

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

PAID

ck# 0125  
job# 19-0126

RECEIVED

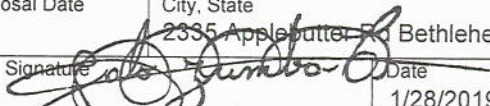
FEB 8 2019

Date of Notification (1) 1/28/2019		Name of Building Owner/Operator (2) [REDACTED]							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Newark NJ							
		Name of Contact Salvatore	Telephone Number 845-346-6284						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) private 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 & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet	# of Floors 1						
City (5) Newark NJ		Bldg. Age +50							
County (6) Essex County	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A	Name of Abatement Contractor (9) ACM Solutions Services LLC						
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685	License No. 01384						
Start Date (10) 2/7/2019	Scheduled Completion Date (11) 2/15/2019	Name of OSHA Monitor Iris Environmental Laboratories							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 7:00 AM to 4:00 PM		Street Address 2333 Route 22 West							
		City, State, Zip Code Union NJ 07803							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement			x	Floor tile	1500SF	x			
Basement			x	Pipe insulation	350 LF	x			
exterior				Roof flashing	280 LF	x			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste	Name of Registered Landfill ISES Bethlehem Rd Landfill					
City, State Po Box 5670		Disposal Date	City, State 2335 Appleutter Rd Bethlehem PA						
Completed by Galo Zumba		Title Principal	Signature 	Date 1/28/2019					

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

ckd 01/24

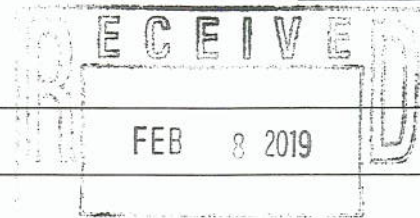
Date of Notification (1) 1/28/2019		Name of Building Owner/Operator (2) Clark Walnut Developers LLC		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  FEB 8 2019 </div>					
Agencies Notified	Type Notification	Street Address 820 Morris Turnpike							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Cherry Hills NJ		Telephone Number 732-580-9090					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) private property (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 840 SF					
City (5) Clark NJ				# of Floors 1					
County (6) Union County				Bldg. Age +50					
County Code (7) (STATE USE ONLY) _____				Current Use (Prior if being demolished)					
Name of Monitoring Firm Hired by Building Owner (8) N/A		ASCM No. N/A		Name of Abatement Contractor (9) ACM Solutions Services LLC					
Street Address N/A		Street Address 1435 51st Street							
City, State, Zip Code N/A		City, State, Zip Code North Bergen NJ 07047							
Project Manager for Monitoring Firm N/A		Telephone No. 201-552-9685		License No. 01384					
Start Date (10) 1/29/2019		Scheduled Completion Date (11) 2/6/2019		Name of OSHA Monitor Iris Environmental Laboratories					
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: 7:00 AM to 4:00 PM				Street Address 2333 Route 22 West					
				City, State, Zip Code Union NJ 07803					
Scope of Work (Check All That Apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Mechanical room			X	transite panels	840 SF	X			
Name of Registered Waste Hauler Newark Carting Inc		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste		Name of Registered Landfill ISES Bethlehem Rd Landfill			
City, State Po Box 5670		Disposal Date		City, State 2335 Applebutter Rd Bethlehem PA					
Completed by Galo Zumba		Title Principal		Signature 		Date 1/28/2019			



CK3320

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



Date of Notification (1) Feb 1/2019		Check#3320		Name of Building Owner/Operator (2) St Genevieve School	
Agencies Notified		Type Notification		Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA		<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		209 Princeton Road	
				City, State, Zip Code Elizabeth, NJ 07208	
				Name of Contact Chris	Telephone Number 908-242-4067
<b>FACILITY INFORMATION</b>					
Name of Facility Where Abatement is Taking Place (3) St Genevieve School				Type of Facility (4)	
Street Address 209 Princeton Road				<input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Elizabeth				Square Feet 40,000 SF	# of Floors 2
County (6) UNION				County Code (7) (STATE USE ONLY)	Bldg. Age 80+
Name of Monitoring Firm Hired by Building Owner (8)				ASCM No.	Name of Abatement Contractor (9) EA Services Corporation
Street Address				Street Address 426 69th Street	
City, State, Zip Code				City, State, Zip Code Guttenberg, NJ 07093	
Project Manager for Monitoring Firm				Telephone No. 201-295-1700	License No. 01074
Start Date (10) 2/1/2019		Scheduled Completion Date (11) 2/2/2019		Name of OSHA Monitor Same as above	
Occupancy Status During Abatement (Check Only One)				Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other – Describe: 12:30 PM				City, State, Zip Code	
Scope of Work (Check All That Apply)					
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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)
	Yes	No	N/A		
Basement Closet	x			Steam line	8 LF
Name of Registered Waste Hauler Tri-State Transfer Assoc		NJDEP Waste Hauler ID No. 19551		Cubic Yards of Waste TBD	Name of Registered Landfill Minerva Enterprises Inc
City, State Bronx, NY		Disposal Date TBD		City, State Waynesburg, OH	
Completed by Gina Betances		Title Office Manager		Signature <i>Gina Betances</i>	Date Feb/1/2019

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

CR # 027893

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FEB 8 2019

Date of Notification (1) 02/04/19		Name of Building Owner/Operator (2) Mrs. Theresa Gallo & Mr. David Geyer							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Bayonne, NJ 07002							
		Name of Contact Mrs. Theresa Gallo-Geyer	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Bayonne		Square Feet 2,000 +	# of Floors 2 + Bldg. Age 50 +						
County (6) Hudson	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) J.R. Contracting & Environmental Consulting, Inc.						
Street Address		Street Address 1141 Route 23							
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470							
Project Manager for Monitoring Firm		Telephone No. 973-628-9200	License No. 00408						
Start Date (10) 02/15/19	Scheduled Completion Date (11) 02/18/19	Name of OSHA Monitor J.R. Contracting & Environmental Consulting, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1141 Route 23							
<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 Wayne, NJ 07470							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Ground Floor			X	Pipe Insulation	68 LF	X			
Name of Registered Waste Hauler J.R. Contracting & Environmental Consul., Inc.		NJDEP Waste Hauler ID No. 17819	Cubic Yards of Waste 5	Name of Registered Landfill Grand Central Landfill					
City, State Wayne, New Jersey		Disposal Date		City, State Pen Argyl, Pennsylvania					
Completed by Jerry Bijelonic		Title Project Manager		Signature [Signature]		Date 02/04/19			



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

Check # 1777

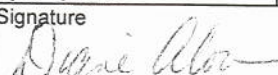
Date of Notification (1) <b>February 5, 2018</b>		Name of Building Owner / Operator (2) <b>Bank of America</b>	
Agencies Notified	Type Notification	Street Address	<div style="border: 1px solid black; padding: 5px; text-align: center;"> RECEIVED  FEB 8 2019 </div>
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Cancellation	691 Shrewsbury Avenue	
		City, State & Zip Code <b>Shrewsbury, NJ 07702</b>	
		Name of Contact <b>Dino Nappi</b>	
		Telephone Number <b>516-972-8809</b>	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) <b>Bank of America</b>		Type of Facility (4)	
Street Address <b>691 Shrewsbury Avenue</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, home, etc.)	
City (5) <b>Shrewsbury</b>	Square Feet <b>4,000</b>	# of Floors <b>1</b>	Bldg. Age <b>60</b>
County (6) <b>Monmouth</b>	Current Use (Prior if being demolished) <b>Bank</b>		
County Code (7) <b>USE ONLY</b>			
Name of Monitoring Firm Hired by Building Owner (8) <b>Arcadis US, Inc.</b>		ASCM No.	
Street Address <b>35 Columbia Road</b>		Name of Abatement Contractor (9) <b>Synatech, Inc.</b>	
City, State & Zip Code <b>Branchburg, NJ 08876</b>		Street Address <b>829 Radio Road</b>	
Project Manager for Monitoring Firm		Telephone Number <b>908-526-1000</b>	City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>
Scheduled Start Date (10) <b>February 15, 2019</b>	Scheduled Completion Date (11) <b>March 29, 2019</b>	Telephone Number <b>609-296-6916</b>	License Number <b>00817</b>
Occupancy Status During Abatement (Check only one)		Name of OSHA Monitor <b>Synatech, Inc.</b>	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours <input type="checkbox"/> Other - Describe: <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>829 Radio Road</b>	
		City, State & Zip Code <b>Little Egg Harbor, NJ 08087</b>	

## Scope of Work (Check all that apply)

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> $\geq 3$ sf or $\geq 50$ 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 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) <b>TO BE ABATED</b> IN Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
First Floor Ceiling Area			X	Glue Dots	1,000 SF	X			
Basement Ceiling Area			X	Glue Dots	350 SF	X			
Name of Registered Waste Hauler <b>Synatech, Inc.</b>		NJDEP Waste Hauler ID No. <b>27429</b>		Cubic Yards of Waste <b>10</b>	Name of Registered Landfill <b>Fairless Hills</b>				
City, State <b>Little Egg Harbor, NJ 08087</b>		Disposal Date <b>April 1, 2019</b>		City, State <b>Morrisville, PA</b>					
Completed By <b>Diane Aloia</b>	Title <b>Executive Administrator</b>	Signature 			Date <b>February 5, 2019</b>				



2019-02-04 09:28

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

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

**RECEIVED**  
 P 2/4  
 FEB 8 2019

OK 5457 PAID

Date of Notification (1) 02 / 04 / 19		Name of Building Owner/Operator (2) Justin Watson							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 8:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED] City, State, Zip Code Cherry Hill, NJ 08034 Name of Contact Justin Watson Telephone Number							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Watson Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 6 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2,050	# of Floors 2						
City (5) Cherry Hill		Bldg. Age 57							
County (6) Camden		County Code (7) (STATE USE ONLY) Current Use (Prior if being demolished) Residence							
Name of Monitoring Firm Hired by Building Owner (8) Management & Enviro. Consulting Services		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC						
Street Address PO BOX 341		Street Address 623 Cutler Avenue							
City, State, Zip Code Chesapeake, NJ 08015		City, State, Zip Code Maple Shade, NJ 08052							
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-295-4070	Telephone No. 655-755-0095						
License No. 00842		Start Date (10) 02 / 08 / 19							
Scheduled Completion Date (11) 02 / 08 / 19		Name of OSHA Monitor EMSL Analytical, Inc.							
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM/ _____ PM/ _____ PM/ _____ AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥3 of or ≥3 ft <input type="checkbox"/> ≥150 of or ≥260 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 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	Enclose
Kitchen	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile	132 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 1	Name of Registered Landfill Fairless Landfill					
City, State Freehold, NJ		Disposal Date 02/08/2019		City, State Morrisville, PA					
Completed By (Print or Type) Christina Lynch		Title Vice President of Operations		Signature [Signature]		Date 2/4/19			

ASB-41  
 JAN 13

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



NO CK

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

RECEIVED

Date of Notification (1)

2 / 4 /19

Name of Building Owner/Operator (2)

PRUDENTIAL FINANCIAL

Street Address

751 BROAD STREET

City, State, Zip Code

NEWARK, NEW JERSEY 07102

Name of Contact

JASON MCCAULEY

Telephone Number

973-802-4072

FEB 8 2019

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #6  
☐ Cancellation  
☐ On Hold  
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

PRUDENTIAL BUILDING

Type of Facility (4)

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

Street Address

751 BROAD STREET - 6TH FLOOR

Square Feet

785,000

# of Floors

27

Bldg. Age

58

City (5)

NEWARK

County (6)

ESSEX

County Code (7)  
(STATE USE ONLY)

Name of Monitoring Firm Hired by Building Owner (8)  
ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

ASCM No.

