

Inv-17148  
CK10900

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

Print Form

RECEIVED  
FEB - 4 2020  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1-30-2020		Name of Building Owner/Operator (2) JASON HUNT							
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code WILDMOOD NJ Name of Contact JASON HUNT 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 & commercial buildings, homes, etc.)							
Street Address [REDACTED] City (5) WILDMOOD		Square Feet 2000	# of Floors 2 Bldg. Age N/A						
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL							
Name of Monitoring Firm Hired by Building Owner (8) ATLAS ENV.		ASCM No.	Name of Abatement Contractor (9) FRYMAR CONSTRUCTION						
Street Address PO BOX 10564		Street Address PO BOX 11587							
City, State, Zip Code PHILA PA 19116		City, State, Zip Code PHILA PA 19116							
Project Manager for Monitoring Firm BRIAN S		Telephone No. 267-784-4693	Telephone No. 267-784-4694 License No. 01276						
Start Date (10) 2-4-2020	Scheduled Completion Date (11) 2-5-2020	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 checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <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
SIDING ON HOUSE				SIDING SHINGLES	1400 SF				
Name of Registered Waste Hauler FRYMAR CONSTRUCTION		NJDEP Waste Hauler ID No. 0036759	Cubic Yards of Waste 1	Name of Registered Landfill WESTERN BERKS					
City, State PHILA PA		Disposal Date 2-5-20		City, State BIRDSBORO PA					
Completed by GFRAM DCA		Title VP		Signature [Signature]		Date 1-30-2020			

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

**RECEIVED**  
 FEB - 4 2020  
 ASBESTOS CONTROL & LICENSING

CK 6401 INV 17810

Date of Notification (1) 01/30/2020		Name of Building Owner/Operator (2) Otelia Fletcher	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED] City, State, Zip Code Bridgeton, NJ 08302	
		Name of Contact Sharon Fletcher	Telephone Number

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Fletcher Residence		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Bridgeton	Square Feet 1,344	# of Floors 2	Bldg. Age 80
County (6) Cumberland	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		Name of Abatement Contractor (9) Shade Environmental, LLC	
Street Address PO Box 341		Street Address 623 Cutler Avenue	
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052	
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	License No. 00842
Start Date (10) 02/10/2020	Scheduled Completion Date (11) 02/12/2020	Name of OSHA Monitor EMSL Analytical, Inc.	
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: _____		200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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	120 LF	X			

Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill	
City, State Freehold, NJ			Disposal Date 02/12/2020	City, State Morrisville, PA	
Completed by Christina Fay		Title VP of Operations	Signature <i>Christina Fay</i>	Date 01/30/2020	



Inv 17809  
Ch 1182

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 2:120)

R	RECEIVED	D
	FEB - 4 2020	

Date of Notification (1) <u>1/28/2020</u>		Name of Building Owner/Operator (2) <u>Mr. Brad Stadler--King Avenue Properties, LLC</u>	
Agencies Notified	Type Notification	Street Address <u>708 King Avenue</u>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<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 <u>Cherry Hill, NJ 08022</u>	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Name of Contact <u>Bill Hargrove</u>	Telephone Number <u>856-701-4927</u>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <u>Tru Fitness</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 8 commercial buildings, homes, etc.)	
Street Address <u>708 King Avenue</u>		Square Feet <u>20,000 sf</u>	
City (s) <u>Cherry Hill, NJ 08022</u>		# of Floors <u>1</u>	Bldg. Age <u>22 yrs</u>
County (6) <u>Camden</u>	County Code(7) (STATE USE ONLY)	Current Use (Prior if being demolished) <u>Unoccupied</u>	
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.	License No.
Start Date (10) <u>2/6/2020</u>		Scheduled Completion Date (11) <u>3/6/2020</u>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Name of OSHA Monitor <u>AEi2, LLC</u>	
		Street Address <u>361 E. Fleming Pike</u>	
		City, State, Zip Code <u>Hammonton, NJ 08037</u>	

Scope of Work (Check all that apply)

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

☒ Renovation  
☐ Demolition

☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ Glovebag Procedure SEE ATTACHMENT  
☒ 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	Encapsulation	Partial Enclosure	Full Enclosure
Main Floor			X	Tile & Mastic	8,200SF	X				
Roof			X	Silver Paint	16,755SF	X				
Boiler			X	Rope	50LF	X				

Name of Registered Waste Hauler <u>AEi2, LLC</u>	NJDEP Waste Hauler ID No. <u>21376</u>	Cubic Yards of Waste <u>50 yds</u>	Name of Registered Landfill <u>TBD</u>
City, State <u>Hammonton, NJ</u>	Disposal Date <u>TBD</u>	City, State <u>TBD</u>	
Completed By <u>Wm. Minnick</u>	Title <u>Program Mgr.</u>	Signature <u>[Signature]</u>	Date <u>1/28/2020</u>



Jan 28 2020 04:47PM NJ Asbestos Control 609.633.0664

page 1

01/28/2020 05:07PM 2013297440

BEST REMOVAL INC

CK 9130

PAGE 02/84

Inv 17659

**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 12:122)

Date of Notification (1) <b>1/28/20</b>		Name of Building Owner/Operator (2) <b>M. CHAK ARLEIN</b>					
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> NJDCOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment 3 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]					
		City, State, Zip Code <b>SUMMIT, NJ, 07901</b>					
		Name of Contact <b>MR. ROB KUEER</b>					
Telephone Number [REDACTED]							
FACILITY INFORMATION							
Name of Facility Where Abatement is Taking Place (3) <b>MR. MICHAEL ARLEIN</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Synagogue & (Other than K-12) <input type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)					
Street Address [REDACTED]		Square Feet <b>5850</b>					
City (5) <b>SUMMIT</b>		# of Floors <b>3</b>					
County (6) <b>UNION</b>		Bldg. Age <b>1900</b>					
County Code (7) (STATE USE ONLY)		Current Use (Prior to being demolished) <b>RESIDENCE</b>					
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)					
Street Address [REDACTED]		Best Removal Inc					
City, State, Zip Code [REDACTED]		Street Address <b>450 South River St</b>					
Project Manager for Monitoring Firm		City, State, Zip Code <b>Hackensack, N.J. 07601</b>					
Telephone No. [REDACTED]		Telephone No. <b>201-329-7444</b>					
Start Date (10) <b>1/30/20</b>		License No. <b>00388</b>					
Scheduled Completion Date (11) <b>2/13/20</b>		Name of OSHA Monitor <b>Omega Environmental</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <b>7 AM TO 5 PM</b>		Street Address <b>280 Huyler St</b>					
Scope of Work (Check all that apply) <input type="checkbox"/> 2, 3 or 4 2 3 4 <input checked="" type="checkbox"/> 2 180 sf or less 280 sf		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>					
<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"/> Circulating Procedures <input type="checkbox"/> Non-Encapsulated (*) and Non-Pipeable Procedures					
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (12)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				Removal	Repair	Encapsulation	Enclosure
<b>CEMENT</b>		<b>PLASTER</b>	<b>1600 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler <b>Best Removal Inc</b>	NJDEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>25 CY</b>	Name of Registered Landfill <b>CUMBERLAND COUNTY LANDFILL</b>				
City, State <b>Hackensack, N.J. 07601</b>	Disposal Date <b>2/13/20</b>	City, State <b>NEW BURG, PA. 17240</b>					
Completed by <b>J. MAIORANO</b>	Title <b>Estimator</b>	Signature <b>J. MAIORANO</b>	Date <b>1/28/20</b>				

APP-01

\* Do not use this form for asbestos abatement emergency activities



CK 3307

State of New Jersey  
**PAID**  
 NOTIFICATION OF ASBESTOS ABATEMENT  
 (Pursuant to NJAC 8:60 and 17:20)

**RECEIVED**  
 FEB - 4 2020  
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 1/31/2020 <b>Inv 17807</b>		Name of Building Owner/Operator (2) Somerset Properties	
Agencies Notified	Type Notification	Street Address 101 Crawfords Corner Rd	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Holmdel, NJ 07733	
		Name of Contact Peter Tisdale	Telephone Number 908-670-1778

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Former Dannex Test Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 1 Passaic Ave		Square Feet 65,000	# of Floors 2
City (5) Wood Ridge		Bldg. Age 70+	
County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Abandoned	
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9) Yannuzzi Environmental Services, Inc.	
Street Address		Street Address 135 Kinnelon Rd. Suite 102	
City, State, Zip Code		City, State, Zip Code Kinnelon, NJ 07405	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 908-218-0880	License No. 01228
Start Date (10) 1/31/2020	Scheduled Completion Date (11) 2/28/2020	Name of OSHA Monitor Yannuzzi Environmental Services, 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 135 Kinnelon Rd. Suite 102	
		City, State, Zip Code Kinnelon, NJ 07405	

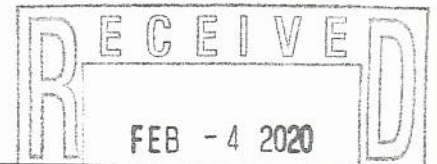
Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <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
Areas 46, 50, & 52			x	see attached list of addtl. material	999 lf	x			
					4690 sf	x			

Name of Registered Waste Hauler Yannuzzi Group, Inc.		NJDEP Waste Hauler ID No. 17467	Cubic Yards of Waste 600 CY	Name of Registered Landfill Blythe Landfill GROWS/Fairless	
City, State Kinnelon, NJ 07405		Disposal Date	City, State St. Clair, PA		Morrisville, PA
Completed by John Mucha	Title AHERA Project Designer	Signature	Date		1/31/2020





					assumed ACM		
-	-	Exterior Roof Panels	Testing Cell Facility	No	Could not break for sampling and must be assumed ACM	ASBESTOS CONTROL & DAMAGED	Approx. 2,880 SF

\*Current Value Reflects Value determined by the Client.

