floors: 4 Bldg. Age: 80+ years	
Street Address 173 RYDERS LANE, DOUGLASS CAMPUS		Current Use (prior if being demolished): STUDENT RESIDENCE HALL	
City (5) NEW BRUNSWICK	County (6) MIDDLESEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN KEARNY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 12/22/17	Scheduled Completion Date (11) 12/30/17	Name of OSHA Monitor 1 ENVIROVISION, 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: Schedule: 5PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)		Street Address 20-21 WARGARAW ROAD	
		City, State, Zip Code FAIRLAWN, NJ	
Scope of Work (Check all that apply)			
<input type="checkbox"/> < 3 sf or < 3 lf <input checked="" type="checkbox"/> ≥ 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 / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) B-30	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA <input checked="" type="checkbox"/>	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.) VAT	Amount (Specify SF or LF) 1500 SF
Abatement Type Remove Repair Encap Enclose <input checked="" type="checkbox"/>			
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY
Name of Registered Landfill G.R.O.W.S. North Landfill			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 12/30/2017	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 12, 2017

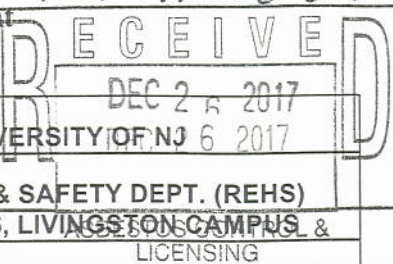
Copies To: Rutgers, REHS, Attn: Mike Smith and ATC, Attn: Brian Kearney

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

GAC Project # 060-17

check # 3067



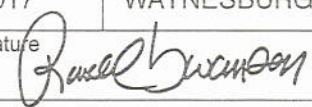
Date of Notification (1) December 11, 2017		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" 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. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS & LICENSING		City, State, Zip Code PISCATAWAY, NJ 08854	
Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY		Telephone Number	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) FACILITIES OFFICE, BLDG# 7228		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) Sq. Feet: N/A # of Floors: 2 Bldg. Age: 80+ years	
Street Address 85 UNIVERSITY AVENUE, NEWARK CAMPUS		Current Use (prior if being demolished): ACADEMIC OFFICES	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC Group Services LLC		ASCM No. 00098	
Street Address 3 TERRI LANE		Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.	
City, State, Zip Code BURLINGTON, NJ 08016		Street Address 511 MAIN STREET	
Project Manager for Monitoring Firm BRIAN R. KEARNEY		Telephone Number 609-386-8800	License Number 00840
Scheduled Start Date (10) 12/21/17		Scheduled Completion Date (11) 01/03/2018	
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: Schedule: 5PM - 5AM Daily (24 HOURS & WEEKENDS AS NEEDED) <input checked="" type="checkbox"/> Facility Occupied During Abatement		Name of OSHA Monitor ENVIROVISION, INC.	
Street Address 20-21 WARGARAW ROAD, BLDG# 35E		City, State, Zip Code FAIRLAWN, NJ 07410	
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"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
Location of Asbestos-Containing Material (ACM) in Facility (13) BASEMENT MER	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.) Boiler Gasket, Roping, Insulation, etc. (TSI)	Amount (Specify SF or LF) 20 LF
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: 5 CY
Name of Registered Landfill G.R.O.W.S. North Landfill			
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 1/3/2018	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 11, 2017

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

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

CHECK #1718

Date of Notification (1) 12/11/2017		Name of Building Owner/Operator (2) BOROUGH OF GLASSBORO		<div style="border: 2px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 26 2017 LICENSING </div>				
Agencies Notified		Type Notification				Street Address 1 SOUTH MAIN STREET		
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<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 GLASSBORO NJ 08028		
				Name of Contact FRANK COSSABONE		Telephone Number _____ & _____		
FACILITY INFORMATION								
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL				Type of Facility (4)				
Street Address [REDACTED]				<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)				
City (5) GLASSBORO				Square Feet 1500		# of Floors 2		
County (6) GLOUCESTER				County Code (7) (STATE USE ONLY) _____		Bldg. Age 60+		
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL				ASCM No. _____		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.		
Street Address 1634 SOUTH DELAWARE STREET				Street Address 570 CLEMS RUN				
City, State, Zip Code PAULSBORO NJ 08066				City, State, Zip Code MULLICA HILL NJ 08062				
Project Manager for Monitoring Firm ED KEEGAN				Telephone No. 856-423-5711		Telephone No. 610-304-4676		
						License No. 01145		
Start Date (10) 12/12/2017		Scheduled Completion Date (11) 12/14/2017		Name of OSHA Monitor EMSL				
Occupancy Status During Abatement (Check Only One)				Street Address 200 RT. 130 NORTH				
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT RESIDENTIAL PROPERTY				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 type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure				
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
OUTSIDE PERIMETER GROUND			X	TRANSITE HOUSE SIDING	10 SF	X		
FIRST FLOOR			X	SHEET FLOORING	260 SF	X		
BACK BUILDING			X	DUCT WRAP	5 SF	X		
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL			NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 10		Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ			Disposal Date 12/14/2017		City, State WAYNESBURG, OH			
Completed by RON SWANSON			Title GENERAL MANAGER		Signature 		Date 12/11/2017	