Street Address

28 NORTH PENNELL ROAD

City, State, Zip Code

MEDIA, PA 19063

Project Manager for Monitoring Firm

RONALD KHACHADOURIAN

Telephone Number

610-891-0114

Expected State Date (10)

10 / 16 /18  
Month Day Year

Sched. Completion Date (11)

3 / 30 /19  
Month Day Year

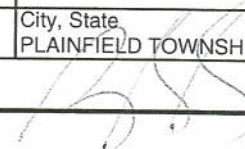
Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY -FRIDAY 6 PM-2 AM

Scope of Work (Check all that apply)

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

☒ Full Containment  
☐ Mini-Enclo,  
☐ Glovebag Procedure  
☐ Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			
ADDITION TO SCOPE:									
BASEMENT TUNNEL				PIPE INSULATION	12 LF	X			
Name of Registered Waste Hauler NEWARK CARTING	NJDEP Waste Hauler ID No. 913			Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY				
City, State NEWARK, NEW JERSEY	Disposal Date 10/15-03/30/19			City, State PLAINFIELD TOWNSHIP, PA					
Completed by (Print or Type) BENJAMIN SANCHEZ	Title DIRECTOR OF OPERATIONS			Signature 	Date 2-4-19				

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

RECEIVED

FEB 8 2019

Date of Notification (1)

1 / 23 /19

Name of Building Owner/Operator (2)  
PRUDENTIAL FINANCIAL

Street Address  
751 BROAD STREET

City, State, Zip Code  
NEWARK, NEW JERSEY 07102

Name of Contact  
JASON MCCAULEY

Telephone Number  
973-802-4072

Agencies Notified

☐ EPA  
☐ DEP  
☒ DOL  
☒ DOH  
☐ DCA

Type Notification

☐ Initial Notification  
☒ Amended Notification #5  
☐ Cancellation  
☒ On Hold  
☐ EMERGENCY NOTIFICATION

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

PRUDENTIAL BUILDING

Type of Facility (4)

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

Street Address  
751 BROAD STREET - 6TH FLOOR

Square Feet  
785,000

# of Floors  
27

Bldg. Age  
58

City (5)  
NEWARK

County (6)  
ESSEX

County Code (7)  
(STATE USE ONLY)

Current Use (Prior if being demolished) Pharm. Lab.  
COMMERCIAL

Name of Monitoring Firm Hired by Building Owner (8)  
ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC

ASCM No.

Name of Abatement Contractor (9)  
PAR ENVIRONMENTAL CORPORATION

Street Address  
28 NORTH PENNELL ROAD

Street Address  
313 SPOOK ROCK ROAD

City, State, Zip Code

MEDIA, PA 19063

City, State, Zip Code  
SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm  
RONALD KHACHADOURIAN

Telephone Number  
610-891-0114

Telephone Number  
845-369-7500

License Number  
1101

Expected State Date (10)

10 / 16 /18  
Month Day Year

Sched. Completion Date (11)

3 / 30 /19  
Month Day Year

Name of OSHA Monitor  
QUALITY

Occupancy Status During Abatement (Check only one)

☐ Facility Closed/Vacated During Entire Period of Abatement  
☐ Abatement Performed Outside of Normal Facility Hours - Describe:  
☒ Other - Describe: MONDAY -FRIDAY 6 PM-2 AM


Street Address  
1376 ROUTE 9

City, State, Zip Code  
WAPPINGERS FALLS, NEW YORK 12590

Scope of Work (Check all that apply)

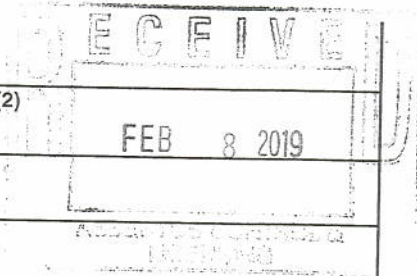
☐ Demolition  
☐ >3SF OR LF  
☒ >160 SF OR 260 LF  
☒ Renovation

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

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
						REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
	Yes	No	N/A						
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			
ADDITION TO SCOPE:									
BASEMENT TUNNEL				PIPE INSULATION	12 LF	X			
Name of Registered Waste Hauler NEWARK CARTING				NJDEP Waste Hauler ID No. 913	Cubic Yards of Waste 120	Name of Registered Landfill GRAND CENTRAL SANITARY			
City, State NEWARK , NEW JERSEY				Disposal Date 10/15-03/30/19		City, State PLAINFIELD TOWNSHIP, PA			
Completed by (Print or Type) BENJAMIN SANCHEZ		Title DIRECTOR OF OPERATIONS			Signature 		Date 1/23/19		



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



<b>Date of Notification (1)</b> 1 / 22 /19		<b>Name of Building Owner/Operator (2)</b> PRUDENTIAL FINANCIAL	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 751 BROAD STREET  <b>City, State, Zip Code</b> NEWARK, NEW JERSEY 07102	
<b>Type Notification</b> <input type="checkbox"/> Initial Notification <input checked="" type="checkbox"/> Amended Notification #4 <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Name of Contact</b> JASON MCCAULEY  <b>Telephone Number</b> 973-802-4072	
<b>FACILITY INFORMATION</b>			
<b>Name of Facility Where Abatement is Taking Place (3)</b> PRUDENTIAL BUILDING		<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 (ie. private & commcl. bldgs., homes, etc.)	
<b>Street Address</b> 751 BROAD STREET - 6TH FLOOR		<b>Square Feet</b> 785,000	<b># of Floors</b> 27
<b>City (5)</b> NEWARK		<b>County (6)</b> ESSEX	<b>County Code (7)</b> (STATE USE ONLY)
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC		<b>ASCM No.</b> COMMERCIAL	
<b>Street Address</b> 28 NORTH PENNELL ROAD		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION	
<b>City, State, Zip Code</b> MEDIA, PA 19063		<b>Street Address</b> 313 SPOOK ROCK ROAD	
<b>Project Manager for Monitoring Firm</b> RONALD KHACHADOURIAN		<b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901	
<b>Telephone Number</b> 610-891-0114		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101
<b>Expected State Date (10)</b> 10 / 16 /18 Month Day Year		<b>Sched. Completion Date (11)</b> 3 / 30 /19 Month Day Year	
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: Other - Describe: MONDAY -FRIDAY 6 PM-2 AM		<b>Name of OSHA Monitor</b> QUALITY	
<b>Scope of Work (Check all that apply)</b> <input type="checkbox"/> Demolition <input checked="" type="checkbox"/> >3SF OR LF <input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment <input type="checkbox"/> Mini-Encllo , <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Friable Procedure	
<b>Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)</b>		<b>Is Location normally used solely by Maint/Custodial Staff (12)</b> Yes No N/A	<b>Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)</b>
6TH FLOOR -ENTIRE		X	FLOOR TILE & MASTIC
ADDITION TO SCOPE:			
BASEMENT TUNNEL			PIPE INSULATION
<b>Name of Registered Waste Hauler</b> NEWARK CARTING		<b>NJDEP Waste Hauler ID No.</b> 913	<b>Cubic Yards of Waste</b> 120
<b>City, State</b> NEWARK, NEW JERSEY		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Disposal Date</b> 10/15-03/30/19	<b>City, State</b> PLAINFIELD TOWNSHIP, PA
<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b> 	<b>Date</b> 1/22/19



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City, State  
PLAINFIELD TOWNSHIP, PA  
re 388 Date 11/8/18



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City, State PLAINFIELD TOWNSHIP, PA	Date 10/19/18
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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:60-7 and 12:120-7)

32721

<b>Date of Notification (1)</b> 10 / 4 /18		<b>Name of Building Owner/Operator (2)</b> PRUDENTIAL FINANCIAL	
<b>Agencies Notified</b> <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<b>Street Address</b> 751 BROAD STREET  <b>City, State, Zip Code</b> NEWARK, NEW JERSEY 07102	
<b>Type Notification</b> <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification <input type="checkbox"/> Cancellation <input type="checkbox"/> On Hold <input type="checkbox"/> EMERGENCY NOTIFICATION		<b>Name of Contact</b> JASON MCCAULEY  <b>Telephone Number</b> 973-802-4072	