+ 1,730

### Executive Summary

On 12/17/2019, Mike Mosier of LEW Corporation returned on site as requested by the client to review previous findings and to observe and inspect other potential areas that had not been previously observed on site or mentioned by the client. These inaccessible areas were in various areas that were previously not seen due to obstruction, lack of visibility, unsafe area or locked by master lock. Both Mike Mosier, Abe Zucker and Marvin Aguilar of Yannuzi walked throughout the warehouse to confirm all areas of ACM, and confirm new areas that were not previously found. The information provided contains newly sampled material and assumed material. (Warehouse 2<sup>nd</sup> Floor Transformer Cables could not be sampled due to the risk of potential high voltage. Cable wrap will be assumed ACM unless thoroughly sampled in the future prior to removal.)

**Table 1: Asbestos Containing Materials 12/17/2019**

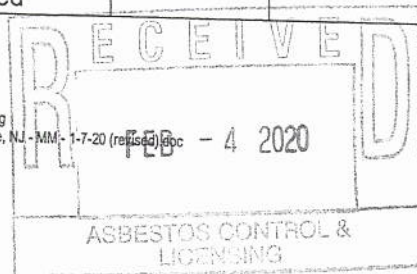
Dannex Buildings / 1 Passaic Avenue, Wood-Ridge, NJ.

HA#	Sample #	Material	Location(s)	Friable	Asbestos Content	Condition	Approximate Quantities
1	TC-1	Pipe Insulation	Testing Cell Building Control Room 1	Yes	40% Chrysotile	Sig. Damaged	12 LF
2	TC-4	Pipe Insulation Elbow	Testing Cell Building Control Room 1	Yes	30% Amosite 15% Chrysotile 3% Crocidolite	Sig. Damaged	3 Elbows
3	TC-7	Pipe Insulation	Testing Cell Building Exterior	Yes	65% Chrysotile	Sig. Damaged	30 LF
5	TC-14	Control Table	Testing Cell Building Control Room 1	No	10.7% Chrysotile	Sig. Damaged	24 SF
2	1-2	Black 9x9 Floor Tile	Warehouse 2 <sup>nd</sup> Floor Transformer Room	No	6.6% Chrysotile	Sig. Damaged	891 SF
2	1-3	Black 9x9 Floor Tile Mastic	Warehouse 2 <sup>nd</sup> Floor Transformer Room	Yes	1.1% Chrysotile	Sig. Damaged	
3	1-5	Transformer Transite Board	Warehouse 2 <sup>nd</sup> Floor Transformer Room	No	15% Chrysotile	Intact	68 Transformers



TABLE 1 ACM Materials 12/17/19

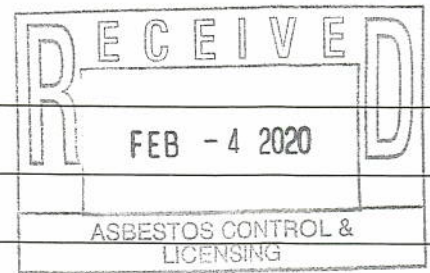
-	-	Transite Board	Building 50 Boiler Room	No	Assumed ACM	Damaged	72 SF
-	-	Transformer Cable Wrap	Warehouse 2 <sup>nd</sup> Floor Transformer Room	No	Assumed ACM, could not access due to high voltage.	Damaged	826 LF
-	-	Transformer Transite Board	Warehouse 1 <sup>st</sup> Floor Transformer Room	No	Assumed ACM	Damaged	8 Transformers
-	-	Vertical Transite Pipe	Warehouse Building 52, 50, and 46	No	Assumed ACM	Intact	120 LF
-	-	Duct Cloth Dampers	Warehouse Building 50	No	Assumed ACM	Damaged	11 SF
-	-	Transite Board	Testing Cell Entry Building	No	Assumed ACM	Damaged	800 SF
-	-	Transite Board Panels	Testing Cell Control Room 3 Control Room 4 Control Room 5 Control Room 6 Control Room 8	No	Assumed ACM (Loose Panels)	Damaged	8 Panels 15 SF Each
-	-	Transite Box	Testing Cell All Control Rooms	No	Assumed ACM	Damaged	8 Boxes 24 SF Each
-	-	Electrical Panel Transite Board	Testing Cell Control Room 8	No	Assumed ACM	Damaged	5 Panels 8 SF Each
-	-	Staircase Framework	Building 46 Staircases (x2)	No	Assumed ACM	Damaged	135 SF total for both Staircases
-	-	Pipe Insulation	Building 46 Offices and Warehouse	No	Previously sampled and confirmed positive. More quantities observed and added	Damaged	800 LF
-	-	Pipe Insulation Elbow	Building 46 Offices and Warehouse	No	Previously sampled and confirmed positive. More quantities observed and added	Damaged	4 Elbows





CK 2550

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



Date of Notification (1) 1/31/20 <b>Inv 17740</b>		Name of Building Owner/Operator (2) Susan Coleman							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Teaneck, NJ 07666							
		Name of Contact Susan Coleman	Telephone Number -						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential Home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2200	# of Floors 2						
City (5) Teaneck		Bldg. Age 65 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.							
Street Address		Name of Abatement Contractor (9) All Stages Abatement							
City, State, Zip Code		Street Address 280 N. Midland Ave.							
Project Manager for Monitoring Firm		City, State, Zip Code Saddle Brook, NJ 07663							
Telephone No.		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 2/1/20	Scheduled Completion Date (11) 2/4/20	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input 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) <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	387 SF	x			
Basement		x		Pipe Wrap	65 LF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 3 YD	Name of Registered Landfill Grand Central Sanitary Landfill					
City, State Saddle Brook, NJ			Disposal Date TBD	City, State Pen Argyl, PA					
Completed by Richard Cristofol		Title President	Signature 			Date 1/31/20			



CK 2024  
CK 2000

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

Print Form  
**RECEIVED**  
JAN 28 2020  
**RECEIVED**  
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01/23/2020		Inv 17806		Name of Building Owner/Operator (2) Princeton University					
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 E.A. MacMillan Building City, State, Zip Code Princeton, NJ 08544 Name of Contact Mr. Bob Ortega					
FACILITY INFORMATION				Telephone Number 609-258-1841					
Name of Facility Where Abatement is Taking Place (3) NOAA/GFDL				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)					
Street Address 201 Forrestal Road				Square Feet 200,000					
City (5) Princeton				# of Floors 3					
County (6) Mercer				Bldg. Age 50					
County Code (7) (STATE USE ONLY)				Current Use (Prior if being demolished) Offices					
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No. 00003		Name of Abatement Contractor (9) United Safety LLC					
Street Address 1253 North Church Street		Street Address 22 Troy Lane		City, State, Zip Code Lincoln Park, NJ 07035					
City, State, Zip Code Moorestown, NJ 08057		Telephone No. 856-840-8800		License No. 01317					
Project Manager for Monitoring Firm Michael R Kheen		Telephone No. 973-276-0099		Name of OSHA Monitor United Safety LLC					
Start Date (10) 02/05/2020		Scheduled Completion Date (11) 02/28/2020		Street Address 22 Troy Lane					
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: 7:00am - 3:30pm (Monday - Friday)				City, State, Zip Code Lincoln Park, NJ 07035					
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
1st FL Rms. 129A - 135, 147D, 147E		X		Drywall	5,700 SF	X			
148, East and North Corridor		X		Spray-on Fireproofing	100 SF	X			
Name of Registered Waste Hauler Service Transport Group/United Safety LLC		NJDEP Waste Hauler ID No. SW2117/00368		Cubic Yards of Waste TBD		Name of Registered Landfill Fairless Landfill			
City, State Yardley, PA/Lincoln Park, NJ				Disposal Date TBD		City, State Morrisville, PA			
Completed by Vanco Petkov		Title Project Manager		Signature <i>Vanco Petkov</i>		Date 01/23/20			



28.01.2020 10:24 AM

**PAID**

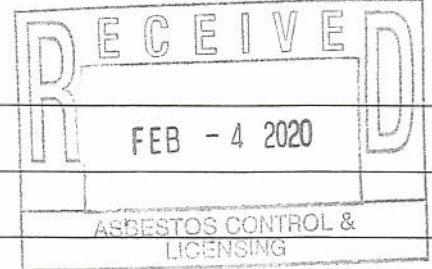
<b>RECEIVED</b>	
DOL - 10 DAY	
PAGE 2/3	
FEB - 4 2020	
Check 1000000 & 335	
ASBESTOS CONTROL & LICENSING	

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:26 and 17:26)

