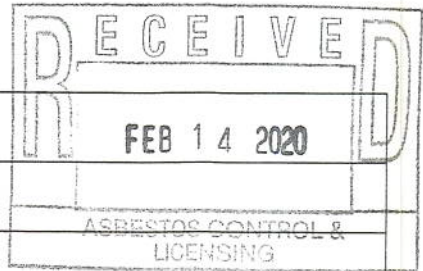


CH 409

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



Date of Notification (1) 02/07/2020 Inv 17935		Name of Building Owner/Operator (2) ResiPro	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation		Street Address 3630 Piedmont Road
			City, State, Zip Code Atlanta GA 30305
		Name of Contact Sheri Borg	Telephone Number 973-328-1909

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) N/A		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) Paterson NJ		Square Feet 1,344	# of Floors 1
County (6) Passaic		County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) residence
Name of Monitoring Firm Hired by Building Owner (8)		ASCM No.	Name of Abatement Contractor (9) Checkmark Industrial
Street Address		Street Address 54 Morgan Dr	
City, State, Zip Code		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm		Telephone No. 973-570-2645	License No. 01334
Start Date (10) 02/08/2020	Scheduled Completion Date (11) 02/20/2020	Name of OSHA Monitor Checkmark Industrial	
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 54 Morgan Dr	
		City, State, Zip Code Sparta NJ 07871	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement		X		duct insulation	110 LF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 3	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark NJ		Disposal Date		City, State Pen Argyl, PA	
Completed by Corey Stankovic		Title CEO	Signature <i>(Signature)</i>		Date 2/07/2020

Amended
CK 408

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

RECEIVED
FEB 14 2020
ASBESTOS CONTROL & LICENSING

Date of Notification (1) 12/26/2019		Name of Building Owner/Operator (2) NECG Tom River BH LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 2 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 1 Hillcrest Center, Suite 310		City, State, Zip Code Spring Valley, NY	
Name of Contact Matt Martino		Telephone Number 732-444-4130	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former K-Mart		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address 213 Route 37 East		Square Feet 84,121	
City (5) Toms River		# of Floors 1	Bldg. Age 1965
County (6) Ocean	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) commercial	
Name of Monitoring Firm Hired by Building Owner (8) Envirovision		ASCM No. 00079	Name of Abatement Contractor (9) Checkmark Industrial
Street Address 20-21 Wagaraw Road		Street Address 54 Morgan Dr	
City, State, Zip Code Fair Lawn NJ 07410		City, State, Zip Code Sparta NJ 07871	
Project Manager for Monitoring Firm Fred Larson	Telephone No. 973-636-9145	Telephone No. 973-570-2645	License No. 01334
Start Date (10) 1/8/2020	Scheduled Completion Date (11) 4/8/2020	Name of OSHA Monitor Envirovision	
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 20-21 Wagaraw Road	
		City, State, Zip Code Fair Lawn, NJ	

Scope of Work (Check All That Apply)

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

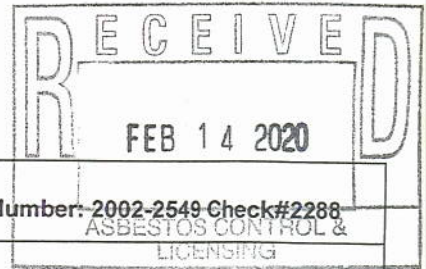
Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Center		X		floor tile mastic	39,000 SF	X			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No.	Cubic Yards of Waste 120	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark NJ		Disposal Date		City, State Pen Argyl, PA	
Completed by Corey Stankovic		Title CEO	Signature <i>Corey Stankovic</i>		Date 12/26/2019

Inv-18128

CH 2288

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



Date of Notification (1) 2 / 12 / 20		Name of Building Owner/Operator (2) Semaj McCullough		Job Number: 2002-2549 Check#2288	
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 [REDACTED]	
		City, State, Zip Code Willingboro NJ 08046		Name of Contact Semaj McCullough	
				Telephone Number	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residential Property			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)		
Street Address [REDACTED]			City (5) Willingboro		
County (6) Burlington		County Code (7)(STATE USE ONLY)		Current Use (Prior if being demolished) Residential	
Square Feet 1,570		# of Floors 1		Bldg. Age 57 years	

Name of Monitoring Firm Hired by Building Owner (8) Horizon Environmental		ASCM No.		Name of Abatement Contractor (9) Asbestos and Mold Services, Corp.	
Street Address PO Box 316		City, State, Zip Code Thorofare, NJ 08086		Street Address 1835 Underwood Blvd	
City, State, Zip Code Thorofare, NJ 08086		Telephone No. 856-848-0800		Telephone No. 609-702-0400	
Project Manager for Monitoring Firm Dave Flanigan		License No. 00862			

Start Date (10) 2 / 21 / 20		Scheduled Completion Date (11) 2 / 23 / 20		Name of OSHA Monitor EMSL Analytical, Inc.	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM <i>Friday Reg Shift & WEEKEND WORK</i>				Street Address 200 U.S. Route 130 North	
				City, State, Zip Code Cinnaminson, NJ 08077	

Scope of Work (Check all that apply)

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

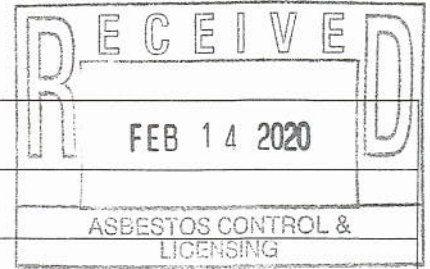
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Floor tile and Mastic	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Dining Area & Kitchen	200 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Asbestos and Mold Services		NJDEP Waste Hauler ID No. 0035680		Cubic Yards of Waste 5		Name of Registered Landfill Grand Central	
City, State Delran, NJ		Disposal Date 2/23/20		City, State Penn Argyle, PA			
Completed By (Print or Type) Kaysi Gruner		Title Office Assistant		Signature <i>Kaysi Gruner</i>		Date 2/18/20	

MO1000067779

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 12:10)