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<b>FACILITY INFORMATION</b>																	
<b>Name of Facility Where Abatement is Taking Place (3)</b>  PRUDENTIAL BUILDING  <b>Street Address</b> 751 BROAD STREET - 6TH FLOOR  <b>City (5)</b> NEWARK <b>County (6)</b> ESSEX <b>County Code (7) (STATE USE ONLY)</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 (ie. private & commcl. bldgs., homes, etc.)  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>Square Feet</b> 785,000</td> <td><b># of Floors</b> 27</td> <td><b>Bldg. Age</b> 58</td> </tr> </table> <b>Current Use (Prior if being demolished)</b> Pharm. Lab. COMMERCIAL		<b>Square Feet</b> 785,000	<b># of Floors</b> 27	<b>Bldg. Age</b> 58											
<b>Square Feet</b> 785,000	<b># of Floors</b> 27	<b>Bldg. Age</b> 58															
<b>Name of Monitoring Firm Hired by Building Owner (8)</b> ACCREDITED ENVIRONMENTAL TECHNOLOGIES INC <b>Street Address</b> 28 NORTH PENNELL ROAD <b>City, State, Zip Code</b> MEDIA, PA 19063  <b>Project Manager for Monitoring Firm</b> RONALD KHACHADOURIAN <b>Telephone Number</b> 610-891-0114		<b>Name of Abatement Contractor (9)</b> PAR ENVIRONMENTAL CORPORATION <b>Street Address</b> 313 SPOOK ROCK ROAD <b>City, State, Zip Code</b> SUFFERN, NEW YORK 10901  <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><b>Telephone Number</b> 845-369-7500</td> <td><b>License Number</b> 1101</td> </tr> </table>		<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101												
<b>Telephone Number</b> 845-369-7500	<b>License Number</b> 1101																
<b>Expected State Date (10)</b> 10 / 15 /18 Month Day Year  <b>Sched. Completion Date (11)</b> 3 / 30 /19 Month Day Year		<b>Name of OSHA Monitor</b> QUALITY															
<b>Occupancy Status During Abatement (Check only one)</b> <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other - Describe: MONDAY -FRIDAY 6 PM-2 AM		<b>Street Address</b> 1376 ROUTE 9  <b>City, State, Zip Code</b> WAPPINGERS FALLS, NEW YORK 12590															
<b>Scope of Work (Check all that apply)</b> <table style="width:100%;"> <tr> <td><input type="checkbox"/> Demolition</td> <td><input checked="" type="checkbox"/> Renovation</td> </tr> <tr> <td><input type="checkbox"/> &gt;3SF OR LF</td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> &gt;160 SF OR 260 LF</td> <td></td> </tr> </table> <table style="width:100%;"> <tr> <td><input checked="" type="checkbox"/> Full Containment</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Mini-Enclo.</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Glovebag Procedure</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Non-Friable Procedure</td> <td></td> </tr> </table>				<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> >3SF OR LF		<input checked="" type="checkbox"/> >160 SF OR 260 LF		<input checked="" type="checkbox"/> Full Containment		<input type="checkbox"/> Mini-Enclo.		<input type="checkbox"/> Glovebag Procedure		<input type="checkbox"/> Non-Friable Procedure	
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation																
<input type="checkbox"/> >3SF OR LF																	
<input checked="" type="checkbox"/> >160 SF OR 260 LF																	
<input checked="" type="checkbox"/> Full Containment																	
<input type="checkbox"/> Mini-Enclo.																	
<input type="checkbox"/> Glovebag Procedure																	
<input type="checkbox"/> Non-Friable Procedure																	

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
6TH FLOOR -ENTIRE			X	FLOOR TILE & MASTIC	18,000 SF	x			

<b>Name of Registered Waste Hauler</b> NEWARK CARTING  <b>City, State</b> NEWARK, NEW JERSEY		<b>NJDEP Waste Hauler ID No.</b> 913  <b>Cubic Yards of Waste</b> 120		<b>Name of Registered Landfill</b> GRAND CENTRAL SANITARY  <b>City, State</b> PLAINFIELD TOWNSHIP, PA	
<b>Completed by (Print or Type)</b> BENJAMIN SANCHEZ		<b>Title</b> DIRECTOR OF OPERATIONS		<b>Signature</b>  <b>Date</b> 10/4/18	



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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAC 8:28 and 12:120)

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Date of Notification (1) <b>2/4/19</b>		Name of Building Owner/Operator (2) <b>MS. EDWINA STICHAUNER</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> JEDON <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> As Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	
		City, State, Zip Code <b>MAYWOOD, N.J. 07607</b>	
		Name of Contact <b>MS. STICHAUNER</b>	Telephone Number
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>MS.E. STICHAUNER</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)	
Street Address [REDACTED]			
City (5) <b>MAYWOOD</b>		Square Feet <b>1800</b>	# of Floors <b>2</b>
County (6) <b>BERGEN</b>		Bldg. Age <b>1985</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)		ASCM No.	
Street Address		Name of Abatement Contractor (9) <b>Best Removal Inc</b>	
City, State, Zip Code		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.		Telephone No. <b>201-329-7444</b>	License No. <b>00388</b>
Start Date (10) <b>2/6/19</b>	Scheduled Completion Date (11) <b>2/7/19</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>8:00AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 25 sq ft or less <input type="checkbox"/> 100 sq ft or less <input type="checkbox"/> 1000 sq ft or less <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Initial Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friction Procedure		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>	
Location of Asbestos-Containing Material (ACM) (13) <b>BASEMENT</b>	In Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A <b>Yes</b>	Description of Asbestos Containing Material (ACM) (i.e., thermal system insulation, surfacing, VMT, or other miscellaneous)	Amount (Specify SF or LB) <b>30 SF</b>
		<b>INTERNAL SURFACING INSULATION</b>	
Name of Registered Waste Hauler <b>Best Removal Inc</b>		N.J. DEP Waste Hauler ID No. <b>17109</b>	Cubic Yards of Waste <b>2 1/2</b>
City, State <b>Hackensack, N.J. 07601</b>		Disposal Date <b>2/7/19</b>	Name of Registered Landfill <b>Minerva Enterprises, LLC</b>
Completed by <b>J. Maiorano</b>		Signature <b>J. Maiorano</b>	City, State <b>Waynesburg, Oh. 44688</b>
Title <b>Estimator</b>		Date <b>2/4/19</b>	

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

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Date of Notification (1) 2-3-2019		Name of Building Owner/Operator (2) Malas Builders Corp							
Agencies Notified	Type Notification	Street Address 60 Essex Street							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Rochelle Park, NJ 07662							
		Name of Contact Connie Ann Bihuniak	Telephone Number 201-880-6174						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Residential		Type of Facility (4)							
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
City (5) Edgewater, NJ 07020		Square Feet 1751	# of Floors 2						
County (6) Bergen		County Code (7) (STATE USE ONLY) _____	Bldg. Age 119+						
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Green Environmental Services, LLC						
Street Address		Street Address 235 Virginia Avenue							
City, State, Zip Code		City, State, Zip Code Jersey City, NJ 07304							
Project Manager for Monitoring Firm		Telephone No.	License No.						
		201-333-8855	01174						
Start Date (10) 2-13-2019	Scheduled Completion Date (11) 2-13-2019	Name of OSHA Monitor Green Environmental Services, LLC							
Occupancy Status During Abatement (Check Only One)		Street Address 235 Virginia Avenue							
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code Jersey City, NJ 07304							
Scope of Work (Check All That Apply)									
<input 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
Exterior		X		Shingle Sididg	850 SF				
Name of Registered Waste Hauler Green Environmental Services,		NJDEP Waste Hauler ID No. 0034889	Cubic Yards of Waste 3	Name of Registered Landfill Fairless Landfill					
City, State Jersey City, NJ			Disposal Date 2-13-2019	City, State Morrisville, PA					
Completed by Liliana Serrano		Title Office Manager	Signature <i>Liliana Serrano</i>			Date 2-3-2019			



Feb 01 2019 08:06 AM A. Mac Contracting

2012620321

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

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PAGE 2/3

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Check # 1204

CK 1204

2/1/19		Name of Building Owner/Operator (2) MRS WHELAN								
Agency Notice <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOH <input type="checkbox"/> BCA	Type of Abatement <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Emergency (including post-closure) Contamination	City, State, Zip Code BERNARDSVILLE NJ 07924								
Name of Facility Where Abatement is Taking Place (3) RESIDENCE		Name of Contact JIMMY BIONDI								
Street Address [REDACTED]		Type of Facility (4) <input type="checkbox"/> Industrial (I-12) <input type="checkbox"/> Subchapter S (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)								
City, State, Zip Code BERNARDSVILLE		County Code (7) SOMERSET	Current Use (If Being Demolished) RES							
Name of Abatement Contractor (5) A. Mac Contracting Inc.		Telephone No. 201-262-6841								
Street Address 155 Vreeland Ave.		License No. 00150								
City, State, Zip Code Midland Park, N.J.		Name of Owner/Operator Omega Environmental Services Inc.								
Project Manager for Monitoring Firm [REDACTED]		Street Address 280 Huyler Street								
Telephone No. [REDACTED]		City, State, Zip Code Hackensack, N.J. 07608								
Start Date (10) 2/1/19		Estimated Completion Date (11) 2/5/19								
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement Abatement Performed Outside of Normal Facility Hours Other - Describe:										
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 10 or less sq ft <input type="checkbox"/> 100 or less sq ft <input type="checkbox"/> 1000 or less sq ft <input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Semi-Enclosure Hot-Isolated CI and Non-Portable Enclosures										
Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (16)	Is Location Hazardously Used Solely by Maintenance/ Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal system insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
	Yes	No	NA			Removal	Encapsulation	Partial Removal	Full Removal	
BASMENT			X	VAT	700 SF	X				
Name of Registered Waste Handler Newark Carting, Inc.		NJ DEP Waste Handler ID No. 04808	Cubic Yards of Waste 2	Name of Registered Landfill Grand Central Sanitary Landfill						
City, State Newark, N.J. 07108		Disposal Date 2/1/19	City, State Pen Argyl, PA 06072							
R. McDonald		Signature [Signature]	Title President		Date 2/1/19					

ASB-11 (7-08-00)

\* Do not use this form for asbestos response emergency activities.



Feb.04.2019 07:47 AM A. Mac Contracting

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PAGE 1/3

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State of New Jersey  
NOTIFICATION OF ASBESTOS ABATEMENT  
(Pursuant to NJAD 17:27 and 17:28)

Date of Notification (1) <b>2/4/19</b>		Name of Building Owner/Operator (2) <b>PATRICIA WARD</b>							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type of Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended <input checked="" type="checkbox"/> Amendment of Emergency (including Justification) Cancellation	Street Address [REDACTED] City, State, Zip Code <b>TEANECK NJ 07666</b> Name of Contact <b>GABRIEL GIBBS</b> Telephone Number							
Name of Facility Where Abatement is Taking Place (3) <b>WARD</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet <b>1600</b> # of Floors <b>2</b> Bldg. Age <b>64</b>							
City (5) <b>TEANECK</b>		Current Use (Prior if being demolished) <b>RES.</b>							
County (6) <b>BERGEN</b>		County Code (7) (A STATE USE ONLY)							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.							
Street Address		Name of Abatement Contractor (9) <b>A. Mac Contracting Inc.</b>							
City, State, Zip Code		Street Address <b>188 Vreeland Ave.</b>							
Project Manager for Monitoring Firm		City, State, Zip Code <b>Midland Park, N.J.</b>							
Telephone No.		Telephone No. <b>201-282-6041</b> License No. <b>00186</b>							
Date of Work (10) <b>2/4/19</b>		Completion Date (11) <b>2/11/19</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 Other - Describe:		Name of Owner/Operator <b>Omega Environmental Services Inc.</b>							
		Street Address <b>280 Huyler Street</b>							
		City, State, Zip Code <b>Hackensack, N.J. 07606</b>							
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> 10' or less if in 80' or less if <input type="checkbox"/> Renovation Demolition <input type="checkbox"/> Full Containment with Negative Pressure Mini-Enclosure Full Containment Non-Enclosed and Non-Partial Pressure									
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED</b> in Facility (12)	Is Location Normally Used Exclusively by Maintenance/ Custodial Staff? (13)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Full	Partial	Other	Other
<b>Basement</b>				<b>Full</b>	<b>60 SF</b>	<input checked="" type="checkbox"/>			
Name of Registered Waste Handler <b>Newark Carting, Inc.</b>		NJDEP Waste Handler ID No. <b>04509</b>		Cubic Yards of Waste <b>1</b>		Name of Registered Landfill <b>Grand Central Sanitary Landfill</b>			
City, State <b>Newark, N.J. 07102</b>		Disposal Date <b>2/4/19</b>		City, State <b>Pen Argyl, PA 08072</b>					
Completed by <b>R. McDonald</b>		Title <b>President</b>		Signature <b>[Signature]</b>		Date <b>2/4/19</b>			