Date of Notification (1) <b>1/28/20</b>		Name of Building Owner/Operator (2) <b>AFFILIATED MANAGEMENT</b>	
Agencies Notified	Type Notification	Street Address	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	<b>301 S. LIVINGSTON AVE. SUITE 201</b>	
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		City, State, Zip Code <b>LIVINGSTON N.J. 07039</b>	
		Name of Contact <b>RICH SHATWELL</b>	Telephone Number <b>973-335-2600</b>
<b>FACILITY INFORMATION</b>			
Name of Facility Where Abatement is Taking Place (3) <b>MILFORD ESTATES</b>		Type of Facility (4)	
Street Address <b>OFFICE</b> <b>364 FALLER DRIVE / 244 FALLER DRIVE</b>		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) <b>NEW MILFORD</b>		Square Feet <b>12,000</b>	# of Floors <b>2</b>
County (6) <b>BERGEN</b>		County Code (7) (STATE USE ONLY)	Building Age <b>6 Y</b>
Name of Monitoring Firm Hired by Building Owner (8)		ACSM No.	Name of Abatement Contractor (9)
Street Address			<b>A. Mac Contracting Inc.</b>
City, State, Zip Code			Street Address <b>185 Vreeland Ave.</b>
Project Manager for Monitoring Firm		Telephone No.	City, State, Zip Code <b>Midland Park, NJ 07432</b>
		Telephone No. <b>201-282-5841</b>	License No. <b>00168</b>
Start Date (10) <b>1/28/20</b>	Scheduled Completion Date (11) <b>2/7/20</b>	Name of OSHA Monitor <b>Omega Environmental Services Inc.</b>	
Occupancy Status During Abatement (Check Only One)		Street Address <b>280 Huyler Street</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement		City, State, Zip Code <b>Hackensack, NJ 07606</b>	
<input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours			
<input type="checkbox"/> Other - Describe:			
Scope of Work (Check All That Apply)			
<input checked="" type="checkbox"/> 150 sq ft or less <input type="checkbox"/> 1500 sq ft or 3280 sq ft		<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 ("C") and Non-Flexible Procedure			
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	Description of Asbestos-Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)
	Yes No N/A		
<b>MATER ROOMS# 244</b>		<b>PIPE</b>	<b>160 LF</b>
Name of Registered Waste Hauler <b>Newark Carting Inc.</b>	NJDEP Waste Hauler ID No. <b>04808</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>
City, State <b>Newark, NJ 07105</b>		Disposal Date <b>1/28/20</b>	City, State <b>Pen Argyl, PA 08072</b>
Completed by <b>R. McDonald</b>	Title <b>President</b>	Signature <b>R. McDonald</b>	Date <b>1/28/20</b>



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

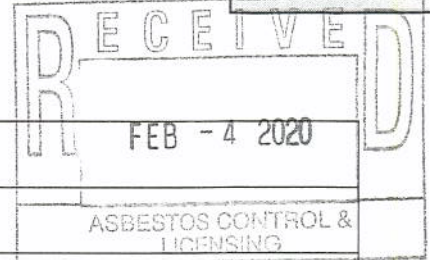


MO 2642442544

Inv 17797

Date of Notification (1) 01/30/2020		Name of Building Owner/Operator (2) Emily Quillen							
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 [REDACTED]		City, State, Zip Code South Kingston, RI 02879							
Name of Contact Mark Slade		Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) House		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet N/A							
City (5) Maplewood		# of Floors N/A							
County (6) Essex		Bldg. Age N/A							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) House							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.							
Street Address		Name of Abatement Contractor (9) D&S Abatement, Inc.							
City, State, Zip Code		Street Address 11 Rosengren Avenue							
Project Manager for Monitoring Firm		City, State, Zip Code Totowa, NJ 07512							
Telephone No.		Telephone No. 9733458685							
Start Date (10) 02/10/2020		License No. 01311							
Scheduled Completion Date (11) 02/11/2020		Name of OSHA Monitor D&S Abatement, Inc.							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: occupied		Street Address 11 Rosengren Avenue							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Totowa, NJ 07512							
<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			
Name of Registered Waste Hauler Atlantic Carting		NJDEP Waste Hauler ID No. 26085		Cubic Yards of Waste TBD		Name of Registered Landfill Grand Central			
City, State Wayne, NJ		Disposal Date TBD		City, State Pen Argyl, PA					
Completed by Oliver Hegedis		Title Project Manager		Signature 		Date 01/30/2020			

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



CH3864

Date of Notification (1)  
01/30/2020 Inv-17195

Name of Building Owner/Operator (2)  
Carol Goulian

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

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

Street Address  
[REDACTED]

City, State, Zip Code  
Ridgewood, NJ 07450

Name of Contact  
Carol Goulian

Telephone Number

## FACILITY INFORMATION

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

Street Address  
[REDACTED]

City (5)  
Ridgewood

County (6)  
Bergen

County Code (7)  
(STATE USE ONLY)

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

Square Feet  
N/A

# of Floors  
N/A

Bldg. Age  
N/A

Current Use (Prior if being demolished)  
House

Name of Monitoring Firm Hired by Building Owner (8)  
N/A

ASCM No.

Name of Abatement Contractor (9)  
D&S Abatement, Inc.

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

Project Manager for Monitoring Firm

Telephone No.

Telephone No.  
9733458685

License No.  
01311

Start Date (10)  
02/11/2020

Scheduled Completion Date (11)  
02/12/2020

Name of OSHA Monitor  
D&S Abatement, Inc.

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

Street Address  
11 Rosengren Avenue

City, State, Zip Code  
Totowa, NJ 07512

## Scope of Work (Check All That Apply)

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

☒ Renovation  
☐ Demolition

☒ Full Containment with Negative Pressure  
☐ Mini-Enclosure  
☐ 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
Basement		X		Duct Insulation	50 SF	X			
Basement		X		Floor Tiles	500 SF	X			
1st Fl Kitchen		X		Linoleum	90 SF	X			

Name of Registered Waste Hauler  
Atlantic Carting

NJDEP Waste Hauler ID No.  
26085

Cubic Yards of Waste  
TBD

Name of Registered Landfill  
Grand Central

City, State  
Wayne, NJ

Disposal Date  
TBD

City, State  
Pen Argyl, PA

Completed by  
Oliver Hegedis

Title  
Project Manager

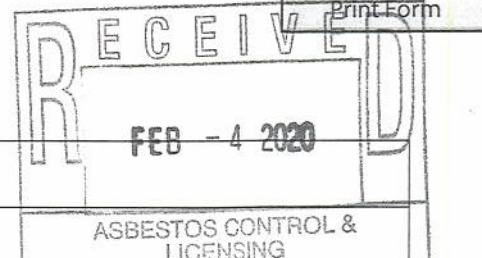
Signature

Date  
01/30/2020

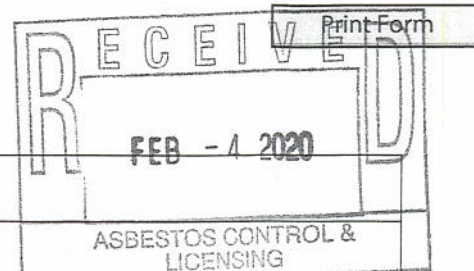


CK 1005

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



Date of Notification (4) 01/29/2020		Name of Building Owner/Operator (2) Private House- Susan Cherian							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Union, NJ 07083  Name of Contact Susan Cherian	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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) Union		Square Feet 1350	# of Floors 2						
County (6) Union		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction, LLC						
Street Address		Street Address 63 Leather Stocking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No.	License No.						
Start Date (10) 02/13/2020		Scheduled Completion Date (11) 02/13/2020	Name of OSHA Monitor Nari Construction, LLC						
Occupancy Status During Abatement (Check Only One)		Street Address 63 Leather Stocking Path							
<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 Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor			X	VAT	550 SF	X			X
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Morrisville					
Completed by Igor Jezdimirovic		Title P. Manager		Signature			Date 01/29/2020		

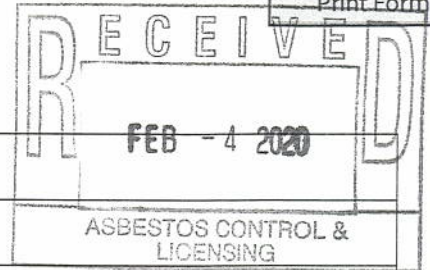


State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 12:120)

CK 1007

Date of Notification (1) 01/29/2020		Name of Building Owner/Operator (2) Private House- David Estes							
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 [REDACTED] City, State, Zip Code Mount Tabor, NJ 07878 Name of Contact David Estes	Telephone Number						
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) Private 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 & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 1350	# of Floors 2						
City (5) Mount Tabor		Bldg. Age 50+							
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No.	Name of Abatement Contractor (9) Nari Construction, LLC						
Street Address		Street Address 63 Leather Stocking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 8622649463	License No. 01306						
Start Date (10) 02/15/2020	Scheduled Completion Date (11) 02/15/2020	Name of OSHA Monitor Nari Construction, 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 63 Leather Stocking Path							
		City, State, Zip Code Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor (Closet)			X	VAT	9 SF	X			X
Garage			X	Duct Insulation	60 SF	X			X
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park, NJ			Disposal Date TBD	City, State Morrisville					
Completed by Igor Jezdimirovic		Title P. Manager	Signature 			Date 01/29/2020			