P A I D



Date of Notification (1) 2/10/2020 <i>Inv 18127</i>		Name of Building Owner/Operator (2) LanXess Solutions US Inc.	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 111 RIDC Park West Dr	
		City, State, Zip Code Pittsburgh, PA, 15275	
		Name of Contact Joe Ballo	Telephone Number (908) 616-0635

Name of Facility Where Abatement is Taking Place (3) LanXess Solutions US Inc. Perth Amboy Plant		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 1000 Convery Blvd.		Square Feet	# of Floors
City (5) Perth Amboy		Bldg. Age	
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) N/A	ASCM No.	Name of Abatement Contractor (9) Advanced Specialty Contractors	
Street Address		Street Address 2400 Main Street Ext., Suite 10	
City, State, Zip Code		City, State, Zip Code Sayreville, NJ	

Project Manager for Monitoring Firm	Telephone No.	Telephone No. 732-525-0100	License No. 00750
Start Date (10) 2/24/2020	Scheduled Completion Date (11) 3/7/2020	Name of OSHA Monitor Environmental Tactics	

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 64 Broad St.
	City, State, Zip Code Matawan, NJ, 07747

Scope of Work (Check All That Apply)

<input type="checkbox"/> ≥ 3 sf or ≥ 3 lf	<input type="checkbox"/> Renovation	<input type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥ 160 sf or ≥ 260 lf	<input checked="" type="checkbox"/> Demolition	<input checked="" type="checkbox"/> 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
Boiler Room	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe insulation	200 lf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Truck Rack	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Pipe Insulation	33	<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 Freehold Carting	NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 10	Name of Registered Landfill GROWS Landfill
City, State Freehold, NJ	Disposal Date 3/9/2020	City, State Morrisville, PA	
Completed by John Evanovich	Title Estimator	Signature <i>John Evanovich</i>	Date 2/10/2020

CK 65887

1491-02 Inv-18124

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

PAID

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 FEB 14 2020
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 01 / 23 / 20		Name of Building Owner/Operator (2) Janssen Pharmaceuticals	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment #1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 1001 Route 202	
		City, State, Zip Code Raritan, NJ	
		Name of Contact Harold Marsan	Telephone Number 908 927-6912

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Johnson and Johnson		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 1001 US-202			
City (5) Raritan	Square Feet >50,000	# of Floors 6	Bldg. Age
County (6) Hunterdon	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) Environmental Health Investigations		ASCM No.	Name of Abatement Contractor (9) Delta/BJDS, Inc	
Street Address 655 West Shore Trail		Street Address 1345 Industrial Blvd		
City, State, Zip Code Sparta, NJ 07871		City, State, Zip Code Southampton Pa 18966		
Project Manager for Monitoring Firm	Telephone No. 973 729-5649	Telephone No. 215 322-2900	License No. 00783	

Start Date (10) 02 / 06 / 20	Scheduled Completion Date (11) 03 / 31 / 20	Name of OSHA Monitor		
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7AM-11PM/___PM-___AM		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 checked="" type="checkbox"/> Mini-Enclosure
		<input type="checkbox"/> Glovebag Procedure
		<input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
B West 1 st Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	9,600 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B West 2 nd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	3,000 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B West 3 rd Floor	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Floor Tile and Mastic	560 SF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Between 2 nd and 3 rd Fl	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Window Caulk	60 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

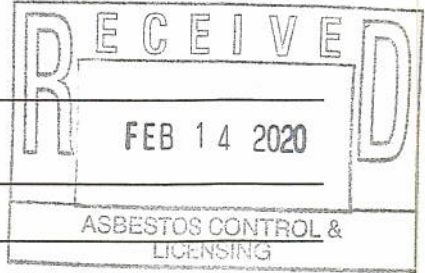
Name of Registered Waste Hauler Service Transport Group		NJDEP Waste Hauler ID No. 20990	Cubic Yards of Waste	Name of Registered Landfill Minerva Landfill	
City, State 58 Pyles Lane New Castle DE		Disposal Date		City, State Waynesburg, Ohio	

Completed By (Print or Type) Christine Del Viscio	Title Asst. Administrator	Signature <i>Christine Del Viscio</i>	Date 2-13-2020
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* Do not use this form for asbestos licensure exempted activities.

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



Date of Notification (1) 01/10/20 Month/Day/Year		Name of Building Owner/Operator (2) Princeton University	
Agency Notified x EPA x DEP DCA x DOH	Type Notification Initial	Street Address P.O. box 2158	
	Notification	City, State, Zip Code Princeton NJ 08543	
	x Amended	Name of Contact Robert Otego	
	Notification Cancellation	Telephone Number 609-258-1841	

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Princeton University -- Fine Hall Level a			Type of Facility (4) <input type="checkbox"/> School (K12) <input type="checkbox"/> Subchapter 8 (Other than K12) <input checked="" type="checkbox"/> Other (i. e. Private & commercial buildings, homes, etc.)		
Street Address Washington Road			Square Feet 90000	# of Floors 4	Bldg. Age 70+
City (5) Princeton	County (6)	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) classrooms/library		
Name of Monitoring Firm Hired by Building Owner (8) TTI environmental Inc		ASCM No.	Name of Abatement Contractor (9) Associated Specialty Contracting		
Street Address 1253 North Church Street		Street Address 98 LaCrue Avenue			
City, State, Zip Code Moorestown NJ 08057		City, State, Zip Code Glen Mills, PA 19342			
Project Manager of Monitoring Firm Mike Keehn		Telephone Number 609-386-8800	Telephone Number 610-364-9622	Licence Number 1103	
Scheduled Start Date (10) 01/20/20 Month/Day/Year		Sched. Completion Date (11) 03/05/20 Month/Day/Year		Name of OSHA Monitor Criterion Labs	
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: 7:00 AM to 7:30 PM Other - Describe:			Street Address 3370 Progressive Drive City, State, Zip Code Bensalem PA 19020		

Scope of work (Check all that apply)

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

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) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type							
	Yes	No	N/A			R	E	N	E				
						M	P	A	P	O			
Level a A20,A21,A22		x		carpet glue adhesive	9652sf	x							
Level A A14,A15,A16,A17,corridor		x		carpet glue adhesive	10589sf	x							
Level a A14,A15,A16,A17 corridor		x		floor tile and mastic	2115sf	x							