PAID

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

Check 18558

Date of Notification (1) 2/5/19		Name of Building Owner/Operator (2) Joanne Gomez							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code South Amboy, NJ 08879							
		Name of Contact Joanne Gomez	Telephone Number [REDACTED]						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) home		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]									
City (5) South Amboy		Square Feet 2000	# of Floors 2 Bldg. Age 68						
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) home							
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) ABS Environmental Services, LLC						
Street Address		Street Address PO Box 483, 4 E Gate Drive							
City, State, Zip Code		City, State, Zip Code Glenwood, NJ 07418							
Project Manager for Monitoring Firm		Telephone No. 973-764-2276	License No. 703						
Start Date (10) 2/14/19	Scheduled Completion Date (11) 2/23/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>basement/crawl space</u>		Street Address							
		City, State, Zip Code							
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition							
		<input type="checkbox"/> Full Containment with Negative Pressure <input 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 & crawl space			x	pipe insulation	100 LF	x			
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste TBD	Name of Registered Landfill Cumberland Landfill					
City, State Freehold NJ			Disposal Date TBD	City, State Newburg PA					
Completed by A. Scott Higgins		Title President	Signature 			Date 2/5/19			

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


*Check 18443*

Date of Notification (1) 1/3/19 - 2/5/19		Name of Building Owner/Operator (2) Pastor Paris, Immaculate Heart of Mary	
Agencies Notified	Type Notification	Street Address 588 County Road 504	
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Wayne NJ 07470	
		Name of Contact Pastor Paris	Telephone Number 973-694-3400

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**FEB 8 2019**

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Immaculate Heart of Mary		Type of Facility (4)	
Street Address 580 Ratzer Road		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Wayne	Square Feet 3,200	# of Floors 2	Bldg. Age 75
County (6) Passaic	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) church	
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) 2/7/19		Scheduled Completion Date (11) 2/16/19	
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: <u>garage, laundry room, boiler room</u>		Street Address	
		City, State, Zip Code	
Scope of Work (Check All That Apply)			
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input type="checkbox"/> Demolition <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure			

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Kilroy house:garage/laundry/boiler			x	pipe fittings	48		x		

Name of Registered Waste Hauler		NJDEP Waste Hauler ID No.	Cubic Yards of Waste	Name of Registered Landfill	
City, State		Disposal Date		City, State	
Completed by A. Scott Higgins		Title President	Signature 	Date 2/5/19	



Date of Notification (1) 02/05/19		Name of Building Owner/Operator (2) Lakeland Regional High School	
Agencies Notified [ ] EPA [X] DEP [X] DOL [X] DOH [ ] DCA		Type Notification [X] Initial Notification [ ] Amended Notification [ ] Cancellation	
Street Address 205 Conklintown Rd		City, State, Zip Code Wanaque, NJ 07465	
Name of Contact William Grimes		Telephone Number (973) 766-5408	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lakeland Regional High School			Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) [X] Other (i.e., private & commercial buildings, homes, etc.)		
Street Address 205 Conklintown Rd			Square Feet 30000		
City (5) Wanaque, NJ 07465			# of Floors 2		
County (6) Passaic			Bldg. Age 50		
County Code (7) (STATE USE ONLY)			Current Use (Prior if being demolished) Educational Building		
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc.			Name of Abatement Contractor (9) Four Strong Builders, Inc.		
Street Address 116 Tices Lane, Unit B - 1			Street Address 180 Sargeant Avenue		
City, State, Zip Code East Brunswick, NJ 08816			City, State, Zip Code Clifton, NJ 07013-1935		
Project Manager for Monitoring Firm Kevin Lovely			Telephone Number 973-614-0377		
Telephone Number 732-390-5858			License Number 00807		
Scheduled Start Date (10) 02/15/19			Name of OSHA Monitor Four Strong Builders, Inc.		
Sched. Completion Date (11) 02/18/19			Street Address 180 Sargeant Avenue		
Occupancy Status During Abatement (Check only one) [X] Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: [ ] Other - Describe:			City, State, Zip Code Clifton, NJ 07013		


## Scope of Work (Check all that apply)

[ ] Demolition  
[X] >3 sf or >3 lf  
[ ] >160 sf or >260 lf

[X] Renovation

[ ] Full Containment with Negative Pressure  
[ ] Mini-Enclosure  
[ ] Glovebag Procedure  
[X] Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
				R E M O V E M E N T	R E P A I R	E N C A P S U L E	E N C I S U R E
Erase Room	X	Glue Dots on the wall behind the chalk board	15 SF	X			

Name of Registered Waste Hauler Newark Carting, Co.		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ		Disposal Date		City, State Pan Argy, PA 18072			
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 2/5/19	



Date of Notification (1) 0 2 / 0 5 / 1 9		Name of Building Owner/Operator (2) Lakeland Regional High School	
Agencies Notified [ ] EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DGL <input checked="" type="checkbox"/> DOH [ ] DCA		Type Notification <input checked="" type="checkbox"/> Initial Notification [ ] Amended Notification [ ] Cancellation	
Street Address 205 Conklintown Rd		City, State, Zip Code Wanaque, NJ 07465	
Name of Contact William Grimes		Telephone Number (973) 766-5408	

## FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Lakeland Regional High School		Type of Facility (4) [ ] School (K-12) [ ] Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private & commercial buildings, homes, etc.)	
Street Address 205 Conklintown Rd		Square Feet 30000	
City (5) Wanaque, NJ 07465		# of Floors 2	
County (6) Passaic		Bldg. Age 50	
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Educational Building	
Name of Monitoring Firm Hired by Building Owner (8) Whitman Companies, Inc.		Name of Abatement Contractor (9) Four Strong Builders, Inc.	
Street Address 116 Tices Lane, Unit B - 1		Street Address 180 Sargeant Avenue	
City, State, Zip Code East Brunswick, NJ 08816		City, State, Zip Code Clifton, NJ 07013-1935	
Project Manager for Monitoring Firm Kevin Lovely		Telephone Number 973-614-0377	
Telephone Number 732-390-5858		License Number 00807	
Scheduled Start Date (10) 0 2 / 1 5 / 1 9		Name of OSHA Monitor Four Strong Builders, Inc.	
Sched. Completion Date (11) 0 2 / 1 8 / 1 9		Street Address 180 Sargeant Avenue	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement [ ] Abatement Performed Outside of Normal Facility Hours - Describe: [ ] Other - Describe:		City, State, Zip Code Clifton, NJ 07013	

## Scope of Work (Check all that apply)

[ ] Demolition  
☒ >3 sf or >3 lf  
☐ >160 sf or >260 lf

☒ Renovation

[ ] Full Containment with Negative Pressure  
 [ ] Mini-Enclosure  
 [ ] Glovebag Procedure  
☒ Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED in Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff (12) Yes No N/A	Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type				
				R	E	E	E	E
Erase Room	<input checked="" type="checkbox"/>	Glue Dots on the wall behind the chalk board	15 SF	<input checked="" type="checkbox"/>				

Name of Registered Waste Hauler Newark Carting, Co.		NJDEP Waste Hauler ID No. 4509		Cubic Yards of Waste		Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ		Disposal Date		City, State Pan Argy, PA 18072			
Completed By (Print or Type) Bilyana Kulakovska		Title Office Administrator		Signature 		Date 2/5/19	



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BEST REMOVAL INC

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PAGE 02/04

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

DOE-10 DAY

FEB 8 2019

Date of Notification (1) <b>2/4/19</b>		Name of Building Owner/Operator (2) <b>CLOSTER MANAGEMENT LLC</b>	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>P.O. BOX 3272</b>	City, State, Zip Code <b>GUTTENBERG, NJ. 07093</b>
		Name of Contractor <b>MR. AUL MASUD</b>	Telephone Number <b>551-556-5832</b>
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>CLOSTER MANAGEMENT LLC</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> School (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, houses, etc.)	
Street Address <b>330 - 69TH</b>		Square Feet <b>2200</b>	
City (5) <b>GUTTENBERG</b>		# of Floors <b>3</b>	
County (6) <b>HUDSON</b>		Bldg. Age <b>1950</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)		ASOM No.	
Street Address		Name of Abatement Contractor (9)	
City, State, Zip Code		Street Address	
Project Manager for Monitoring Firm		Telephone No.	
Telephone No.		License No.	
Start Date (10) <b>2/5/19</b>	Scheduled Completion Date (11) <b>2/6/19</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>8:00 AM TO 5:00 PM</b>		Street Address <b>280 Huyler St</b>	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> 23 or more <input type="checkbox"/> 10 or more <input type="checkbox"/> 10 or less		City, State, Zip Code <b>S. Hackensack, N.J. 07606</b>	
Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) <b>YES</b>		Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, pipe/joint VIT, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) (13) <b>TO BE REMOVED IN FACILITY</b>		Amount (Specify SF or LF) <b>40 LF</b>	
Is Location Normally Used Solely by Maintenance/ Custodial Staff (12) <b>YES</b>		Abatement Type <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Encapsulated (*) and Non-Fixable Procedure	
Name of Registered Waste Hauler <b>Best Removal Inc</b>		Name of Registered Landfill <b>Minerva Enterprises, LLC</b>	
City, State <b>Hackensack, N.J. 07601</b>		City, State <b>Waynesburg, Oh. 44688</b>	
Completed by <b>J. Maforano</b>		Signature <b>J. Maforano</b>	
Title <b>Estimator</b>		Date <b>2/4/19</b>	

ASB-41

\* Do not use this form for asbestos removal, encapsulation, or abatement.