CH1006

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

Date of Notification (1) 01/29/2020		Name of Building Owner/Operator (2) Private House- Satish Sarran							
Agencies Notified	Type Notification	Street Address	ASBESTOS CONTROL & LICENSING						
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morganville, NJ 07751  Name of Contact Satish Sarran	Telephone Number						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Private 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) Morganville		Square Feet 1750	# of Floors 2						
County (6) Monmouth		County Code (7) (STATE USE ONLY)	Bldg. Age 50+						
Name of Monitoring Firm Hired by Building Owner (8) N/A		Name of Abatement Contractor (9) Nari Construction, LLC							
Street Address		Street Address 63 Leather Sticking Path							
City, State, Zip Code		City, State, Zip Code Lincoln Park, NJ 07035							
Project Manager for Monitoring Firm		Telephone No. 8622649463	License No. 01306						
Start Date (10) 02/11/2020	Scheduled Completion Date (11) 02/11/2020	Name of OSHA Monitor Nari Construction, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 63 Leather Sticking Path							
<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 Lincoln Park, NJ 07035							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor			X	VAT	275 SF	X			X
Name of Registered Waste Hauler Nari Construction, LLC		NJDEP Waste Hauler ID No. 0037535	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S					
City, State Lincoln Park, NJ		Disposal Date TBD		City, State Morrisville					
Completed by Igor Jezdimirovic		Title P. Manager		Signature			Date 01/29/2020		



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

GAC Project # 060-20

**PAID**

<u>Date of Notification (1)</u> <b>January 31, 2020</b>			<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>		
<u>Agencies Notified</u> <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		<u>Notification Type</u> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #1 - New Start & Completion Dates <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS)          74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
		<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>		<u>Telephone Number</u> <b>848-445-2550</b>	
		<u>Name of Contact</u> <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>			
FACILITY INFORMATION					
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>SMITH HALL, BLDG# 7223</b>			<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> 139,628 SF <u># of Floors:</u> 5 <u>Bldg. Age:</u> 60+ years		
<u>Street Address</u> <b>NEWARK CAMPUS</b>			<u>Current Use (prior if being demolished):</u> ACADEMIC		
<u>City (5)</u> <b>NEWARK</b>	<u>County (6)</u> <b>ESSEX</b>	<u>County Code (7)</u> (State Use Only)			
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>ATC</b>		<u>ASCM No.</u> <b>00098</b>	<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>		
<u>Street Address</u> <b>3 TERRI LANE</b>			<u>Street Address</u> <b>511 MAIN STREET</b>		
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>			<u>City, State, Zip Code</u> <b>BUTLER, NJ 07405</b>		
<u>Project Manager for Monitoring Firm</u> <b>BRIAN R. KEARNEY</b>		<u>Telephone Number</u> <b>609-386-8800</b>	<u>Telephone Number</u> <b>973-492-0477</b>	<u>License Number</u> <b>00840</b>	
<u>Scheduled Start Date (10)</u> <b>02/07/2020</b>		<u>Scheduled Completion Date (11)</u> <b>02/24/2020</b>		<u>Name of OSHA Monitor</u> <b>ENVIROVISION, INC.</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <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: Schedule: 4PM - 5AM (24 HOURS & WEEKENDS AS NEEDED)			<u>Street Address</u> <b>20-21 WARGARAW ROAD, BLDG# 35E</b>		
			<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ 07410</b>		
<u>Scope of Work (Check all that apply)</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> ≥ 3 sf or &gt;3 lf  <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf         </div> <div> <input checked="" type="checkbox"/> Renovation  <input type="checkbox"/> Demolition         </div> <div> <input checked="" type="checkbox"/> Full Containment with Negative Pressure  <input type="checkbox"/> Mini-Enclosure  <input type="checkbox"/> Glove bag Procedure / Wrap &amp; Cut  <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure         </div> </div>					
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>Elevator Machine Room B010</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES NO NA <input checked="" type="checkbox"/> YES	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>SPRAY-ON FIREPROOFING (Surfacing)</b>	<u>Amount (Specify SF or LF)</u> <b>350 SF</b>	<u>Abatement Type</u> Remove Repair Encap. Enclose <input checked="" type="checkbox"/> Remove	
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>					
<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>		<u>Cubic Yards of Waste:</u> <b>30 CY</b>		<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>	
<u>Hauler #1)</u> Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561 <u>Hauler #2)</u> Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509			<u>Disposal Date</u> <b>02/24/2020</b>	<u>City, State</u> 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700	
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>		<u>Title</u> <b>SENIOR PROJECT MANAGER</b>		<u>Signature</u> <i>Raymond C. Pedalino</i>	
				<u>Date</u> <b>January 31, 2020</b>	

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



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

**RECEIVED**

**GAC Project # 060-20**

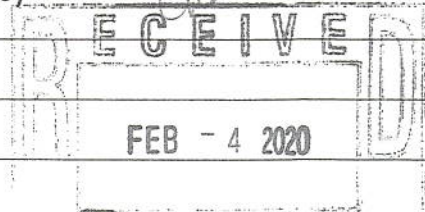
<u>Date of Notification (1)</u> <b>January 10, 2020</b>		<u>Name of Building Owner/Operator (2)</u> <b>RUTGERS, THE STATE UNIVERSITY OF NJ</b>	
<u>Agencies Notified</u> <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	<u>Notification Type</u> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	<u>Street Address</u> <b>ENVIRONMENTAL HEALTH &amp; SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS</b>	
		<u>City, State, Zip Code</u> <b>PISCATAWAY, NJ 08854</b>	
		<u>Name of Contact</u> <b>MICHAEL F. SMITH, ENV. HEALTH &amp; SAFETY</b>	<u>Telephone Number</u> <b>848-445-2550</b>
<b>FACILITY INFORMATION</b>			
<u>Name of Facility Where Abatement is Taking Place (3)</u> <b>SMITH HALL, BLDG# 7223</b>		<u>Type of Facility (4)</u> <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.) <u>Sq. Feet:</u> <b>139,628 SF</b> <u># of Floors:</u> <b>5</b> <u>Bldg. Age:</u> <b>60+ years</b>	
<u>Street Address</u> <b>NEWARK CAMPUS</b>		<u>Current Use (prior if being demolished):</u> <b>ACADEMIC</b>	
<u>City (5)</u> <b>NEWARK</b>	<u>County (6)</u> <b>ESSEX</b>	<u>County Code (7) (State Use Only)</u>	
<u>Name of Monitoring Firm Hired by Bldg. Owner (8)</u> <b>ATC</b>		<u>ASCM No.</u> <b>00098</b>	
<u>Street Address</u> <b>3 TERRI LANE</b>		<u>Name of Contractor (9)</u> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>	
<u>City, State, Zip Code</u> <b>BURLINGTON, NJ 08016</b>		<u>Street Address</u> <b>511 MAIN STREET</b>	
<u>Project Manager for Monitoring Firm</u> <b>BRIAN R. KEARNEY</b>	<u>Telephone Number</u> <b>609-386-8800</b>	<u>City, State, Zip Code</u> <b>BUTLER, NJ 07405</b>	<u>License Number</u> <b>00840</b>
<u>Scheduled Start Date (10)</u> <b>01/31/2020</b>	<u>Scheduled Completion Date (11)</u> <b>02/17/2020</b>	<u>Telephone Number</u> <b>973-492-0477</b>	
<u>Occupancy Status During Abatement (Check only one)</u> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: <b>Schedule: 4PM - 5AM (24 HOURS &amp; WEEKENDS AS NEEDED)</b>		<u>Name of OSHA Monitor</u> <b>ENVIROVISION, INC.</b>	
		<u>Street Address</u> <b>20-21 WARGARAW ROAD, BLDG# 35E</b>	
		<u>City, State, Zip Code</u> <b>FAIRLAWN, NJ 07410</b>	
<u>Scope of Work (Check all that apply)</u>  <input type="checkbox"/> $\geq 3$ sf or $>3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glove bag Procedure / Wrap & Cut <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			
<u>Location of Asbestos-Containing Material (ACM) in Facility (13)</u> <b>Elevator Machine Room B010</b>	<u>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</u> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	<u>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</u> <b>SPRAY-ON FIREPROOFING (Surfacing)</b>	<u>Amount (Specify SF or LF)</u> <b>350 SF</b>
		<u>Abatement Type</u> <b><input checked="" type="checkbox"/> Remove <input type="checkbox"/> Repair <input type="checkbox"/> Encap <input type="checkbox"/> Enclose</b>	
<u>Name of Reg. Waste Hauler</u> <b>See Hauler Below #1 &amp; 2</b>		<u>NJDEP Waste Hauler ID #</u> <b>See Below</b>	<u>Cubic Yards of Waste:</u> <b>30 CY</b>
<u>Name of Registered Landfill</u> <b>G.R.O.W.S. North Landfill</b>		<u>Disposal Date</u> <b>02/17/2020</b>	<u>City, State</u> <b>100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700</b>
<u>Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561</u> <u>Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509</u>			
<u>Completed by (Print or Type)</u> <b>RAYMOND C. PEDALINO</b>	<u>Title</u> <b>SENIOR PROJECT MANAGER</b>	<u>Signature</u> <i>Raymond C. Pedalino</i>	<u>Date</u> <b>January 10, 2020</b>