Name of Registered Waste Hauler Robbinson Waste	NJDEP Waste Hauler ID No. 1730	Cubic Yards of Waste 60	Name of Registered Landfill GROWS
City, State Voorhees NJ		Disposal Date As needed	City, State Morrisville PA

Completed By (Print or Type) Jack Tomasura	Title senior estimator	Signature <i>Jack Tomasura</i>	Date 2-13-20
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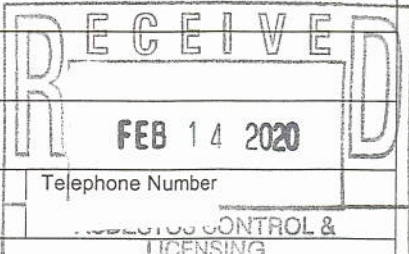
INV-18050

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to N.J.A.C. 17:26 and 17:27)

PAID

Check 19832

Date of Notification (1) 2/10/20		Name of Building Owner/Operator (2) Porraro Homes	
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 PO Box 8814
			City, State, Zip Code Red Bank, NJ 07701
		Name of Contact Greg Porraro	Telephone Number



Name of Facility Where Abatement is Taking Place (3) home			Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)		
Street Address [REDACTED]			Square Feet 1800	# of Floors 2	Bldg. Age 82
City (5) Metuchen			Current Use (Prior if being demolished) home		
County (6) Middlesex		County Code (7) (STATE USE ONLY) _____	Name of Abatement Contractor (9) ABS Environmental Services, LLC		
Name of Monitoring Firm Hired by Building Owner (8) _____			ASCM No.	Street Address PO Box 483, 4 E Gate Drive	
Street Address			City, State, Zip Code Glenwood, NJ 07418		
City, State, Zip Code			Telephone No. 973-764-2276	License No. 703	
Project Manager for Monitoring Firm		Telephone No.	Name of OSHA Monitor		
Start Date (10) 2/19/20		Scheduled Completion Date (11) 3/4/20	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: _____		
Occupancy Status During Abatement (Check Only One)			Street Address		
			City, State, Zip Code		

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
kitchen			x	floor tile & mastic	120 SF	x			
upstairs bedroom			x	floor tile & mastic	88 SF	x			

Name of Registered Waste Hauler Newark Carting		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste TBD	Name of Registered Landfill Grand Central Sanitary Landfill	
City, State Newark, NJ		Disposal Date TBD	City, State Pen Argyl, PA		
Completed by A. Scott Higgins		Title President	Signature 		Date 2/10/20

PAID

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FEB 14 2020

PAGE 03/04

ASBESTOS CONTROL & LICENSING

02/10/2020 10:36AM 9736381778

INV-18044

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

Check#3562

DO - 10 DAY

FEB 14 2020

Date of Notification (1) 02 / 10 / 20		Name of Building Owner/Operator (2) Christian Zaino	
Agencies Notified <input type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DHSS <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____	Street Address [REDACTED]	
	<input checked="" type="checkbox"/> Emergency (Including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code Morristown, NJ 07960	
		Name of Contact Leonard G. Leider	Telephone Number

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) Private house		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-1 2) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet	# of Floors
City (5) Morristown, NJ 07960		Bldg. Age	
County (6) Morris	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)		ASCM No	Name of Abatement Contractor (9) Gr Tech LLC	
Street Address		Street Address 576 Valley Rd #283		
City, State, Zip Code		City, State, Zip Code Wayne, NJ 07470		
Project Manager for Monitoring Firm		Telephone No. 973-356-3511	Telephone No	License No 01127

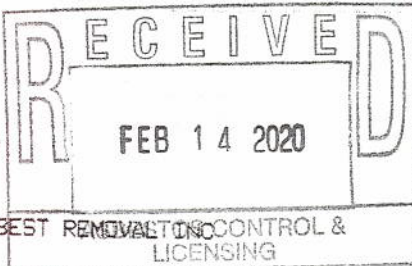
Start Date (10) 02 / 11 / 20	Scheduled Completion Date (11) 02 / 13 / 20	Name of OSHA Monitor Envirovision Consultants, Inc	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: _____ AM- _____ PM/ _____ PM- _____ AM		Street Address 20-21 Wagaraw Road, Bldg. # 35E	
		City, State, Zip Code Fair Lawn, NJ 07410	

Scope of Work (Check all that apply)		<input type="checkbox"/> Clean up and decontamination with negative pressure <input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input type="checkbox"/> Tent with Negative Pressure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
<input checked="" type="checkbox"/> >3 sf or >3 lf <input type="checkbox"/> > 160 sf or >250 lf	<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition		

Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SIF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pipe insulation-wrap&cut	25 LF	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