12/11/2017 12:00PM 18562248799

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ASSURED SERVICES

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:120)**CHECK #1718**

RECEIVED	PAGE 03/04
	DEC 26 2017
	ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/11/2017		Name of Building Owner/Operator (2) BOROUGH OF GLASSBORO		Street Address 1 SOUTH MAIN STREET	
City, State, Zip Code GLASSBORO NJ 08028		Name of Contact FRANK COSSABONE		Telephone Number	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		FACILITY INFORMATION	
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter B (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		Square Feet 1500	
City (5) GLASSBORO		County (6) GLOUCESTER		# of Floors 2	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL		Bldg. Age 60+	
Name of Monitoring Firm Hired by Building Owner (8) STRATEGIC ENVIRONMENTAL		ASCM No.		Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.	
Street Address 1634 SOUTH DELAWARE STREET		City, State, Zip Code PAULSBORO NJ 08068		Street Address 570 CLEMS RUN	
Project Manager for Monitoring Firm ED KEEGAN		Telephone No. 856-423-5711		City, State, Zip Code MULLICA HILL NJ 08062	
Start Date (10) 12/12/2017		Scheduled Completion Date (11) 12/14/2017		Telephone No. 610-304-4678	
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: VACANT RESIDENTIAL PROPERTY		Name of OSHA Monitor EMSL		License No. 01145	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 23 sf or 23 ft <input type="checkbox"/> ≥160 sf or ≥280 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		Street Address 200 RT. 130 NORTH	
Location of Asbestos-Containing Material (ACM) To Be Abated In Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)		City, State, Zip Code CINNAMINSON NJ 08077	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SF or LF)		Abatement Type	
OUTSIDE PERIMETER GROUND		TRANSITE HOUSE SIDING		Removal	
FIRST FLOOR		SHEET FLOORING		Repair	
BACK BUILDING		DUCT WRAP		Encapsulate	
				Enclosure	
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895		Cubic Yards of Waste 10	
City, State MULLICA HILL NJ		Disposal Date 12/14/2017		Name of Registered Landfill MINERVA LANDFILL	
Completed by RON SWANSON		Title GENERAL MANAGER		City, State WAYNESBURG, OH	
		Signature <i>Ron Swanson</i>		Date 12/11/2017	

ASB-41 (R-08-05)

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

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

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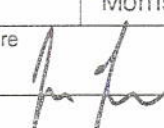
Date of Notification (1) 12/19/17		Name of Building Owner/Operator (2) MR. FRASER		<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED DEC 26 2017 DEPT. OF ENVIRONMENTAL CONTROL & AEROSOL CONTROL </div>	
Agencies Notified	Type Notification	Street Address [REDACTED]			
<input 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 CHESTER . NJ . 07930		Telephone Number MR FRASER	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR. FRASER			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]			<div style="display: flex; justify-content: space-between;"> <div>Square Feet 2200</div> <div># of Floors 2</div> <div>Bldg. Age 1955</div> </div>		
City (5) CHESTER		County (6) Forris		County Code (7) (STATE USE ONLY) _____	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Current Use (Prior if being demolished) RESIDENCE	
Street Address		Name of Abatement Contractor (9) Best Removal Inc.		Street Address 450 South River Street	
City, State, Zip Code		City, State, Zip Code Hackensack, NJ 07601		Telephone No. 201-329-7444	
Project Manager for Monitoring Firm		Telephone No.		License No. 00388	
Start Date (10) 12/29/17		Scheduled Completion Date (11) 12/30/17		Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check Only One)		Street Address 280 Huyler Street		City, State, Zip Code South Hackensack, NJ 07606	
<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 TO 5:00 PM		<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	
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) BSLF
	Yes	No	N/A		
BASEMENT/CRAWL SPACE				THERMAL SYSTEM INSULATION	X
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 2 1/2	
City, State Hackensack, NJ 07601		Disposal Date 1/2/18		Name of Registered Landfill Minerva Enterprises, LLC	
Completed by J. Maiorano		Title Estimator		City, State Waynesburg, OH 44688	
		Signature <i>[Signature]</i>		Date 12/19/17	

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

RECEIVED
DEC 26 2017
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/20/17		Name of Building Owner/Operator (2) General Services Administration							
Agencies Notified	Type Notification	Street Address 401 Market Street, PO Box 557							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Camden, NJ 08101							
		Name of Contact Tony Lopez							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) US Post Office and Court 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 401 Cooper Street		Square Feet 180,000	# of Floors 7						
City (5) Camden		Bldg. Age 85							
County (6) Camden	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Offices & Courthouse							
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services		ASCM No. n/a	Name of Abatement Contractor (9) SA2 LLC						
Street Address PO Box 365		Street Address 1800 Federal Street							
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Camden, NJ 08105							
Project Manager for Monitoring Firm Jim Proctor		Telephone No. 856-452-1311	Telephone No. 856 630 3288						
License No. 01303									
Start Date (10) 12/30/17	Scheduled Completion Date (11) 1/3/17	Name of OSHA Monitor Self 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>Occupied</u>		Street Address City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input 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
Basement			X	VAT & Mastic	220 sf	x			
Name of Registered Waste Hauler Champion Disposal		NJDEP Waste Hauler ID No. 32707	Cubic Yards of Waste 2	Name of Registered Landfill Grows Landfill					
City, State Hainsport, NJ			Disposal Date 1/4/17	City, State Morrisville, PA					
Completed by Jeff Yekenchik		Title Owner	Signature 	Date 12/20/17					