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

Inv# 17827  
**PAID**

chk# 3672



Date of Notification (1) <b>1/30/20</b>		Name of Building Owner / Operator (2) <b>BASF</b>	
Agencies Notified	Type Notification	Street Address <b>27 Oak Ridge Parkway</b>	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	City, State & Zip Code <b>Toms River, NJ 08756</b>	
		Name of Contact <b>Fred Goelz</b>	Telephone Number <b>973-845-5267</b>

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Building 206</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>227 Oak Ridge Parkway</b>			Square Feet <b>900</b>		
City (5) <b>Toms River</b>			# of Floors <b>2</b>		Bldg. Age <b>100</b>
County (6) <b>Ocean</b>			Current Use (Prior if being demolished) <b>Mechanical</b>		
County Code (7)			Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>			Street Address <b>1123 BEAVER STREET</b>		
Street Address <b>8436 ENTERPRISE AVE</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>		
City, State & Zip Code <b>PHILADELPHIA, PA 19153</b>			Telephone Number <b>215-788-6040</b>		
Project Manager for Monitoring Firm <b>MARK JENKINS</b>			License Number <b>00509</b>		
Scheduled Start Date (10) <b>2/17/20</b>		Scheduled Completion Date (11) <b>2/25/20</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	

Occupancy Status During Abatement (Check only one)		Street Address <b>1123 BEAVER STREET</b>	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		City, State & Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Door	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Door Caulk	24 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>YARDLEY, PA</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>1/30/20</b>

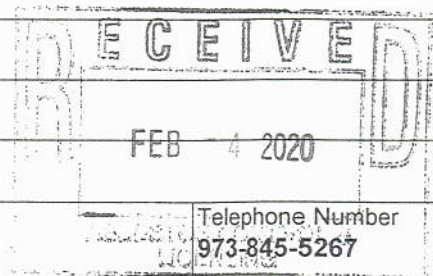


**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

Inv# 17828  
**PAID**

chk# 3672

Date of Notification (1) <b>1/30/20</b>		Name of Building Owner / Operator (2) <b>BASF</b>	
Agencies Notified	Type Notification	Street Address <b>27 Oak Ridge Parkway</b>	
<input checked="" type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Toms River, NJ 08756</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Fred Goelz</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number <b>973-845-5267</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Building 714</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>227 Oak Ridge Parkway</b>		Square Feet <b>900</b>	# of Floors <b>2</b>
City (5) <b>Toms River</b>	County (6) <b>Ocean</b>	County Code (7)	Bldg. Age <b>100</b>
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>	
Street Address <b>8436 ENTERPRISE AVE</b>		Street Address <b>1123 BEAVER STREET</b>	
City, State & Zip Code <b>PHILADELPHIA, PA 19153</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>2/17/20</b>	Scheduled Completion Date (11) <b>2/25/20</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>	
		City, State & Zip Code <b>BRISTOL, PA 19007</b>	

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input checked="" 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
Ground floor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Ceiling	900 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
North exterior wall	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Caulk	18 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

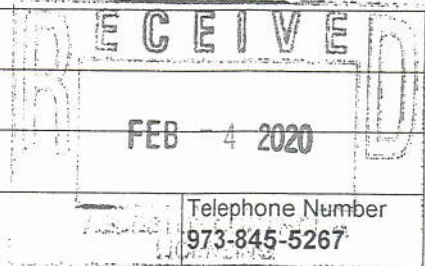
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>	NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>30</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>
City, State <b>YARDLEY, PA</b>	Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>	
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>	Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>	Date <b>1/30/20</b>



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

*chk #3672*

Date of Notification (1) <b>1/30/20</b>		Name of Building Owner / Operator (2) <b>BASF</b>	
Agencies Notified	Type Notification	Street Address <b>27 Oak Ridge Parkway</b>	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State & Zip Code <b>Toms River, NJ 08756</b>	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amended	Name of Contact <b>Fred Goelz</b>	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Emergency	Telephone Number <b>973-845-5267</b>	
<input checked="" type="checkbox"/> DOH	<input type="checkbox"/> Cancellation		
<input type="checkbox"/> DCA			



**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Building 401</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address <b>227 Oak Ridge Parkway</b>			Square Feet <b>900</b>		
City (5) <b>Toms River</b>			# of Floors <b>2</b>		Bldg. Age <b>100</b>
County (6) <b>Ocean</b>			Current Use (Prior if being demolished) <b>Mechanical</b>		
County Code (7)					
Name of Monitoring Firm Hired by Building Owner (8) <b>USA ENVIRONMENTAL MANAGEMENT, INC.</b>			Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>		
Street Address <b>8436 ENTERPRISE AVE</b>			Street Address <b>1123 BEAVER STREET</b>		
City, State & Zip Code <b>PHILADELPHIA, PA 19153</b>			City, State & Zip Code <b>BRISTOL, PA 19007</b>		
Project Manager for Monitoring Firm <b>MARK JENKINS</b>		Telephone Number <b>215-365-5810</b>	Telephone Number <b>215-788-6040</b>		License Number <b>00509</b>
Scheduled Start Date (10) <b>2/17/20</b>	Scheduled Completion Date (11) <b>2/25/20</b>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <input type="checkbox"/> Facility Occupied During Abatement			Street Address <b>1123 BEAVER STREET</b>		
			City, State & Zip Code <b>BRISTOL, PA 19007</b>		

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout Building	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Transite Panels	24 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>1</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>YARDLEY, PA</b>		Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>		
Completed By (Print or Type) <b>PATRICK T. DeCARO</b>		Title <b>Estimator</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>1/30/20</b>



01/31/2020 10:59AM 9736381778

RECEIVE

FEB - 4 2020 PAGE 03/04

Check#3553

PAID

State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:26 and 8:18)

Date of Notification (1) 01 / 31 / 20		Name of Building Owner/Operator (2) Bergen Food Corp.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5.23-8)		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	
Street Address 885 Bergen Avenue		City, State, Zip Code Jersey City, NJ 07306	
Name of Contact Mr. Matt		Telephone Number [REDACTED]	
<b>FACILITY INFORMATION</b>			
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 S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 885 Bergen Avenue		Square Feet	
City (5) Jersey City, NJ 07306		# 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) ASCM No.		Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283	
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470	
Project Manager for Monitoring Firm		Telephone No. 973-356-3511	
Start Date (10) 02 / 02 / 20		License No. 01127	
Scheduled Completion Date (11) 02 / 04 / 20		Name of OSHA Monitor Envirovision Consultants, 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 / 7:00 PM / 7:00 AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> > 3 sf or > 3 ft <input checked="" type="checkbox"/> > 180 sf or > 260 ft		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)	
		Yes No N/A	
Basement		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	
Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)		Amount (Specify SIF or LF)	
VAT floor tiles		260 SF	
Name of Registered Waste Hauler Gr Tech LLC		NJDEP Waste Hauler ID No. 0033785	
City, State Wayne, NJ 07470		Quail Yards of Waste TBD	
Completed By (Print or Type) N. Jevtic		Name of Registered Landfill T.R.R.F. Inc.	
Title Owner		City, State Tullytown, PA	
Signature [Signature]		Date 01/31/20	

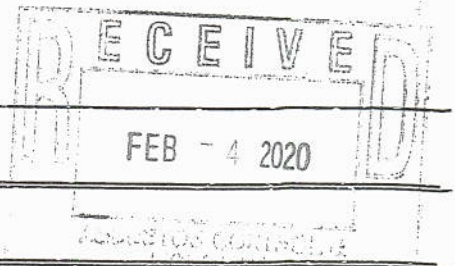
 ASB-41  
 MAY 11

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



Proj. #: 20-33

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



Inv# 17803  
CK 1258

PAID

Date of Notification (1) 01/13/2012		Name of Building Owner/Operator (2) Caroline Darmarajah	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Street Address [REDACTED]	
Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment #: _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code Fanwood, NJ 07023	
		Name of Contact Caroline Darmarajah	Telephone Number

FACILITY INFORMATION

Name of facility where abatement is taking place (3) Residential			Type of Facility (4) <input type="checkbox"/> School (K - 12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (Private/Commercial Bldgs./Homes, etc.)		
Street Address [REDACTED]			Square Feet 2,300 SF		
City (5) Fanwood			County (6) Bergen		# of Floors 02
			County Code (7) (State use only)		Bldg. Age 100
Name of Monitoring Firm Hired by Bldg. Owner (8) N/A			Name of Abatement Contractor (9) KLOMAX, LLC		
Street Address			Street Address 309 W. End Ave		
City, State, Zip Code			City, State, Zip Code Hopatcong, NJ 07843		
Project Manager for Monitoring Firm		Phone Number	Telephone Number 833-455-6629		License Number 02007
Start Date (10) 02/10/2020		Sched. Completion Date (11) 02/14/2020			
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input checked="" type="checkbox"/> Other-Describe: Normal Hours					
Name of OSHA Monitor KLOMAX, LLC					
Street Address 309 W. End Ave					
City, State, Zip Code Hopatcong, NJ 07843					