PAID



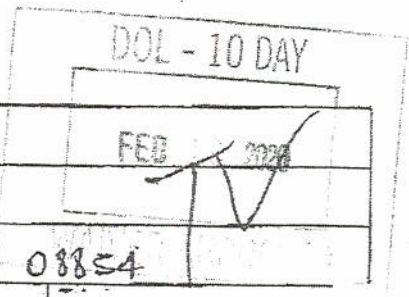
ck 9149

02/10/2020 12:20PM 2013297440

PAGE 02/04

INV-18043

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



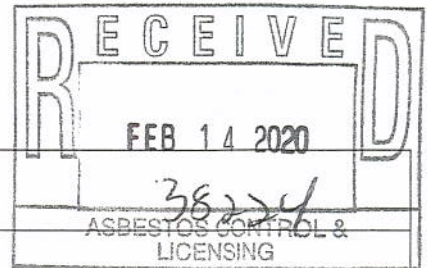
Date of Notification (1) 2/10/20		Name of Building Owner/Operator (2) MS. MARTHA WU	
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]	City, State, Zip Code PISCATAWAY, N.J. 08854
Name of Facility Where Abatement is Taking Place (3) MS MARTHA WU		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		Square Feet 2000	# of Floors 2
City (5) PISCATAWAY		Bldg. Age 1940	
County (6) MIDDLESEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)	
Street Address		Best Removal Inc	
City, State, Zip Code		Street Address 450 South River St	
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388
Start Date (10) 2/11/20	Scheduled Completion Date (11) 2/14/20	Name of OSHA Monitor Omega Environmental	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St	
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 ft <input type="checkbox"/> ≥ 100 sf or ≥ 200 ft		City, State, Zip Code S. Hackensack, N.J. 07606	
Is Location Normally Used Solely by Maintenance/Custodial Staff? (12) Yes No N/A		Description of Asbestos Containing Material (ACM) (i.e., sprayed systems insulation, surfacing, VAT, or other miscellaneous)	
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13)		Amount (Specify SF or LF)	
1st FLOOR/FURNACE ROOM		THERMAL SURFACING 48 SF X	
2nd FLOOR/FURNACE ROOM		TRANSITE MATERIAL 120 SF X	
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 3 1/2
City, State Hackensack, N.J. 07601		Name of Registered Landfill CAMBERLAND COUNTY LANDFILL	
Completed by J. MAIORANO		Disposal Date 2/12/20	City, State NEWBURGH, PA. 17240
Title Estimator		Signature [Signature]	Date 2/10/20

ASB-41

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

INV-18037
 CK38224

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



Date of Notification (1) 02 / 11 / 20		Name of Building Owner/Operator (2) D & A Demo, LLC	
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DOLWD <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA (NJAC 5:23-8)	Type Notification <input type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 2156 Camplain Road	
		City, State, Zip Code Hillsborough, NJ 08844	
		Name of Contact Antonio Dimuzio	Telephone Number 732-713-4496

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address [REDACTED]			
City (5) New Providence		Square Feet 2000	# of Floors 2
		Bldg. Age 80	
County (6) Union	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished) Residence	
Name of Monitoring Firm Hired by Building Owner (8) Guardian Contracting, Inc.		ASCM No.	Name of Abatement Contractor (9) Guardian Contracting, Inc.
Street Address 1889 Rte. 9, Unit 61		Street Address 1889 Route 9, Unit 61	
City, State, Zip Code Toms River, New Jersey 08755		City, State, Zip Code Toms River, New Jersey 08755	
Project Manager for Monitoring Firm Nicholas Fernicola	Telephone No. 732-349-9932	Telephone No. 732-349-9932	License No. 00624
Start Date (10) 02 / 11 / 20	Scheduled Completion Date (11) 02 / 12 / 20	Name of OSHA Monitor E.M.S.L. Analytical	
Occupancy Status During Abatement (Check only one) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: ____AM-____PM/____PM-____AM		Street Address 1056 Stelton	
		City, State, Zip Code Piscataway, New Jersey 08854	
Scope of Work (Check all that apply)			
<input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 160 sf or ≥ 260 lf		<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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
hallway	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	asbestos floor tile	96 sf	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler Guardian Contracting, Inc.	NJDEP Waste Hauler ID No. 20223	Cubic Yards of Waste 3	Name of Registered Landfill T.R.R.F.
City, State Toms River, New Jersey		Disposal Date 02/12/20	City, State Tullytown, Pennsylvania
Completed By (Print or Type) Nicholas Fernicola	Title Project Manager	Signature 	Date 2/11/20

CK 35144

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

PAID

35144
RECEIVED
 FEB 14 2020
 ASBESTOS CONTROL & LICENSING

Date of Notification (1)

INV-18052

Name of Building Owner/Operator (2)

HACKENSACK MERIDIAN HEALTH

2 / 10 /20

Agencies Notified

- EPA
- DEP
- DOL
- DOH
- DCA

Type Notification

- Initial Notification
- Amended Notification #2
- Cancellation
- On Hold
- EMERGENCY NOTIFICATION

Street Address

1 HOSPITAL PLAZA

City, State, Zip Code

OLD BRIDGE, NEW JERSEY 08857

Name of Contact

ROBERTO RODRIGUEZ

Telephone Number

732-360-1000

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)

RARITIAN BAY MEDICAL CENTER

Type of Facility (4)

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

Street Address

1 HOSPITAL PLAZA

Square Feet

250,000

of Floors

5

Bldg. Age

60

City (5)

OLD BRIDGE

County (6)

MIDDLESEX

County Code (7)
(STATE USE ONLY)

Current Use (Prior if being demolished)

HOSPITAL

Name of Monitoring Firm Hired by Building Owner (8)

ENVIRONMENTAL TACTICS, INC.

ASCM No.

Name of Abatement Contractor (9)

PAR ENVIRONMENTAL CORPORATION

Street Address

64 BROAD STREET

Street Address

313 SPOOK ROCK ROAD

City, State, Zip Code

MATAWAN, NEW JERSEY 07747

City, State, Zip Code

SUFFERN, NEW YORK 10901

Project Manager for Monitoring Firm

THOMAS GEIGER

Telephone Number

732-290-2217

Telephone Number

845-369-7500

License Number

1101

Expected State Date (10)

2 / 18 /2020
 Month Day Year

Sched. Completion Date (11)

5 / 30 /2020
 Month Day Year

Name of OSHA Monitor

AMERISCI LABORATORIES INC

#11480

Occupancy Status During Abatement (Check only one)

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

Street Address

117 EAST 30TH STREET

City, State, Zip Code

NEW YORK, NEW YORK 10016

Scope of Work (Check all that apply)

- Demolition
- >3SF OR LF
- >160 SF OR 260 LF
- Renovation
- Full Containment
- Mini Encló
- Glovebag Procedure
- Non-Friable Procedure

Location of Asbestos-containing Material (ACM) TO BE ABATED in Facility (13)	Is Location normally used solely by Maint/Custodial Staff (12)			Description of Asbestos-Containing Material (ACM) (ie. Thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			REMOVAL	REPAIR	ENCAPSUL	ENCLOSUR
1st Floor -Old Surgery Section			x	VAT & Mastic	1,200 SF	x			

Name of Registered Waste Hauler

NEWARK CARTING
 369 RAYMOND BLVD.

NJDEP Waste Hauler ID No.