CK 1180

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

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Date of Notification (1) FEB 8 2019		Name of Building Owner/Operator (2) DPMC							
Agencies Notified	Type Notification	Street Address 33 West State Street							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Trenton, NJ 08625							
		Name of Contact Mr. Narul Hasan	Telephone Number (609) 633-8265						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Woodbridge Training Center		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 1377 Rahway		Square Feet N/A	# of Floors one						
City (5) Avenel, NJ 07001		Bldg. Age N/A							
County (6) Middlesex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) N/A							
Name of Monitoring Firm Hired by Building Owner (8) Environmental Connections Inc.		ASCM No.	Name of Abatement Contractor (9) Spes Contracting LLC						
Street Address 120 North Warren St.		Street Address 164 Meriline ave Apt.C							
City, State, Zip Code Trenton, NJ 08608		City, State, Zip Code Woodland Park							
Project Manager for Monitoring Firm Roland C. Jones		Telephone No. (609) 392-4200	Telephone No. (973) 807-6330						
Start Date (10) 02.13.2019		Scheduled Completion Date (11) 02.20.2019	License No. 01383						
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 Spes Contracting LLC							
		Street Address 164 Meriline ave Apt.C							
		City, State, Zip Code Woodland Park, NJ 07424							
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"/> ORM WRAP AND CUT <input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Rooms 115, 118, 119 and corridor			X	TSI Fitting, Insulation, Pipes	250LF	X			
Rooms 101 to 105, 202 to 205			X	Sheet Vinyl Flooring	540SF	X		X	
Locker room 119			X	12" by 12" VAT, Mastic	100SF	X		X	
Ext. Mech. Room, Storage Closet A			X	ACM Contaminated Debris	60CF	X			
Name of Registered Waste Hauler Spes Contracting LLC		NJDEP Waste Hauler ID No. 0038075		Cubic Yards of Waste 10CY	Name of Registered Landfill G.R.O.W.S.				
City, State Woodland Park, NJ				Disposal Date TBD	City, State Morrisville, PA				
Completed by Branislav Pavlov		Title Project Manager		Signature 		Date 02.04.2019			



Check # 10615  
\$6000 3-Work Areas

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

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Date of Notification (1) <b>2-6-19</b>		Name of Building Owner/Operator (2) <b>Sakoutis Brothers Disposal, Inc</b>	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address <b>113 State Route 39</b>		City, State, Zip Code <b>Farmingdale, NJ 07727</b>	
Name of Contact <b>John Sakoutis</b>		Telephone Number <b>732 683 0600</b>	
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>The Old Varant Clark Medical Bldg</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>999 Baritan Road</b>		Square Feet <b>2</b>	
City (5) <b>CLARK NJ 07066</b>		# of Floors <b>55+</b>	
County (6) <b>Union</b>		County Code (7) (STATE USE ONLY) <b>—</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>EPC Technologies</b>		ASCM No. <b>N/A</b>	
Street Address <b>P.O. Box 337</b>		Name of Abatement Contractor (9) <b>EPC Technologies Inc</b>	
City, State, Zip Code <b>New Egypt, NJ 08533</b>		Street Address <b>P.O. Box 337</b>	
Project Manager for Monitoring Firm <b>Steve Schenker</b>		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Telephone No. <b>609 758-3365</b>		Telephone No. <b>609 758-3365</b>	
Start Date (10) <b>2-16-19</b>		License No. <b>00394</b>	
Scheduled Completion Date (11) <b>3-30-19</b>		Name of OSHA Monitor <b>EPC Technologies 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 Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address <b>P.O. Box 337</b>	
Scope of Work (Check All That Apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure		City, State, Zip Code <b>New Egypt NJ 08533</b>	
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13) <b>Inside Building</b>		Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A	
Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous) <b>Brown glue Dot Ceiling</b>		Amount (Specify SF or LF) <b>700 SF</b>	
<b>Beige base mastic</b>		<b>100 SF</b>	
<b>Brown base mastic</b>		<b>550 LF</b>	
<b>Tan tile + mastic</b>		<b>900 SF</b>	
<b>Tan + Green Floor tile</b>		<b>2500 SF</b>	
<b>Roofing Material</b>		<b>3600 SF</b>	
Name of Registered Waste Hauler <b>EPC Technologies</b>		NJDEP Waste Hauler ID No. <b>17000</b>	
Cubic Yards of Waste <b>40</b>		Name of Registered Landfill <b>Waste Management of PA</b>	
City, State <b>New Egypt NJ</b>		Disposal Date <b>Various Dates</b>	
City, State <b>Morrisville PA</b>		Date <b>2-6-19</b>	
Completed by <b>Steve Schenker</b>		Signature <b>Steve Schenker</b>	
Title <b>President</b>		Date <b>2-6-19</b>	



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FEB 8 2019

OK 7702 PAID

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

Date of Notification (1) 02/05/19		Name of Building Owner/Operator (2) Pine Ridge at Crestwood	
Agencies Notified	Type Notification	Street Address 2 Fox Street	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Whiting, NJ 08759	
		Name of Contact Pine Ridge at Crestwood	Telephone Number 732-350-9000

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) Manchester		Square Feet	# of Floors
County (6) Ocean		Bldg. Age	
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Home	
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS
Street Address		Street Address 6 WHITE DOVE COURT	
City, State, Zip Code		City, State, Zip Code LAKEWOOD, NJ 08701	
Project Manager for Monitoring Firm		Telephone No. 732-668-9078	License No. 1200
Start Date (10) 02/15/19	Scheduled Completion Date (11) 02/21/19	Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Occupancy Status During Abatement (Check Only One)		Street Address 6 WHITE DOVE COURT	
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours Other - Describe: _____		City, State, Zip Code LAKEWOOD, NJ 08701	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				ROOFING	600SF	x			
				FLASHING	100LF				

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 12	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 02/21/19		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 02/05/19



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

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OK 7705

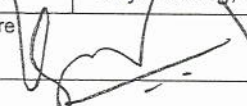
Date of Notification (1) 02/05/19		Name of Building Owner/Operator (2) Pine Ridge at Crestwood		FEB 8 2019					
Agencies Notified		Type Notification		Street Address					
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		2 Fox Street					
				City, State, Zip Code Whiting, NJ 08759					
		Name of Contact Pine Ridge at Crestwood		Telephone Number 765-350-9000					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) [REDACTED]			Type of Facility (4)						
Street Address [REDACTED]			<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)						
City (5) Manchester			Square Feet	# of Floors	Bldg. Age				
County (6) Ocean		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Home					
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.		Name of Abatement Contractor (9) AAA LEAD PROFESSIONALS					
Street Address				Street Address 6 WHITE DOVE COURT					
City, State, Zip Code				City, State, Zip Code LAKEWOOD, NJ 08701					
Project Manager for Monitoring Firm		Telephone No.		Telephone No. 732-668-9078	License No. 1200				
Start Date (10) 02/15/19		Scheduled Completion Date (11) 02/25/19		Name of OSHA Monitor AAA LEAD PROFESSIONALS					
Occupancy Status During Abatement (Check Only One)			Street Address 6 WHITE DOVE COURT						
<input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:			City, State, Zip Code LAKEWOOD, NJ 08701						
Scope of Work (Check All That Apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
EXTERIOR				ROOFING	600SF	x			
				FLASHING	100LF				
INTERIOR				FLOORING	400SF				
Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509		Cubic Yards of Waste 20	Name of Registered Landfill IESI				
City, State NEWARK, NJ				Disposal Date 02/25/19	City, State BETHLEHEM PA				
Completed by JOSEPH PERLSTEIN		Title OWNER		Signature		Date 02/05/19			



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

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Date of Notification (1) 02/05/2019		Name of Building Owner/Operator (2) County of Essex							
Agencies Notified	Type Notification	Street Address 900 Bloomfield Avenue							
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Verona, NJ							
		Name of Contact Mr. Sanjeev Varghese	Telephone Number 973-226-8500						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Veterans Courthouse		Type of Facility (4)							
Street Address 465-479 Dr. Martin Luther King Jr. Blvd.		<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.)							
City (5) Newark		Square Feet 240,000	# of Floors 12						
County (6) Essex		Bldg. Age 80							
County Code (7) (STATE USE ONLY) _____		Current Use (Prior if being demolished) Courthouse							
Name of Monitoring Firm Hired by Building Owner (8) Mott MacDonald		ASCM No. 00140	Name of Abatement Contractor (9) DIA General Construction, Inc.						
Street Address 111 Wood Avenue South		Street Address 1360 Clifton Ave., PMB Suite 218							
City, State, Zip Code Iselin, NJ 08830		City, State, Zip Code Clifton, NJ 07012							
Project Manager for Monitoring Firm Kevin Herrighty		Telephone No. 973-379-3400	License No. 00693						
Start Date (10) 02/15/2019	Scheduled Completion Date (11) 04/15/2019	Name of OSHA Monitor DIA General Construction, Inc.							
Occupancy Status During Abatement (Check Only One)		Street Address 1360 Clifton Ave., PMB Suite 218							
<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 Clifton, NJ 07012							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input 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
SEE ATTACHED									
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste 10	Name of Registered Landfill Minerva Landfill					
City, State New Castle, DE		Disposal Date 04/15/2019		City, State Waynesburg, OH 44688					
Completed by Krutarth Jagad		Title Project Manager		Signature 		Date 02/05/2019			



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FEB 8 2019

**List of Asbestos Containing Materials to be Removed from the Following Location:**

**Note:** Is location normally used solely by maintenance/custodial staff: Yes

**Veterans Courthouse  
465 – 479 Dr. Martin Luther King Jr. Blvd.  
Newark, NJ**

<b>Location of ACM to be abated in facility</b>	<b>Description of ACM (i.e. thermal systems insulation, surfacing, VAT or other miscellaneous)</b>	<b>Amount (Specify SF or LF)</b>
Fifth Floor, Pipe Chase 506 & 508	Elbow, Valves and/or Tees	10 LF
Sixth Floor, Pipe Chase 608	Elbow, Valves and/or Tees	5 LF
Seventh Floor, Pipe Chase 706 and 708	Elbow, Valves and/or Tees	10 LF
Seventh Floor, Pipe Chase 706 and 708	Elbow, Valves and/or Tees	6 LF
Eighth Floor, Pipe Chase 802 and 808	Elbow, Valves and/or Tees	10 LF
Ninth Floor, Pipe Chase 906 and 908	Elbow, Valves and/or Tees	10 LF
Tenth Floor, Pipe Chase 1006 and 1008	Elbow, Valves and/or Tees	10 LF
Eleventh Floor, Pipe Chase 1103 and 1108	Elbow, Valves and/or Tees	10 LF
Twelfth Floor, Pipe Chase 1206 and 1208	Elbow, Valves and/or Tees	10 LF
Basement, Ballistic Room Above Drop Ceiling	Elbow, Valves and/or Tees	6 LF
Seventh Floor, Room 710D	Elbow, Valves and/or Tees	6 LF