Scope of Work (check all that apply)

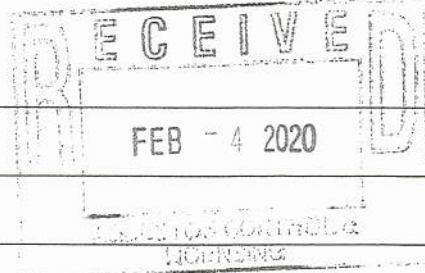
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment w/negative pressure
<input type="checkbox"/> ≥160 sf or ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-enclosure
		<input checked="" type="checkbox"/> Glovebag procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-friable procedure

Location of asbestos-containing material (acm) to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff (12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
basement		X		Pipe Insulation	160 LF	X			

Registered Waste Hauler KLOMAX, LLC	NJDEP Hauler ID# 0038241	Cubic Yards of Waste 1 yds.	Name of Registered Landfill TULLYTOWN, RESOURCE RECOVERY
City, State Hopatcong, NJ 07843	Disposal Date TBD	City, State TULLYTOWN, PA	
Completed by (Print or Type) Paige Boylan	Title Owner	Signature 	Date 01/30/2020



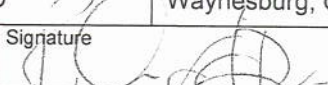
**State of New Jersey**  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
 (Pursuant to NJAC 8:60 and 12:120)



Date of Notification (1) 1/30/2020		Name of Building Owner/Operator (2) [REDACTED]		FEB - 4 2020					
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address [REDACTED]		City, State, Zip Code Monroe NY. 10950		Telephone Number [REDACTED]					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PRIVATE			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
Street Address [REDACTED]			Square Feet 20,000						
City (5) HOWELL NJ			# of Floors 1		Bldg. Age 75				
County (6) MONMOUTH		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) YES					
Name of Monitoring Firm Hired by Building Owner (8) AAL. ASBESTOS ANALYTICAL LAB.		ASCM No. _____		Name of Abatement Contractor (9) North East Environmental LLC.					
Street Address 51 Gage Rd.		Street Address 4919 Bergenline Ave.		City, State, Zip Code West New York NJ. 07093					
City, State, Zip Code East Brunswick NJ. 08816		Telephone No. 201-776-0642		License No. 1300					
Start Date (10) 01/31/2020		Scheduled Completion Date (11) 02/11/2020		Name of OSHA Monitor North East Environmental					
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 4919 Bergenline Ave						
			City, State, Zip Code West New York NJ. 07093						
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
Garage storage Left side		x		Roofing Material	7,000 SF	x			
Garage left side		x		Floor Linoleum	200 SF	x			
Garage Right side		x		Roofing Material	13,000 SF	x			
Name of Registered Waste Hauler Freehold Cartage Inc.		NJDEP Waste Hauler ID No. # 15939		Cubic Yards of Waste TBD.		Name of Registered Landfill Fairless Landfill 1000 New Mill Ford Rd			
City, State Freehold NJ. 07728		Disposal Date TBD.		City, State Morrisville P.A. 09067					
Completed by Carlos Esquivel		Title President		Signature 		Date 01/30/2020			



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

Date of Notification (1) 01-30-20		Name of Building Owner/Operator (2) South Jersey Industries		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  FEB - 4 2020 </div>					
Agencies Notified	Type Notification	Street Address 1648 12th Street							
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Folsom NJ 08037							
		Name of Contact Ed Gilger		Telephone Number (609) 569-4938					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3)			Type of Facility (4)						
Street Address 1 South Jersey Plaza			<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) Folsom, NJ			Square Feet 43,600	# of Floors 2	Bldg. Age 51yrs +/-				
County (6) Atlantic		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)						
Name of Monitoring Firm Hired by Building Owner (8) GZA		ASCM No.	Name of Abatement Contractor (9) Pinnacle Environmental Corp.						
Street Address 55 Lane Road, Suite 407		Street Address 200 Broad Street							
City, State, Zip Code Fairfield, NJ 07004		City, State, Zip Code Carlstadt, NJ 07072							
Project Manager for Monitoring Firm Ben Sallemi		Telephone No. 973.774.3311	Telephone No. 201-939-6565	License No. 00756					
Start Date (10) 02-03-20(1)Project Postponed		Scheduled Completion Date (11)		Name of OSHA Monitor Even-Air Inc.					
Occupancy Status During Abatement (Check Only One)			Street Address 10-59 Jackson Avenue						
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe:			City, State, Zip Code Long Island City, NY 11101						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
1st Floor: Sporadic			x	Fireproofing	100	x			
2nd Floor: Sporadic			x	Fireproofing	140	x			
2nd Floor: South Corner			x	VAT	1,600	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 01-30-20			



# State of New Jersey - Notification of Asbestos Abatement

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

RECEIVE

<b>Date of Notification (1)</b> <b>January 30, 2020</b>		<b>Name of Building Owner/Operator (2)</b> <b>De Paul Catholic High School</b>	
<b>Agencies Notified</b> <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOH		<b>Notification Type</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Certification <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled	
<b>Street Address</b> <b>1512 Alps Road</b>		<b>City, State, Zip Code</b> <b>Wayne, NJ 07470</b>	
<b>Name of Contact</b> <b>Chris Iannarone</b>		<b>Telephone Number</b> <b>973.694.3702</b>	
<b>Name of Facility Where Abatement is Taking Place (3)</b> <b>De Paul Catholic High School</b>			
<b>Street Address</b> <b>1512 Alps Road</b>		<b>Type of Facility (4)</b> <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
<b>City (5)</b> <b>Wayne</b>	<b>County (6)</b> <b>Passaic</b>	<b>County Code (7)</b> <b>(State Use Only)</b>	<b>Sq. Feet:</b> <b>Unknown</b> <b># of Floors:</b> <b>2</b> <b>Bldg. Age:</b> <b>60</b> <b>years</b>
<b>Name of Monitoring Firm Hired by Bldg. Owner (8)</b> <b>EnviroVision Consultants inc.</b>		<b>ASCM No.</b> <b>00079</b>	<b>Name of Contractor (9)</b> <b>GREENWOOD ABATEMENT CONSULTANTS, INC.</b>
<b>Street Address</b> <b>20-21 Wagaraw Road, Bldg # 35 E</b>		<b>Street Address</b> <b>511 MAIN STREET</b>	
<b>City, State, Zip Code</b> <b>Fairlawn, NJ 07410</b>		<b>City, State, Zip Code</b> <b>Butler, NJ 07405</b>	
<b>Project Manager for Monitoring Firm</b> <b>Fred Larson</b>	<b>Telephone Number</b> <b>973-636-9145</b>	<b>Telephone Number</b> <b>973-492-0477</b>	<b>License Number</b> <b>00840</b>
<b>Scheduled Start Date (10)</b> <b>February 14, 2020</b>	<b>Scheduled Completion Date (11)</b> <b>February 15, 2020</b>	<b>Name of OSHA Monitor</b> <b>EMSL inc.</b>	
<b>Occupancy Status During Abatement (Check only one)</b> <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Other - Describe:		<b>Street Address</b> <b>1056 Stelton Road</b>	
<b>Source of Work (Check all that apply)</b> <input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$		<b>City, State, Zip Code</b> <b>Piscataway, NJ 08854</b>	
<b>Location of Asbestos-Containing Material (ACM) in Facility (13)</b> <b>1st Floor Storage Room</b> <b>1st Floor Girls Locker Room</b>		<b>Is Location Normally Used Solely by Maint./Custodial Staff? (12)</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA <input type="checkbox"/>	<b>Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)</b> <b>Fitting</b> <b>TSI</b>
<b>Name of Reg. Waste Hauler</b> <b>See Hauler Below # 1 &amp; 2</b>		<b>NJDEP Waste Hauler ID #</b> <b>See Below</b>	<b>Cubic Yards of Waste:</b> <b>2</b>
<b>Hauler #1)</b> Greenwood Abatement Consultants, Inc. Butler, NJ 07405 NJ DEP # 12561		<b>Disposal Date</b> <b>February 15, 2020</b>	<b>Name of Registered Landfill</b> <b>Fairless Landfill/</b> <b>Grand Central Landfill</b>
<b>Hauler #2)</b> Newark Carting, Inc. Newark, NJ 04509, NJ DEP # 19551		<b>City, State</b> <b>FL-1000 New Ford Rd, Morrisville, PA</b> <b>19067 Permit#18072</b> <b>GCL-1963 Pen Argyle Rd, Pen Argyle, PA 18072</b> <b>Permit # 100265</b>	
<b>Completed by (Print or Type)</b> <b>Marin Graure</b>	<b>Title</b> <b>Sr. Project Manager</b>	<b>Signature</b> <i>Marin Graure</i>	<b>Date</b> <b>January 30, 2020</b>