913

Cubic Yards of Waste

30

Name of Registered Landfill

GRAND CENTRAL SANITARY LANDFILL

City, State

NEWARK, NEW JERSEY

Disposal Date

2/17/20-05/30/2020

City, State

PLAINFIELD TOWNSHIP, PENNSYLVANIA

Completed by (Print or Type)

BENJAMIN SANCHEZ

Title

DIRECTOR OF OPERATIONS

Signature

Date

2/10/20

Inv-18125

State of New Jersey

Check # 16813

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26-7 and 12:20-7)

PAID

RECEIVED
FEB 14 2020
ASBESTOS CONTROL & LICENSING

Date of Notification (1)
2/10/2020

Name of Building Owner/Operator (2)
Patrick Blake

Agencies Notified
 EPA
 DEP
 DOL
 DOH
 DCA

Type Notification
 Initial Notification
 Amended Notification
 EMERGENCY
 Cancellation

Street Address
[REDACTED]

City, State, Zip Code
Maplewood, NJ, 07040

Name of Contact
Patrick Blake

Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3)
Patrick Blake

Street Address
[REDACTED]

City
Maplewood

County
Essex

County Code (7)
(STATE USE ONLY)

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

Square Feet # of Floors Bldg. Age

Current Use (Prior if being demolished)

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

ASCM No.

Name of Abatement Contractor (9)
AZTECH MANAGEMENT, Inc.

Street Address
86 Christopher St.

City, State, Zip Code
Montclair, NJ 07042

Project Manager for Monitoring Firm Telephone Number
N/A

Telephone Number
(973) 744-8800

License Number
00371

Scheduled Start Date (10)
2/ 25/ 2020

Sched. Completion Date (11)
2/ 27/ 2020

Month Day Year Month Day Year

Name of OSHA Monitor
N/A

Occupancy Status During Abatement (Check only one)
 Facility Closed/Vacated During Entire Period of Abatement
 Abatement Performed Outside of Normal Facility Hours - Describe: «OffHours Descript»
 Other - Describe: «Other Occupancy Descript»

Street Address

City, State, Zip Code

Scope of Work (Check all that apply)

>3 sf or >3 lf
 >160 sf or >260 lf

Renovation
 Demolition

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

Location of Asbestos-Containing Material (ACM) 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			R E M O V A L	R E P A I R	E N C A P S U L	E N C L O S U R E
Basement			X	Pipe Insulation	130 LF	X			

Name of Registered Waste Hauler
AZTECH MANAGEMENT, INC.

NJDEP Waste Hauler ID No.
17040

Cubic Yards of Waste
1.0

Name of Registered Landfill
Tri - State

City, State
Montclair, NJ 07042

Disposal Date
2/28/2020

City, State
Bronx, NY, 10474

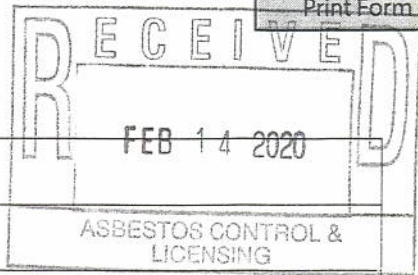
Completed By (Print or Type)
Constantine Vivian

Title
President

Signature
Constantine Vivian

Date
2/10/2020

456 Richmond Ave



CK1488

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

PAY TO

Date of Notification (1) 02/12/20		Name of Building Owner/Operator (2) Miz Construction	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	
Street Address 212 2nd Street, Suite 302		City, State, Zip Code Lakewood, NJ 08701	
Name of Contact Miz Construction		Telephone Number 732-620-2992	

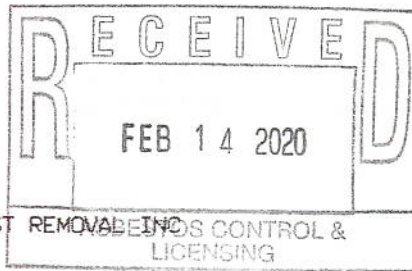
FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) [REDACTED]		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address [REDACTED]		City (5) Lakewood	
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
Start Date (10) 02/25/20		Scheduled Completion Date (11) 02/26/20	License No. 1200
Occupancy Status During Abatement (Check Only One) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe:		Name of OSHA Monitor AAA LEAD PROFESSIONALS	
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		Street Address 6 WHITE DOVE COURT	
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		City, State, Zip Code LAKEWOOD, NJ 08701	
<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
INTERIOR				SIDING	1500SF	x			

Name of Registered Waste Hauler NEWARK CARTING		NJDEP Waste Hauler ID No. 04509	Cubic Yards of Waste 8	Name of Registered Landfill IESI	
City, State NEWARK, NJ		Disposal Date 02/26/20		City, State BETHLEHEM PA	
Completed by JOSEPH PERLSTEIN		Title OWNER	Signature		Date 02/12/20

PAID



CIC 9150

02/18/2020 01:04PM 2013297440

BEST REMOVAL INC'S CONTROL & LICENSING

PAGE 02/04

Inv-18042

State of New Jersey
NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:59 and 12:120)

DOL - 10 DAY

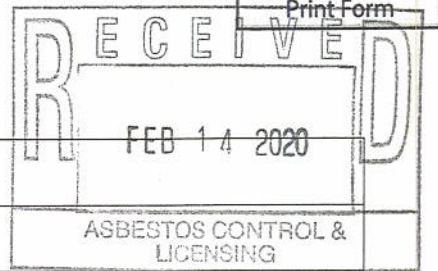
Date of Notification (1) 2/10/20		Name of Building Owner/Operator (2) MS. KAREN BOOKER							
Agency Notified <input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Appendix # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address [REDACTED]							
		City, State, Zip Code MONTCLAIR, N.J. 07042							
		Name of Contact MS. BOOKER							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) MS. KAREN BOOKER		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter S (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)							
Street Address [REDACTED]		Square Feet 2000	# of Floors 2						
City (5) MONTCLAIR		Bldg. Age 1945							
County (6) ESSEX		County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENCE						
Name of Monitoring Firm Hired by Building Owner (8)		Name of Abatement Contractor (9)							
Street Address		Street Address Best Removal Inc							
City, State, Zip Code		City, State, Zip Code 450 South River St							
Project Manager for Monitoring Firm		Telephone No. 201-329-7444	License No. 00388						
Start Date (10) 2/11/20	Scheduled Completion Date (11) 2/11/20	Name of OSHA Monitor Omega Environmental							
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input checked="" type="checkbox"/> Other - Describe: 8:00 AM TO 5:00 PM		Street Address 280 Huyler St							
		City, State, Zip Code S. Hackensack, N.J. 07606							
Scope of Work (Check all that apply) <input checked="" type="checkbox"/> ≥ 3 sf or ≥ 3 lf <input type="checkbox"/> ≥ 180 sf or ≥ 2 200 lf <input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition <input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Bag Enclosure <input type="checkbox"/> Gloving Procedure <input type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure									
Location of Asbestos-Containing Material (ACM) TO BE ABATED IN Facility (13) BASEMENT	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF) 60 LF	Abatement Type			
	Yes	No	NA			Removal	Repair	Encapsulation	Enclosure
			<input checked="" type="checkbox"/>	THERMAL SYSTEM INSULATION		<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Best Removal Inc		NJDEP Waste Hauler ID No. 17109	Cubic Yards of Waste 2 1/2 CY	Name of Registered Landfill CUMBERLAND COUNTY LANDFILL					
City, State Hackensack, N.J. 07601		Disposal Date 2/12/20		City, State NEWBURGH, PA. 17240					
Completed by J. MAIORANO		Title Estimator		Signature <i>J. Maiorano</i>				Date 2/10/20	