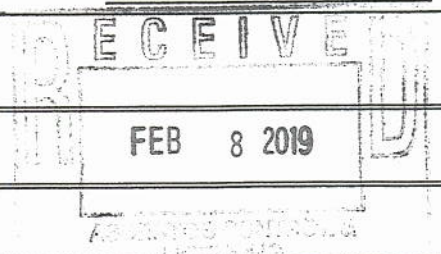


CK9129  
B & G proj. #: 2019-27

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

Check # 9129

Date of Notification (1) 02/10/19		Name of Building Owner/Operator (2) Marcy Prebut	
Agencies Notified	Type Notification	Street Address [REDACTED]	
<input type="checkbox"/> EPA	<input checked="" type="checkbox"/> Initial	City, State, Zip Code Millburn, NJ 07041	
<input type="checkbox"/> DEP	<input type="checkbox"/> Amendment	Name of Contact Marcy Prebut	
<input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Cancellation	Telephone Number	
<input checked="" type="checkbox"/> DOH			
<input type="checkbox"/> DCA			



FACILITY INFORMATION

Name of facility where abatement is taking place (3) Marcy Prbut			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		
City (5) Millburn, NJ 07041			County (6) Essex		Bldg. Age
			County Code (7) (State use only)		Current Use (Prior if being demolished) residential

Name of Monitoring Firm Hired by Bldg. Owner (8)		ASCM No.	Name of Abatement Contractor (9) B & G Restoration, Inc.	
Street Address			Street Address 105 Ryerson Road	
City, State, Zip Code			City, State, Zip Code Lincoln Park, NJ 07035	
Project Manager for Monitoring Firm		Phone Number	Telephone Number (973)696-6869	
			License Number 00378	
Scheduled Start Date (10) 02/15/2019		Sched. Completion Date (11) 02/16/2019		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility closed/vacated during entire period of abatement. <input type="checkbox"/> Abatement performed outside of normal facility hours- Describe: _____ <input type="checkbox"/> Other-Describe: _____				
Name of OSHA Monitor B & G Restoration, Inc.				
Street Address 105 Ryerson Road				
City, State, Zip Code LincolnPark, NJ 07035				

Scope of Work (check all that apply)

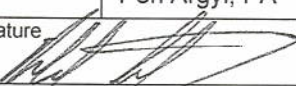
<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> wrap & cut	<input type="checkbox"/> Full Containment w/negative pressure	<input checked="" type="checkbox"/> Glovebag procedure
<input checked="" type="checkbox"/> >3 sf or >3 lf	<input type="checkbox"/>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

Location of asbestos-containing material to be abated in facility (13)	Is location normally used solely by maintenance/custodial staff(12)			Description of asbestos-containing material (ACM)	Amount (Specify SF or LF)	R e m o v e	R e p a i r	E n c a p	E n c l
	Yes	No	N/A						
Boiler room			<input checked="" type="checkbox"/>	pipe insulation	18 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Main Room			<input checked="" type="checkbox"/>	pipe Insulation	1 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laundry room			<input checked="" type="checkbox"/>	pipe insulation	27 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
to the electric panel						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Registered Waste Hauler B & G Restoration, Inc.	NJDEP Hauler ID# 19563	Cubic Yards of Waste 1	Name of Registered Landfill Grand Central Landfill
City, State Lincoln Park, NJ	Disposal Date 02/16/2019	City, State Pen Argyl, PA	
Completed by (Print or Type) Gordana Luna	Title Secretary/Treasurer	Signature <i>Gordana Luna</i>	Date 02/05/2019



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

Date of Notification (1) 2/5/19		Name of Building Owner/Operator (2) Debra Jacob							
Agencies Notified	Type Notification	Street Address [REDACTED]							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Emerson, NJ 07630							
		Name of Contact Debra Jacob	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 1850	# of Floors 2						
City (5) Emerson		Bldg. Age 65 +/-							
County (6) Bergen	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residential Home							
Name of Monitoring Firm Hired by Building Owner (8) Project Manager		ASCM No.	Name of Abatement Contractor (9) All Stages Abatement						
Street Address		Street Address 280 N. Midland Ave.							
City, State, Zip Code		City, State, Zip Code Saddle Brook, NJ 07663							
Project Manager for Monitoring Firm		Telephone No. 201-600-3184	License No. 01305						
Start Date (10) 2/6/19	Scheduled Completion Date (11) 2/9/19	Name of OSHA Monitor							
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8 A.M to 4 P.M		Street Address							
		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
Basement		x		VAT	135 SF	x			
Name of Registered Waste Hauler All Stages Abatement		NJDEP Waste Hauler ID No. 0036592	Cubic Yards of Waste 2 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 2/5/19					



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


CHK # 3511

Date of Notification (1) <u>2</u> / <u>5</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Verizon Communications</b>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>RECEIVED</b>  FEB 8 2019 </div>					
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>15 East Montgomery St</b>							
		City, State, Zip Code <b>Pittsburgh, PA 15212</b>							
		Name of Contact <b>Anthony Porta</b>		Telephone Number <b>412-633-4021</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Verizon Laurel Springs C.O.</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>29 - 35 Broadway Avenue</b>									
City (5) <b>Laurel Springs</b>				Square Feet <b>36,000</b>	# of Floors <b>3</b>				
				Bldg. Age <b>+50</b>					
County (6) <b>Camden</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Verizon</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>TTI Environmental, Inc</b>		ASCN No.		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL, INC.</b>					
Street Address <b>1253 North Church Street</b>				Street Address <b>1123 BEAVER STREET</b>					
City, State, Zip Code <b>Moorestown, NJ 08057</b>				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Project Manager for Monitoring Firm <b>Kris Smith</b>		Telephone No. <b>609-313-8218</b>		Telephone No. <b>215-788-6040</b>	License No. <b>00509</b>				
Start Date (10) <u>2</u> / <u>20</u> / <u>19</u>		Scheduled Completion Date (11) <u>3</u> / <u>1</u> / <u>19</u>		Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL, INC</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>5:00</u> PM - <u>1:00</u> AM				Street Address <b>1123 BEAVER STREET</b>					
				City, State, Zip Code <b>BRISTOL, PA 19007</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input 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
1 <sup>st</sup> Floor Staircase	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	59 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Air Dryer Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	60 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Battery Area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	99 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basement Mech. Equipment Room	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	VAT/Mastic	1,080 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>		Cubic Yards of Waste	Name of Registered Landfill <b>MINERVA LANDFILL</b>				
City, State <b>YARDLEY, PA</b>				Disposal Date <b>TBD</b>	City, State <b>WAYNESBURG, OH</b>				
Completed By (Print or Type) <b>Dillan DeCaro</b>		Title <b>Estimator</b>		Signature <i>Dellan DeCaro</i>		Date <b>2-5-19</b>			



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

**RECEIVED**

Date of Notification (1) <div style="text-align: center;">1 / 30 / 19</div>		Name of Building Owner/Operator (2) <b>PSE&amp;G /</b>		Job # 1812-5426 Check # <b>FEB 8 2019</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>4000 Hadley Road</b> City, State, Zip Code <b>South Plainfield, NJ</b> Name of Contact <b>John Cifelli</b>					
				Telephone Number <b>732-547-6230</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>PSE&amp;G- Paterson Garage</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>14 Broadway</b>				Square Feet					
City (5) <b>Paterson, NJ</b>				# of Floors					
County (6) <b>Passaic</b>				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Substation</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>PO Box 365</b>				Street Address <b>30 Maple Ave. PO Box 25</b>					
City, State, Zip Code <b>Berlin, NJ 08009</b>				City, State, Zip Code <b>Lumberton, NJ 08048</b>					
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>		Telephone No. <b>609-265-2107</b>					
Start Date (10) <b>1 / 28 / 19</b>		Scheduled Completion Date (11) <b>2 / 28 / 19</b>		License No. <b>00529</b>					
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM-_____ PM/ _____ PM-_____ AM				Name of OSHA Monitor <b>EMSL Analytical</b>					
				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White Caulk	450 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Window Caulk	200 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Black Tar & Paper Roof Layers	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vapor barrier under roof layers	2,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>Environmental Transport Group, INC.</b>		NJDEP Waste Hauler ID No. <b>000692061</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>Grows- Fairless Landfill</b>				
City, State <b>Flanders, NJ</b>		Disposal Date <b>2/28/19</b>		City, State <b>Morrisville, PA 19067</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>1-30-19</b>			



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

**RECEIVED**  
FEB 8 2019

Date of Notification (1) 1 / 31 / 19		Name of Building Owner/Operator (2) Rutgers, The State University of NJ / Job #1804-5300 Check #	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #5 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address REHS, 27 Road 1, Bldg. 4086 Livingston Campus	
		City, State, Zip Code Piscataway, NJ 08854	
		Name of Contact Michael F. Smith	Telephone Number 848-445-2550

**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) Rutgers- Livingston Campus- Bldgs. 4086, 4087 & 4155		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 27 Road #1		Square Feet	# of Floors 4
City (5) Piscataway, NJ 08854		Bldg. Age 60+	
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Academic	
Name of Monitoring Firm Hired by Building Owner (8) Health & Safety Services	ASCM No. 117	Name of Abatement Contractor (9) AbateTech, Inc.	
Street Address PO Box 365		Street Address 30 Maple Ave. PO Box 25	
City, State, Zip Code Berlin, NJ 08009		City, State, Zip Code Lumberton, NJ 08048	
Project Manager for Monitoring Firm James Proctor	Telephone No. 856-452-1311	Telephone No. 609-265-2107	License No. 00529
Start Date (10) 7 / 25 / 18	Scheduled Completion Date (11) 3 / 29 / 19	Name of OSHA Monitor EMSL Analytical	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North	
		City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

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

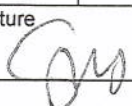
Name of Registered Waste Hauler AbateTech, Inc.	NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill
City, State Lumberton, NJ		Disposal Date 3/29/19	City, State Tullytown, PA
Completed By (Print or Type) Gwendolyn Trumbetti	Title Operations Coordinator	Signature 	Date 1-31-19