GAC # 2020-697



Inv# 17813  
PAID

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

CIC 9137

Date of Notification (1) 1/30/20		Name of Building Owner/Operator (2) MR ZEV SAFRAN		FEB - 2020	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address [REDACTED] City, State, Zip Code FAIRLAWN, NJ 07410 Name of Contact MR SAFRAN Telephone Number	
FACILITY INFORMATION					
Name of Facility Where Abatement is Taking Place (3) MR ZEV SAFRAN				Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]				City (5) FAIRLAWN	
County (6) BERGEN				County Code (7) (STATE USE ONLY) RESIDENCE	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) Best Removal Inc	
Street Address		Street Address 450 South River St			
City, State, Zip Code		City, State, Zip Code Hackensack, N.J. 07601			
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 201-329-7444 License No. 00388	
Start Date (10) 2/13/20		Scheduled Completion Date (11) 2/13/20		Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM				Street Address 280 Huyler St City, State, Zip Code S. Hackensack, N.J. 07606	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A [ ] [ ] [x]		Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous) THERMAL SYSTEM INSULATION	
				Amount (Specify SF or LF) 12 LF	
				Abatement Type Removal Repair Encapsulate Enclosure [x] [ ] [ ] [ ]	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109		Cubic Yards of Waste 107	
City, State Hackensack, N.J. 07601		Disposal Date 2/14/20		Name of Registered Landfill CUMBERLAND COUNTY LANDFILL	
City, State NEWBURGH, PA. 17240		Signature J. Maiorano		Date 1/30/20	
Completed by J. MAIORANO		Title Estimator			

ASB-41

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



\* Emergency \*

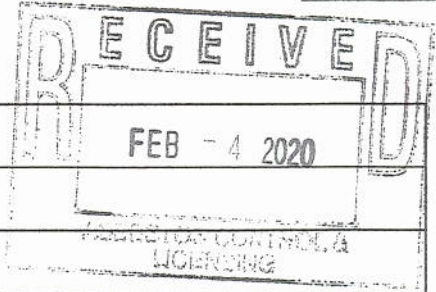
OK 7787

PAID

Inv # 1774

Print Form

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



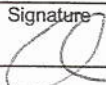
Date of Notification (1) 1/31/20		Name of Building Owner/Operator (2) Allrisk Restoration							
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 801 E Clements Bridge Rd.		City, State, Zip Code Runnemede Nj 08078							
Name of Contact Robert		Telephone Number 609-405-2683							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Borough Of Longport		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 2305 Atlantic Ave		Square Feet 1000+							
City (5) Longport NJ 08403		# of Floors 2							
County (6) Atlantic		Bldg. Age 50+							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Epic Environmental Services, LLC		ASCM No.							
Street Address 1930 Brown Road		Name of Abatement Contractor (9) Pernaco Inc							
City, State, Zip Code Newfield, NJ 08344		Street Address PO Box 329							
Project Manager for Monitoring Firm James Eberts		City, State, Zip Code West Berlin NJ 08091							
Telephone No. 856-205-1077		Telephone No. 856-753-9800							
License No. 00727									
Start Date (10) 2/3/20		Scheduled Completion Date (11) 2/11/20							
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: <u>occupied</u>		Name of OSHA Monitor Same							
Street Address		City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input 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
2nd Floor			x	Floor Tile & Mastic	2700 SF	x			
2nd Floor			x	Cove Base Mastic	133 SF	x			
Name of Registered Waste Hauler Pernaco Inc		NJDEP Waste Hauler ID No. 21787		Cubic Yards of Waste 5		Name of Registered Landfill ACMUA			
City, State West Berlin NJ		Disposal Date 2/11/20		City, State Egg Harbor Twp NJ 08234					
Completed by Anthony T Perna		Title President		Signature 		Date 1/31/20			



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

**RECEIVED**

**FEB - 4 2020**

Date of Notification (1) 1/30/20		Name of Building Owner/Operator (2) Rancocas Vally Regional School District							
Agencies Notified	Type Notification	Street Address 520 Jacksonville Road							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	City, State, Zip Code Mount Holly NJ 08060							
<input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Scott Klein	Telephone Number 609-267-0830						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Rancocas Vally Regional School District		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 520 Jacksonville Road		Square Feet 1000+	# of Floors 1						
City (5) Mount Holly NJ 08060		Bldg. Age 50+							
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental Group Inc.		ASCM No. 00073	Name of Abatement Contractor (9) Pernaco Inc						
Street Address PO Box 316		Street Address PO Box 329							
City, State, Zip Code Thorofare NJ 08086		City, State, Zip Code West Berlin NJ 08091							
Project Manager for Monitoring Firm Steve Flanigan		Telephone No. 856-848-0800	License No. 00727						
Start Date (10) 2/14/20	Scheduled Completion Date (11) 2/17/20	Name of OSHA Monitor Same							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address  City, State, Zip Code							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> 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
Sensory Room/storage			x	Ceiling Tile	250 SF	x			
Name of Registered Waste Hauler Pernaco Inc.		NJDEP Waste Hauler ID No. 22459	Cubic Yards of Waste 5	Name of Registered Landfill G.R.O.W.S.					
City, State W Berlin NJ			Disposal Date 2/3/20	City, State Morrisville PA 19067					
Completed by Anthony T Perna		Title President	Signature 			Date 1/30/20			



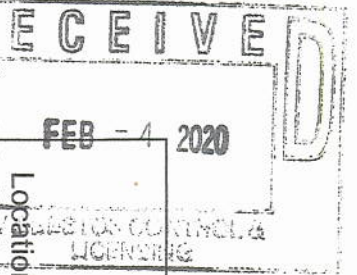
State of New Jersey  
**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to NJAC 8:60 and 12:120)



**Inv# 17815**  
**OK204**

Date of Notification (1) 01/31/2020		Name of Building Owner/Operator (2) The Catholic Church of St. John the Baptist							
Agencies Notified	Type Notification	Street Address 387-389 Grand Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07505							
		Name of Contact Msgr. Geno Sylva	Telephone Number 973-345-4070						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Catholic Families Community Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 24 DeGrasse St.		Square Feet 8,900	# of Floors 3						
City (5) Paterson		Bldg. Age 98							
County (6) Passaic County	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Office							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No. _____	Name of Abatement Contractor (9) ELCON Environmental						
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 150 Glenwood Drive							
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Peter Photopoulos		Telephone No. 610-279-7070	License No. 01225						
Start Date (10) 02/17/2020	Scheduled Completion Date (11) 03/16/2020	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"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input 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
Attached									
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date TBD		City, State Waynesburg, OH					
Completed by Andre Gosek		Title Project Manager		Signature <i>Josek</i>			Date 01/31/2020		





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
Basement			X			X			
Floor 1			X	Pipe insulation	20 LF	X			
Floor 1			X	pipe insulation	800 LF	X			
Floor 1			X	Ceiling tile	3200 SF	X			
Floor 1			X	Joint compound	400 SF	X			
Floor 2			X	Pipe insulation	650 LF	X			
Floor 2			X	Ceiling tile	2800 SF	X			
Floor 2			X	Floor tile and mastic	300 SF	X			
Floor 2			X	Joint compound	400 SF	X			
Floor 3			X	Floor tile and mastic	900 SF	X			
Roof			X	Foor flashing	165 SF	X			



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

**RECEIVED**

**FEB - 4 2020**

Inv# 17816  
CK203 PAID

Date of Notification (1) 1/31/2020		Name of Building Owner/Operator (2) The Catholic Church of St. John the Baptist							
Agencies Notified	Type Notification	Street Address 387-389 Grand Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Paterson, NJ 07505							
		Name of Contact Msgr. Geno Sylva	Telephone Number 973-345-4070						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) St. John's Cathedral Evangelization Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 26 DeGrasse St.		Square Feet 14,000	# of Floors 3						
City (5) Paterson		Bldg. Age 124							
County (6) Passaic County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Community center							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Consulting, Inc.		ASCM No.	Name of Abatement Contractor (9) ELCON Environmental						
Street Address 2002 Renaissance Boulevard, Suite 110		Street Address 150 Glenwood Drive							
City, State, Zip Code King of Prussia, PA 19406		City, State, Zip Code Washington Crossing, PA 18977							
Project Manager for Monitoring Firm Peter Photopoulos		Telephone No. 610-279-7070	Telephone No. 215-313-7427						
License No. 01225									
Start Date (10) 2/17/2020	Scheduled Completion Date (11) 3/16/2020	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
Basement				Pipe Insulation	500 LF	x			
Basement				12-inch by 12-inch floor tile	2,400 SF	x			
Flat roof at west portion				Roofing material	1,250 SF	x			
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. SW2117	Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises					
City, State New Castle, DE		Disposal Date TBD	City, State Waynesburg, OH						
Completed by Andre Gosek		Title Project Manager	Signature <i>Gosek</i>				Date 1/31/2020		



Inv# 17817  
CK 2232  
PAID

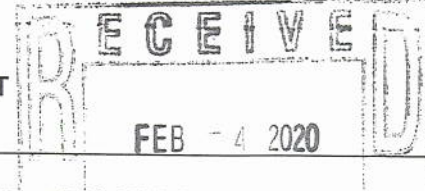
State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60 and 5:16)