State of New Jersey

NOTIFICATION OF ASBESTOS ABATEMENT
(Pursuant to NJAC 8:26 and 12:12)

CK 16436

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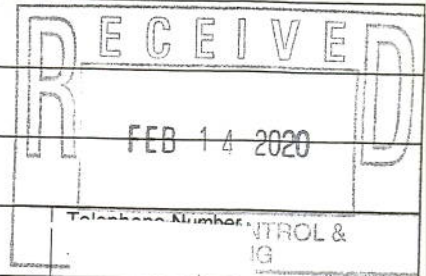


Date of Notification (1) 02/11/2020		Name of Building Owner/Operator (2) Hope Pepper								
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation								
Street Address [REDACTED]		City, State, Zip Code Tabernacle, NJ 08088								
Name of Contact Hope Pepper		Telephone Number								
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) Pepper Residence		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
Street Address [REDACTED]		Square Feet 1,120	# of Floors 2							
City (5) Tabernacle		Bldg. Age 68								
County (6) Burlington	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished) Residence								
Name of Monitoring Firm Hired by Building Owner (8) Management & Environmental Consulting Serv		ASCM No.	Name of Abatement Contractor (9) Shade Environmental, LLC							
Street Address PO Box 341		Street Address 623 Cutler Avenue								
City, State, Zip Code Chesterfield, NJ 08515		City, State, Zip Code Maple Shade, NJ 08052								
Project Manager for Monitoring Firm Bill Weisgarber		Telephone No. 609-298-4070	Telephone No. 856-755-0099							
Start Date (10) 02/20/2020		Scheduled Completion Date (11) 02/24/2020	License No. 00842							
Name of OSHA Monitor EMSL Analytical, Inc.		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 <input type="checkbox"/> Other - Describe: _____		Street Address 200 Route 130 North								
		City, State, Zip Code Cinnaminson, NJ 08077								
Scope of Work (Check All That Apply)										
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
		<input type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure								
Location of Asbestos-Containing Material (ACM) <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	464 SF	X				
Name of Registered Waste Hauler Freehold Cartage		NJDEP Waste Hauler ID No. 15939	Cubic Yards of Waste 5	Name of Registered Landfill Fairless Landfill						
City, State Freehold, NJ		Disposal Date 02/24/2020		City, State Morrisville, PA						
Completed by Christina Fay		Title VP of Operations	Signature <i>Christina Fay</i>				Date 02/11/2020			

INV-18046

State of New Jersey
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 NOTIFICATION OF ASBESTOS ABATEMENT
 (Pursuant to NJAC 8:60 and 42:120)

CHECK #1797



Date of Notification (1) 02/11/2020		Name of Building Owner/Operator (2) KEN SMITH								
Agencies Notified	Type Notification	Street Address [REDACTED]								
<input type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	City, State, Zip Code RIVERTON NJ 08077								
		Name of Contact KEN SMITH	Telephone Number [REDACTED]							
FACILITY INFORMATION										
Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)								
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)								
City (5) RIVERTON		Square Feet 5194	# of Floors 3							
County (6) BURLINGTON		Bldg. Age 100+								
County Code (7) (STATE USE ONLY)		Current Use (Prior if being demolished) RESIDENTIAL								
Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.							
Street Address 400 STREET ROAD		Street Address 570 CLEMS RUN								
City, State, Zip Code BENSALEM PA 19020		City, State, Zip Code MULLICA HILL NJ 08062								
Project Manager for Monitoring Firm MIKE PANEPRESSO		Telephone No. 215-244-1300	Telephone No. 610-304-4676							
Start Date (10) 02/12/2020		Scheduled Completion Date (11) 02/13/2020	License No. 01145							
Occupancy Status During Abatement (Check Only One)		Name of OSHA Monitor EMSL								
<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 200 RT. 130 NORTH								
Scope of Work (Check All That Apply)		City, State, Zip Code CINNAMINSON NJ 08077								
<input checked="" type="checkbox"/> ≥3 sf or ≥3 lf <input type="checkbox"/> ≥160 sf or ≥260 lf		<input checked="" type="checkbox"/> Renovation <input type="checkbox"/> Demolition								
<input checked="" type="checkbox"/> Full Containment with Negative Pressure <input type="checkbox"/> Mini-Enclosure <input 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	
GARAGE			X	PIPE INSULATION	20 LF	X				
Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 6	Name of Registered Landfill MINERVA LANDFILL						
City, State MULLICA HILL NJ		Disposal Date 02/13/2020		City, State WAYNESBURG, OH						
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>				Date 02/11/2020			

Inv 17991

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

PATD

CHECK #1796

RECEIVED
 FEB 14 2020
 CONTROL &

Date of Notification (1) 02/10/2020		Name of Building Owner/Operator (2) JOE MACINTOSH	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input type="checkbox"/> Amended <input type="checkbox"/> Amendment # <input checked="" type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		City, State, Zip Code PITMAN NJ 08071	
		Name of Contact JOE MACINTOSH	Telephone Number