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

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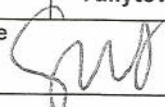
Date of Notification (1) <div style="text-align: center;">1 / 31 / 19</div>		Name of Building Owner/Operator (2) <b>Inspira Health Network / Job #1801-5255</b>		Check # <b>FEB 8 2019</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>2</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>3280 Peachtree Road, NW Suite 1400</b> City, State, Zip Code <b>Atlanta, Georgia 30305</b> Name of Contact <b>John Devine</b>					
				Telephone Number <b>856-262-1800</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Zee Farm Building #1, 3B &amp; 3C</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>700 Mullica Hill Road</b>				Square Feet # of Floors Bldg. Age					
City (5) <b>Mullica Hill, NJ</b>									
County (6) <b>Gloucester</b>		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Farm</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>M.E.C.S.</b>		ASCN No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>PO Box 341</b>				Street Address <b>30 Maple Ave. PO Box 25</b>					
City, State, Zip Code <b>Chesterfield, NJ 08515</b>				City, State, Zip Code <b>Lumberton, NJ 08048</b>					
Project Manager for Monitoring Firm <b>William Weisgarber Jr.</b>		Telephone No. <b>609-298-4070</b>		Telephone No. <b>609-265-2107</b> License No. <b>00529</b>					
Start Date (10) <div style="text-align: center;">12 / 19 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">3 / 29 / 19</div>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM				Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <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)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Bldg. #1	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Roof Tiles	1,200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Bldg. #3B	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Shingles	6,825 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior Bldg. #3C	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Silver Roofing	550 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 <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>3/29/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>1-31-19</b>			



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

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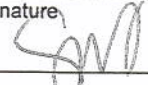
FEB 8 2019

Date of Notification (1) <u>1</u> / <u>31</u> / <u>19</u>		Name of Building Owner/Operator (2) Inspira Health Network / Job #1801-5255 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>2</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 3280 Peachtree Road, NW Suite 1400 City, State, Zip Code Atlanta, Georgia 30305 Name of Contact John Devine Telephone Number 856-262-1800							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Neale Farm Building #1		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 700 Mullica Hill Road		Square Feet							
City (5) Mullica Hill, NJ		# of Floors							
County (6) Gloucester		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) M.E.C.S.		Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address PO Box 341		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code CHesterfield, NJ 08515		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm William Weisgarber Jr.		Telephone No. 609-298-4070	License No. 00529						
Start Date (10) <u>12</u> / <u>26</u> / <u>18</u>	Scheduled Completion Date (11) <u>3</u> / <u>29</u> / <u>19</u>	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Throughout	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	White Ceiling Panels	300 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 40	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 3/29/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 1-31-19			



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

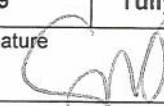
FEB 8 2019

Date of Notification (1) 1 / 31 / 19		Name of Building Owner/Operator (2) Pinelands Regional School District / Job #1808-5359 Check #							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #6 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 520 Nugentown Road City, State, Zip Code Little Egg Harbor, NJ Name of Contact Kevin MacDonald Telephone Number 856-662-9500							
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Pinelands Junior High School		Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 590 Nugentown Road		Square Feet							
City (5) Little Egg Harbor, NJ		# of Floors							
County (6) Ocean		Bldg. Age							
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) TTI Environmental		ASCM No.							
Street Address 1253 North Church Street		Name of Abatement Contractor (9) AbateTech, Inc.							
City, State, Zip Code Moorestown, NJ 08057		Street Address 30 Maple Ave. PO Box 25							
Project Manager for Monitoring Firm Jim Guilardi		City, State, Zip Code Lumberton, NJ 08048							
Telephone No. 856-840-8800		Telephone No. 609-265-2107							
Start Date (10) 8 / 22 / 18		License No. 00529							
Scheduled Completion Date (11) 3 / 29 / 19		Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf <input checked="" type="checkbox"/> Renovation <input 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
Various Bathroom/Locker Rooms	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Bathroom fixture caulk	600 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cafeteria	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Cove Base Mastic	400 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 40	Name of Registered Landfill Fairless Landfill				
City, State Lumberton, NJ		Disposal Date 3/29/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 			Date 1-31-19		



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

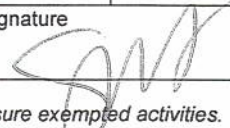
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Date of Notification (1) <div style="text-align: center;">1 / 31 / 19</div>		Name of Building Owner/Operator (2) <b>Seaview Resorts Acquisition Group, LLC Job#1809-5384 Check#</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>6</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>5600 Mariner Street, Suite 200</b>							
		City, State, Zip Code <b>Tampa, FL 33609</b>							
		Name of Contact <b>Chris Walsh</b>	Telephone Number <b>609-517-5741</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Stockton Seaview Hotel &amp; Golf Club</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>401 South New York Road</b>									
City (5) <b>Galloway, NJ 08205</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Atlantic</b>	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) <b>Hotel</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Heath &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>						
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>	License No. <b>00529</b>						
Start Date (10) <div style="text-align: center;">10 / 15 / 18</div>	Scheduled Completion Date (11) <div style="text-align: center;">2 / 28 / 19</div>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____ AM - ____ PM / ____ PM - ____ AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf									
<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition									
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Regency Wing 1 <sup>st</sup> Fl.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regency Wing 2 <sup>nd</sup> Fl.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regency Wing 3 <sup>rd</sup> Fl.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bay Wing 3 <sup>rd</sup> Fl.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>2/28/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>1-31-19</b>			



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

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Date of Notification (1) <div style="text-align: center;">1 / 31 / 19</div>		Name of Building Owner/Operator (2) Millville Public Schools / Job #1707-5179 Check #		FEB 8 2019					
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 #10 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 101 North 3 <sup>rd</sup> Street City, State, Zip Code Millville, NJ 08332 Name of Contact Bob Ryan Telephone Number 609-858-5395					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Millville Senior High School			Type of Facility (4) <input checked="" type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)						
Street Address 200 North Wade Blvd.			Square Feet 200,000						
City (5) Millville			# of Floors 2		Bldg. Age 50+				
County (6) Cumberland		County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) Education					
Name of Monitoring Firm Hired by Building Owner (8) Brinkerhoff Environmental Services, Inc.		ASCM No. 00100		Name of Abatement Contractor (9) AbateTech, Inc.					
Street Address 1805 Atlantic Avenue		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code Manasquan, NJ 08736		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm Gary W. Fleming		Telephone No. 732-223-2225		License No. 00529					
Start Date (10) 4 / 2 / 18		Scheduled Completion Date (11) 3 / 29 / 19		Name of OSHA Monitor EMSL Analytical					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-3:30PM/3:30PM-12AM			Street Address 200 Route 130 North						
			City, State, Zip Code Cinnaminson, NJ 08077						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input 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
See Attached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	See Attached	See Attached	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750		Cubic Yards of Waste 12	Name of Registered Landfill G.R.O.W.S. Landfill				
City, State Lumberton, NJ		Disposal Date 3/29/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwendolyn Trumbetti		Title Operations Coordinator		Signature 		Date 1-31-19			



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

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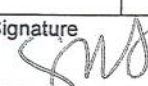
Date of Notification (1) <div style="text-align: center;">1 / 31 / 19</div>		Name of Building Owner/Operator (2) JCP&L/FirstEnergy Company / Job #1901-5434 Check #10933							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 10 Legion Place- Building A							
		City, State, Zip Code Morristown, NJ 07960							
		Name of Contact Irving Silverman	Telephone Number 978-490-6930						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) JCP&L		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address 40 Canfield Road									
City (5) Morristown		Square Feet	# of Floors Bldg. Age						
County (6) Morris	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Substation							
Name of Monitoring Firm Hired by Building Owner (8) NA	ASCM No.	Name of Abatement Contractor (9) AbateTech, Inc.							
Street Address		Street Address 30 Maple Ave. PO Box 25							
City, State, Zip Code		City, State, Zip Code Lumberton, NJ 08048							
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 609-265-2107	License No. 00529						
Start Date (10) 2 / 1 / 19	Scheduled Completion Date (11) 2 / 28 / 19	Name of OSHA Monitor EMSL Analytical							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 200 Route 130 North							
		City, State, Zip Code Cinnaminson, NJ 08077							
Scope of Work (Check all that apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Pole	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Asbestos risers	16 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler AbateTech, Inc.		NJDEP Waste Hauler ID No. 18750	Cubic Yards of Waste 2	Name of Registered Landfill G.R.O.W.S. Landfill					
City, State Lumberton, NJ		Disposal Date 2/28/19		City, State Tullytown, PA					
Completed By (Print or Type) Gwen Trumbetti		Title Operations Coordinator		Signature 		Date 1-31-19			



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

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Date of Notification (1) <div style="text-align: center;">1 / 31 / 19</div>			Name of Building Owner/Operator (2) <b>Borough of Spring Lake Heights / Job #1811-5411 Check #</b>						
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #4 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address <b>555 Brighton Avenue</b> City, State, Zip Code <b>Spring Lake Heights, NJ 07762</b> Name of Contact <b>Bryan Keeshan</b> Telephone Number <b>732-229-4064</b>					
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Spring Lake Heights Pump Station</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>506 6th Avenue</b>			Square Feet						
City (5) <b>Spring Lake</b>			# of Floors		Bldg. Age				
County (6) <b>Monmouth</b>		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) <b>Pump Station</b>					
Name of Monitoring Firm Hired by Building Owner (8) <b>NA</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm		Telephone No.		License No.					
				<b>00529</b>					
Start Date (10) <div style="text-align: center;">12 / 3 / 18</div>		Scheduled Completion Date (11) <div style="text-align: center;">3 / 29 / 19</div>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM			Street Address <b>200 Route 130 North</b> City, State, Zip Code <b>Cinnaminson, NJ 08077</b>						
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure					
Location of Asbestos-Containing Material (ACM) <b>TO BE ABATED IN Facility (13)</b>	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Exterior Roof	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Transite	700	<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>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>25</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>3/29/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 			Date <b>1-31-19</b>		



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

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Date of Notification (1) <u>1</u> / <u>31</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>State of NJ Department of Treasury / Job #1810-5404 Check</b>							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input checked="" type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <u>4</u> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>50 Barrack Street</b>							
		City, State, Zip Code <b>Trenton, NJ 08608</b>							
		Name of Contact <b>Mike Wilson</b>	Telephone Number <b>609-512-2345</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Executive State House</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input checked="" type="checkbox"/> Subchapter 8 (Other than K-12) <input type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)							
Street Address <b>125 West State Street</b>									
City (5) <b>Trenton, NJ</b>		Square Feet	# of Floors Bldg. Age						
County (6) <b>Mercer</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)							
Name of Monitoring Firm Hired by Building Owner (8) <b>Langan Engineering</b>		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>							
Street Address <b>300 Kimball Drive</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Parsippany, NJ 07054</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Vijay Patel</b>		Telephone No. <b>973-560-4900</b>	License No. <b>00529</b>						
Start Date (10) <u>11</u> / <u>12</u> / <u>18</u>	Scheduled Completion Date (11) <u>3</u> / <u>29</u> / <u>19</u>	Name of OSHA Monitor <b>EMSL Analytical</b>							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: <u>      </u> AM - <u>      </u> PM / <u>      </u> PM - <u>      </u> AM		Street Address <b>200 Route 130 North</b>							
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>							
Scope of Work (Check all that apply)									
<input type="checkbox"/> $\geq 3$ sf or $\geq 3$ lf <input checked="" type="checkbox"/> Renovation <input checked="" type="checkbox"/> $\geq 160$ sf or $\geq 260$ lf <input type="checkbox"/> Demolition <input 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
SEE ATTACHED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	SEE ATTACHED	SEE ATTACHED	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>					
City, State <b>Lumberton, NJ</b>		Disposal Date <b>3/29/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>1-31-19</b>			