RECEIVED  
FEB 4 2020  
ASBESTOS CONTROL WORKING

Date of Notification (1) 1 / 31 / 20		Name of Building Owner/Operator (2) Guenther Mill Urban Renewal LLC Job Number: 1612-2144 Check#2232							
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 10 Wilsey Square City, State, Zip Code Ridgewood NJ 07450 Name of Contact Robert Verrengia Telephone Number 201-447-7044							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Commerical Property		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 69 King Street		Square Feet 219,388							
City (5) Dover		# of Floors 4	Bldg. Age 110						
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Warehouse/Industrial							
Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.							
Street Address PO Box 316		Street Address 1835 Underwood Blvd							
City, State, Zip Code Thorofare, NJ 08086		City, State, Zip Code Delran, NJ 08075							
Project Manager for Monitoring Firm Dave Flanigan		Telephone No. 856-848-0800	License No. 00862						
Start Date (10) 2 / 10 / 20	Scheduled Completion Date (11) 2 / 12 / 20	Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Street Address 200 U.S. Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos Floor tile	945 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 Asbestos and Mold Services		NJDEP Waste Hauler ID No. 00035680	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central					
City, State Delran, NJ		Disposal Date 2/12/20		City, State Penn Argyle, PA					
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature 		Date 1/31/20			



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



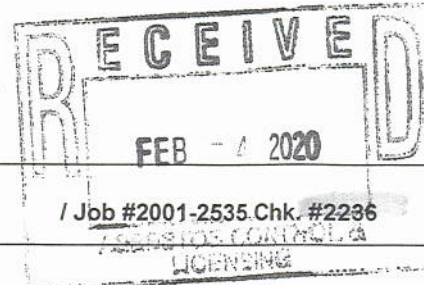
Inv# 17818  
CK 2231 PAID

Date of Notification (1) <div style="text-align: center;">1 / 27 / 20</div>		Name of Building Owner/Operator (2) <b>Leroy Nevius</b>		Job Number: 2001-2538 Check# 2231					
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 <div style="background-color: black; height: 20px; width: 100%;"></div>					
		City, State, Zip Code <b>Trenton, NJ 08618</b>							
		Name of Contact <b>Leroy Nevius</b>		Telephone Number <div style="background-color: black; height: 20px; width: 100%;"></div>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Commerical Property</b>			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address <b>200 N Broad Street</b>									
City (5) <b>Trenton</b>			Square Feet <b>+/- 7,000</b>	# of Floors <b>3</b>	Bldg. Age <b>1932</b>				
County (6) <b>Mercer</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Commercial</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>Finog Environmental</b>		ASCM No.		Name of Abatement Contractor (9) <b>Asbestos and Mold Services, Corp.</b>					
Street Address <b>617 Stokes Road #4-318</b>				Street Address <b>1835 Underwood Blvd</b>					
City, State, Zip Code <b>Medford, NJ 08055</b>				City, State, Zip Code <b>Delran, NJ 08075</b>					
Project Manager for Monitoring Firm <b>Rebecca Rubnitz</b>		Telephone No. <b>856-596-9994</b>		Telephone No. <b>609-702-0400</b>					
License No. <b>00862</b>									
Start Date (10) <div style="text-align: center;">2 / 3 / 20</div>		Scheduled Completion Date (11) <div style="text-align: center;">2 / 3 / 20</div>		Name of OSHA Monitor <b>EMSL Analytical, Inc.</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 U.S. Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
Furance Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	40 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 <b>Asbestos and Mold Services</b>		NJDEP Waste Hauler ID No. <b>0035680</b>		Cubic Yards of Waste <b>5</b>	Name of Registered Landfill <b>Grand Central</b>				
City, State <b>Delran, NJ</b>		Disposal Date <b>2/3/20</b>		City, State <b>Penn Argyle, PA</b>					
Completed By (Print or Type) <b>Kaysi Gruner</b>		Title <b>Office Assistant</b>		Signature 		Date <b>1/27/20</b>			



Inv# 17820  
PAID  
OK 2236

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



Date of Notification (1) 1 / 21 / 20		Name of Building Owner/Operator (2) Marcus L. Ward Home	
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 4814 Outlook Drive, Suite 201	
		City, State, Zip Code Wall Township, NJ 07753	
		Name of Contact Heather Falkoff	Telephone Number 732-430-3656

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Winchester Gardens		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 333 Elmwood Avenue			
City (5) Maplewood	Square Feet 473,763	# of Floors 5	Bldg. Age 89
County (6) Essex	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Senior Housing/Assisted Living	
Name of Monitoring Firm Hired by Building Owner (8) Criterion Laboratories		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address 400 Street Road		Street Address 1835 Underwood Blvd. Suite 1	
City, State, Zip Code Bensalem, PA 19020		City, State, Zip Code Delran, NJ 08075	
Project Manager for Monitoring Firm Mike Panepresso	Telephone No. 215-244-1300	Telephone No. 609-702-0400	License No. 00862
Start Date (10) 1 / 30 / 20	Scheduled Completion Date (11) 1 / 31 / 20	Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 U.S. Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Attic Space	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	10 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 Radiators	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	3 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	ACM	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"/>

Name of Registered Waste Hauler Asbestos and Mold Servies		NJDEP Waste Hauler ID No. 0035680	Cubic Yards of Waste 5	Name of Registered Landfill GROWS Landfill	
City, State Delran, NJ		Disposal Date 1/31/20	City, State Morrisville, PA 19067		
Completed By (Print or Type) Kimberly A. Trumbetti	Title Office Coordinator	Signature 	Date 1/31/20		



B &amp; G proj. #:

2020-25

PAID

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

Check # 9873

Date of Notification (1) 01/13/19		Name of Building Owner/Operator (2) Mediterranean Towers West Owners, Inc.	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Cancellation	Street Address 555 North Avenue	
		City, State, Zip Code Fort Lee, NJ 07024	
		Name of Contact Larry Stitham	Telephone Number 201-944-7791

## FACILITY INFORMATION

Name of facility where abatement is taking place (3) Mediterranean Towers (NON Sub 8)			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 555 North Avenue			Square Feet		
City (5) Fort Lee			County (6) Bergen	County Code (7) (State use only)	# of Floors
			Bldg. Age		
Name of Monitoring Firm Hired by Bldg. Owner (8) Sky Environmental Services Inc.			ASCM No.		
Street Address 140 Blvd.			Name of Abatement Contractor (9) B & G Restoration, Inc.		
City, State, Zip Code Mountain Lakes, NJ 07046			Street Address 105 Ryerson Road		
Project Manager for Monitoring Firm Leonid Shereshevsky			City, State, Zip Code Lincoln Park, NJ 07035		
Phone Number 973-588-4821			Telephone Number (973)696-6869		
Sched. Start Date (10) 02/12/2020			License Number 00378		
Sched. Completion Date (11) 02/13/2020			Name of OSHA Monitor B & G Restoration, 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: <input checked="" type="checkbox"/> Other-Describe: occupied			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 lf  
☒ Renovation  
☐ ≥160 sf or ≥260 lf  
☒ 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 m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Apt 8K 1 bathroom		<input checked="" type="checkbox"/>		asbestos popcorn ceiling	40 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apt 12P 2 bathrooms		<input checked="" type="checkbox"/>		asbestos popcorn ceiling	40 sf & 40 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apt 21 E 2 bathrooms		<input checked="" type="checkbox"/>		asbestos popcorn ceiling	40 sf & 40 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"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 02/14/2020	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature Gordana Luna	Date 01/31/2020



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

Date of Notification (1) 3/8/19		Name of Building Owner/Operator (2) Port Authority of NY & NJ		<div style="border: 1px solid black; padding: 5px; display: inline-block;"> <b>RECEIVED</b>  FEB - 4 2020 </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 241 Erie St City, State, Zip Code Jersey City, NY 07310 Name of Contact Uday Mehta Telephone Number 201-595-4881					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) PATH Substation No. 8			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 500 Frank E Rodgers Blvd			Square Feet 2,100		# of Floors 1				
City (5) Harrison			Bldg. Age 35						
County (6) Hudson		County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Utility					
Name of Monitoring Firm Hired by Building Owner (8) Port Authority of NY & NJ		ASCM No. _____		Name of Abatement Contractor (9) Prestige Development Services Inc					
Street Address 241 Erie St		Street Address 199 Lincoln Ave Suite 204							
City, State, Zip Code Jersey City, NY 07310		City, State, Zip Code Bronx, NY 10454							
Project Manager for Monitoring Firm Uday Mehta		Telephone No. 201-595-4881		License No. 01620					
Start Date (10) 2/4/2020		Scheduled Completion Date (11) 6/4/2020		Name of OSHA Monitor Pedro Romero					
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____			Street Address P.O. Box 780 City, State, Zip Code Brentwood NY 11717						
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
Main Building, Kearny Bungalow, Generator Bldg	X			Wire Insulation, Caulking	300 LF	X			
Main Building	X			Duct Cloth	6 SF	X			
Main Building, Kearny Bungalow, Generator Bldg	X			Electrical Boards	12 SF	X			
Main Building, Kearny Bungalow, Generator Bldg	X			Tar, Flashing, Mastic	1,032 SF				
Name of Registered Waste Hauler ATC		NJDEP Waste Hauler ID No. SW24310		Cubic Yards of Waste 50		Name of Registered Landfill Minerva Enterprises			
City, State Shirley, NY				Disposal Date 1/10/20		City, State Waynesburg, Ohio			
Completed by Sanford Alper			Title Senior Project Executive		Signature			Date 11/25/19	