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) RESIDENTIAL		Type of Facility (4)	
Street Address [REDACTED]		<input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
City (5) PITMAN	Square Feet 1841	# of Floors 2	Bldg. Age 100+
County (6) GLOUCESTER	County Code (7) (STATE USE ONLY)	Current Use (Prior if being demolished) RESIDENTIAL	
Name of Monitoring Firm Hired by Building Owner (8) CRITERION LABS		ASCM No.	Name of Abatement Contractor (9) ASSURED ENVIRONMENTAL SERVICES INC.
Street Address 400 STREET ROAD		Street Address 570 CLEMS RUN	
City, State, Zip Code BENSALEM PA 19020		City, State, Zip Code MULLICA HILL NJ 08062	
Project Manager for Monitoring Firm MIKE PANEPRESSO		Telephone No. 215-244-1300	Telephone No. 610-304-4676 License No. 01145
Start Date (10) 02/11/2020	Scheduled Completion Date (11) 02/12/2020	Name of OSHA Monitor EMSL	
Occupancy Status During Abatement (Check Only One)		Street Address 200 RT. 130 NORTH	
<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 CINNAMINSON NJ 08077	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
BASEMENT & 2ND FL CLOSET			X	DUCT PAPER	12 SF	X			

Name of Registered Waste Hauler ASSURED ENVIRONMENTAL		NJDEP Waste Hauler ID No. 0034895	Cubic Yards of Waste 3	Name of Registered Landfill MINERVA LANDFILL	
City, State MULLICA HILL NJ			Disposal Date 02/12/2020	City, State WAYNESBURG, OH	
Completed by RON SWANSON		Title GENERAL MANAGER	Signature <i>Ron Swanson</i>	Date 02/10/2020	

Inv 18122

State of New Jersey - Notification of Asbestos Abatement
(Pursuant to N.J.A.C. 8:26-7 and 12:120-7)

PAID

Check # 3326

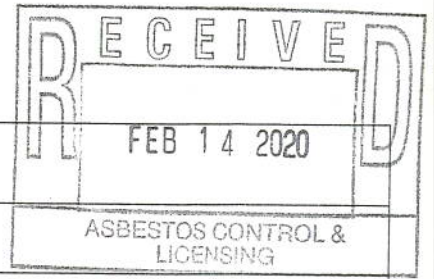
GAC Project # 060-20

Date of Notification (1) February 11, 2020		Name of Building Owner/Operator (2) RUTGERS, THE STATE UNIVERSITY OF NJ	
Agencies Notified <input type="checkbox"/> EPA <input type="checkbox"/> DCA <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DEP- No Longer REQUIRED <input checked="" type="checkbox"/> DOH	Notification Type <input checked="" type="checkbox"/> Initial Notification <input type="checkbox"/> Amended Notification # <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancelled		Street Address ENVIRONMENTAL HEALTH & SAFETY DEPT. (REHS) 74 STREET 1603, BLDG 4116, LIVINGSTON CAMPUS
			City, State, Zip Code PISCATAWAY, NJ 08854
		Name of Contact MICHAEL F. SMITH, ENV. HEALTH & SAFETY	Telephone Number 848-445-2550
FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) MEDICAL SCIENCE BLDG, BLDG# 7257		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 RBHS NEWARK CAMPUS		Sq. Feet: N/A # of Floors: 8 Bldg. Age: 60+ years	
City (5) NEWARK	County (6) ESSEX	County Code (7) (State Use Only)	Current Use (prior if being demolished): ACADEMIC
Name of Monitoring Firm Hired by Bldg. Owner (8) ATC		ASCM No. 00098	Name of Contractor (9) GREENWOOD ABATEMENT CONSULTANTS, INC.
Street Address 3 TERRI LANE		Street Address 511 MAIN STREET	
City, State, Zip Code BURLINGTON, NJ 08016		City, State, Zip Code BUTLER, NJ 07405	
Project Manager for Monitoring Firm BRIAN R. KEARNEY	Telephone Number 609-386-8800	Telephone Number 973-492-0477	License Number 00840
Scheduled Start Date (10) 02/21/2020	Scheduled Completion Date (11) 03/09/2020		Name of OSHA Monitor ENVIROVISION, INC.
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe: <input checked="" type="checkbox"/> Other- Describe: Schedule: 5PM - 5AM (FRI - MON 24 HOURS & WEEKENDS ONLY)		Street Address 20-21 WARGARAW ROAD, BLDG# 35E	
		City, State, Zip Code FAIRLAWN, NJ 07410	
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"/> Glove bag Procedure / Wrap & Cut <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure	
Location of Asbestos-Containing Material (ACM) in Facility (13)	Is Location Normally Used Solely by Maint./Custodial Staff? (12) YES NO NA	Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscell.)	Amount (Specify SF or LF)
B516, B542	<input checked="" type="checkbox"/>	VAT	2700 SF
B516, B542	<input checked="" type="checkbox"/>	Transite Bench Tops	500 SF
Name of Reg. Waste Hauler See Hauler Below #1 & 2		NJDEP Waste Hauler ID # See Below	Cubic Yards of Waste: 30 CY
Hauler #1) Greenwood Abatement Consultants, Inc. - Butler, NJ 07405 NJDEP # 12561		Name of Registered Landfill G.R.O.W.S. North Landfill	
Hauler #2) Newark Carting, Inc., Newark, NJ 04509 NJ DEP # 4509		Disposal Date 03/09/2020	City, State 100 New Ford Mill Rd. Morrisville, Pa 19067 215-736-1700
Completed by (Print or Type) RAYMOND C. PEDALINO	Title SENIOR PROJECT MANAGER	Signature <i>Raymond C. Pedalino</i>	Date February 11, 2020

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FEB 14 2020
ASBESTOS CONTROL & LICENSING

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



Date of Notification (1) 6 / 21 / 19		Name of Building Owner/Operator (2) HRP Mercer LLC	
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 checked="" type="checkbox"/> Amended Amendment #4-2/10/20 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Street Address 401 N Michigan Ave.	
		City, State, Zip Code Chicago, IL 60611	
		Name of Contact Genaro Holguin	Telephone Number 312-796-6593