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



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

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Check #11019

Date of Notification (1) <u>2</u> / <u>5</u> / <u>19</u>		Name of Building Owner/Operator (2) <b>Garden Spires Urban Renewal, LP / Job #</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address <b>885 2nd Avenue 31st Floor</b>	
		City, State, Zip Code <b>New York, NY 10017</b>	
		Name of Contact <b>Everton Millin</b>	Telephone Number <b>917-280-3678</b>

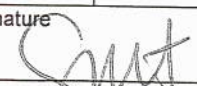
**FACILITY INFORMATION**

Name of Facility Where Abatement is Taking Place (3) <b>Garden Spires Apartments-Building 195</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>195 1st Street</b>		Square Feet	# of Floors
City (5) <b>Newark, NJ</b>		Bldg. Age	
County (6) <b>Essex</b>	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	
Name of Monitoring Firm Hired by Building Owner (8) <b>Health &amp; Safety Services</b>		ASCM No.	Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>	
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>	
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>	Telephone No. <b>609-265-2107</b>
Start Date (10) <u>2</u> / <u>14</u> / <u>19</u>		Scheduled Completion Date (11) <u>2</u> / <u>28</u> / <u>19</u>	License No. <b>00529</b>
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____AM-_____PM/_____PM-_____AM		Name of OSHA Monitor <b>EMSL Analytical</b>	
		Street Address <b>200 Route 130 North</b>	
		City, State, Zip Code <b>Cinnaminson, NJ 08077</b>	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Apartment 4E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment 6E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	8 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Apartment 15E	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe Insulation	4 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

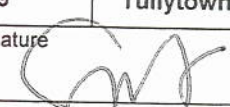
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>	Cubic Yards of Waste <b>25</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>	
City, State <b>Lumberton, NJ</b>		Disposal Date <b>2/28/19</b>		City, State <b>Tullytown, PA</b>	
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>	Title <b>Operations Coordinator</b>	Signature 		Date <b>2-5-19</b>	



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

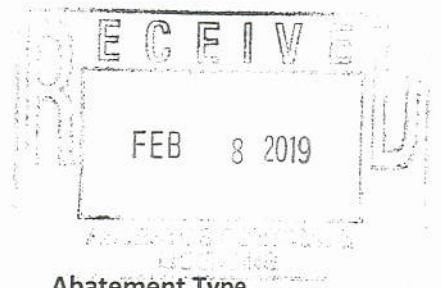
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FFB Group, LLC 8 2019 Job#1809-

Date of Notification (1) <b>2 / 5 / 19</b>		Name of Building Owner/Operator (2) <b>Seaview Resorts Acquisition</b> <b>5384 Check #11020 11021 11022</b>		Street Address <b>5600 Mariner Street, Suite 200</b>					
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # <b>7</b> <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		City, State, Zip Code <b>Tampa, FL 33609</b>					
Name of Contact <b>Chris Walsh</b>			Telephone Number <b>609-517-5741</b>						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) <b>Stockton Seaview Hotel &amp; Golf Club</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>401 South New York Road</b>				Square Feet					
City (5) <b>Galloway, NJ 08205</b>				# of Floors					
County (6) <b>Atlantic</b>				Bldg. Age					
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) <b>Hotel</b>							
Name of Monitoring Firm Hired by Building Owner (8) <b>Heath &amp; Safety Services</b>		ASCM No.		Name of Abatement Contractor (9) <b>AbateTech, Inc.</b>					
Street Address <b>PO Box 365</b>		Street Address <b>30 Maple Ave. PO Box 25</b>							
City, State, Zip Code <b>Berlin, NJ 08009</b>		City, State, Zip Code <b>Lumberton, NJ 08048</b>							
Project Manager for Monitoring Firm <b>Jim Proctor</b>		Telephone No. <b>609-704-8850</b>		License No. <b>00529</b>					
Start Date (10) <b>10 / 15 / 18</b>		Scheduled Completion Date (11) <b>2 / 28 / 19</b>		Name of OSHA Monitor <b>EMSL Analytical</b>					
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM				Street Address <b>200 Route 130 North</b>					
				City, State, Zip Code <b>Cinnaminson, NJ 08077</b>					
Scope of Work (Check all that apply)									
<input type="checkbox"/> ≥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 checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Regency Wing 1 <sup>st</sup> Fl.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regency Wing 2 <sup>nd</sup> Fl.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regency Wing 3 <sup>rd</sup> Fl.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bay Wing 3 <sup>rd</sup> Fl.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Accoustical Fire proofing	2,500 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of Registered Waste Hauler <b>AbateTech, Inc.</b>		NJDEP Waste Hauler ID No. <b>18750</b>		Cubic Yards of Waste <b>40</b>	Name of Registered Landfill <b>G.R.O.W.S. Landfill</b>				
City, State <b>Lumberton, NJ</b>		Disposal Date <b>2/28/19</b>		City, State <b>Tullytown, PA</b>					
Completed By (Print or Type) <b>Gwendolyn Trumbetti</b>		Title <b>Operations Coordinator</b>		Signature 		Date <b>2-5-19</b>			



Scope of Work Cont.



<u>Location of ACM</u>	<u>Used for Maint.</u>	<u>Description of ACM</u>	<u>Amount</u>	<u>Abatement Type</u>
Dining Room	NO	Acoustical material on plaster	3,000 SF	Removal
Regency Wing	NO	Plaster	72 SF	Removal
Regency Wing	NO	Elbows	54 total	Removal
Library #106	NO	Asbestos Debris Clean up	3 SF	Repair
IDF Closet 1 <sup>st</sup> Floor	NO	Transite	250 SF	Removal
IDF Closet 2 <sup>nd</sup> Floor	NO	Transite	250 SF	Removal
IDF Closet 3 <sup>rd</sup> Floor	NO	Transite	250 SF	Removal



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

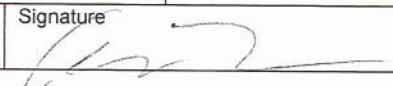
RECEIVED

Date of Notification (1) 2/7/2019		Name of Building Owner/Operator (2) The Schundler Company							
Agencies Notified	Type Notification	Street Address 150 Whitman Avenue							
<input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <input type="checkbox"/> Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Edison, NJ 08817							
		Name of Contact Dale Cross, Owner's Representative	Telephone Number 860-503-1664						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) Schundler, Inc.		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address 150 Whitman Avenue		Square Feet 15000	# of Floors 2						
City (5) Edison, NJ 08817		Bldg. Age 50+							
County (6) Middlesex	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) Manufacturing							
Name of Monitoring Firm Hired by Building Owner (8) Lead Consultants of America, Inc.		ASCM No.	Name of Abatement Contractor (9) Prism Response, Inc.						
Street Address 220 Davidson Avenue		Street Address 102 Technology Lane							
City, State, Zip Code Somerset, NJ 08873		City, State, Zip Code Export, PA 15632							
Project Manager for Monitoring Firm Scott Gill		Telephone No. 732-418-9006	Telephone No. 724-325-3330						
Start Date (10) 2/5/2019		Scheduled Completion Date (11) 2/15/2019	License No. 01121						
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 Prism Response							
		Street Address 70 Hillside Dr., Suite 200 (branch office)							
		City, State, Zip Code Drums, PA 18222							
Scope of Work (Check All That Apply)									
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition							
		<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (?) and Non-Friable Procedure							
		(VAT area only)							
		(roof shingles)							
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
Batch House - Storage Parts Room			X	Vinyl Asbestos Floor Tile	100	SF			
* 2nd Floor Storage Area			X	Acoustical Ceiling	16	SF			*
Storage Building			X	ACM Roofing Shingles	4400	SF			
Name of Registered Waste Hauler Waste Management		NJDEP Waste Hauler ID No. 17273	Cubic Yards of Waste	Name of Registered Landfill Fairless Landfill					
City, State Ewing, NJ			Disposal Date 2/18/2019	City, State Morrisville, Pennsylvania					
Completed by Jessica Wolfe		Title Administrative Support	Signature <i>Jessica Wolfe</i>	Date 2/7/2019					

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

UK5507PAID

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Date of Notification (1) 02/07/19		Name of Building Owner/Operator (2) FEDERAL REALTY INVESTMENT TRUST							
Agencies Notified	Type Notification	Street Address 1626 EAST JEFFERSON STREET							
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL  <input checked="" type="checkbox"/> DOH <input checked="" type="checkbox"/> DCA	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code ROCKVILLE, MD 20852							
		Name of Contact RIC WOODIE	Telephone Number 301-998-8286						
<b>FACILITY INFORMATION</b>									
Name of Facility Where Abatement is Taking Place (3) ELLISBURG CIRCLE SHOPPING 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 22 NJ RT 70		Square Feet 20000	# of Floors 1						
City (5) CHERRY HILL		Bldg. Age +/-50							
County (6) CAMDEN	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) STORE							
Name of Monitoring Firm Hired by Building Owner (8) VERTEX COMPANIES		ASCM No. _____	Name of Abatement Contractor (9) PEPPER ENVIRONMENTAL SERVICES, INC.						
Street Address 700 TURNER INDUSTRIAL WAY		Street Address 2251 FRALEY STREET							
City, State, Zip Code ASTON, PA 19014		City, State, Zip Code PHILADELPHIA, PA 19137							
Project Manager for Monitoring Firm DON HEIM		Telephone No. 610-787-0402	Telephone No. 215-533-5155						
Start Date (10) 02/13/19		Scheduled Completion Date (11) 2/20/19	License No. 01166						
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 VERTEX COMPANIES							
		Street Address 700 TURNER INDUSTRIAL WAY							
		City, State, Zip Code ASTON, PA 19014							
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
SPACE 29			X	MASTIC	3000	X			
Name of Registered Waste Hauler SERVICE TRANSPORT GROUP		NJDEP Waste Hauler ID No. _____	Cubic Yards of Waste _____	Name of Registered Landfill MINERVA					
City, State YARDLEY, PA		Disposal Date _____		City, State LIBSON, OH					
Completed by JENNIFER NIVEN		Title DIR. OF OPERATIONS	Signature 			Date 2-7-19			