FACILITY INFORMATION

Name of Facility Where Abatement is Taking Place (3) Former Mercer Generating Station		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e., private and commercial buildings, homes, etc.)	
Street Address 1366 Lamberton Rd		Square Feet	# of Floors
City (5) Trenton		Bldg. Age	
County (6) MERCER	County Code (7)(STATE USE ONLY)	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8) WCD Group	ASCM No.	Name of Abatement Contractor (9) BRISTOL ENVIRONMENTAL, INC.	
Street Address 23 Rt 31		Street Address 1123 BEAVER STREET	
City, State, Zip Code Pennington, NJ 08534		City, State, Zip Code BRISTOL, PA 19007	
Project Manager for Monitoring Firm Scott McDonald	Telephone No. 609-730-0007	Telephone No. 215-788-6040	License No. 00509

Start Date (10) 7 / 8 / 19	Scheduled Completion Date (11) ON HOLD	Name of OSHA Monitor BRISTOL ENVIRONMENTAL, INC.	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours - Describe Time of Abatement: 7:00AM-3:30PM/ ___ PM- ___ AM		Street Address 1123 BEAVER STREET	
		City, State, Zip Code BRISTOL, PA 19007	

Scope of Work (Check all that apply)

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

Location of Asbestos-Containing Material (ACM) 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
Asphalt-Type Material	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	North & South Stacks	TBD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Name of Registered Waste Hauler SERVICE TRANSPORT GROUP INC	NJDEP Waste Hauler ID No. 18706	Cubic Yards of Waste	Name of Registered Landfill G.R.O.W.S. NORTH LANDFILL
City, State YARDLEY, PA		Disposal Date	City, State MORRISVILLE, PA 19067
Completed By (Print or Type) Brian Scafiro	Title Project Manager	Signature Brian Scafiro	Date 2-10-20

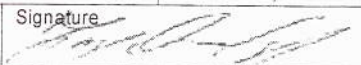
ASB-41
MAY 11 15519081

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

INV-18121
MO 2623432937

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

RECEIVED
FEB 14 2020
ASBESTOS CONTROL & LICENSING

Date of Notification (1) February 11, 2020		Name of Building Owner/Operator (2) Centerpoint Rutherford, LLC							
Agencies Notified <input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA		Type Notification <input checked="" type="checkbox"/> Initial Amended Amendment # 1 <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation							
Street Address 1808 Swift Drive		City, State, Zip Code Oak Brook, IL 60523							
Name of Contact Project Manager		Telephone Number 201-336-0477							
FACILITY INFORMATION									
Name of Facility Where Abatement is Taking Place (3) 49 Rutherford St		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 91-127 Rutherford St		Square Feet							
City (5) Newark		# of Floors							
County (6) Essex		Bldg. Age							
County Code (7) <i>(STATE USE ONLY)</i>		Current Use (Prior if being demolished) empty							
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		Name of Abatement Contractor (9) Super, LLC							
Street Address 28 North Pennell Road		Street Address 203 Belmont Ave.							
City, State, Zip Code Media, PA 19063		City, State, Zip Code Haledon, NJ 07508							
Project Manager for Monitoring Firm Ron Khachadourian		Telephone No. (800) 969-6AET							
Start Date (10) 2/18/20		License No. 01195							
Scheduled Completion Date (11) 2/17/21		Name of OSHA Monitor Super, LLC							
Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		Street Address 203 Belmont Ave.							
Scope of Work (Check All That Apply) <input type="checkbox"/> ≥3 sf or ≥3 lf <input checked="" type="checkbox"/> ≥160 sf or ≥260 lf		City, State, Zip Code Haledon, NJ 07508							
<input type="checkbox"/> Renovation <input checked="" type="checkbox"/> Demolition		<input type="checkbox"/> Full Containment with Negative Pressure <input checked="" type="checkbox"/> Mini-Enclosure <input checked="" type="checkbox"/> Glovebag Procedure <input checked="" type="checkbox"/> Non-Exempted (*) and Non-Friable Procedure							
Location of Asbestos-Containing Material (ACM) <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 checked="" type="checkbox"/>			See attached	See attached	<input checked="" type="checkbox"/>			
Name of Registered Waste Hauler Super, LLC		NJ DEP Waste Hauler ID No. WH16329		Cubic Yards of Waste TBD		Name of Registered Landfill Fairless Landfill			
City, State Haledon, NJ		Disposal Date 2/17/21		City, State Morrisville, PA 19067					
Completed by Tailor Dominguez		Title Project Manager		Signature 		Date 2/11/20			



Boiler Room

- Approximately 200 square feet of tank insulation associated with Tank 1.
- Approximately 40 linear feet of end cap mastic associated with the water Tank.
- Approximately 800 linear feet of window glazing throughout.
- Approximately 20 linear feet of caulking within the Parts Storage area.

Main Production - 2nd Floor

- Approximately 20 linear feet of gasketing associated with AFG29.
- Approximately 720 linear feet of vertical pipe insulation throughout.
- Approximately 340 linear feet of horizontal pipe insulation throughout.

Main Production - 3rd Floor

- Approximately 100 linear feet of tar cover associated with elbow insulation throughout.
- Approximately 100 linear feet of tar cover associated with valve insulation throughout.
- Approximately 3 linear feet of gasketing associated with LM36.
- Approximately 800 square feet tar associated with vessel insulation from Tank 53.

Exterior Tank Field

- Approximately 160 linear feet of tar cover associated with elbow insulation throughout the Tank Field.

- Approximately 160 linear feet of tar mastic associated with valve insulation throughout the Tank Field.

Building 4

- Approximately 72 linear feet of elbow insulation throughout.
- Approximately 2,200 square feet of roof panels within the Electrical Room.

Office Building

- Approximately 800 square feet of mastic associated with non-asbestos 12x12 white with Tan Speck Floor tile within the hallway outside the Guard Room.

- Approximately 800 square feet of 9x9 tank floor tile within the hallway outside the Guard Room.
- Approximately 800 square feet of 9x9 tank floor tile and associated mastic adhesive within the Exit Hallway.
- Approximately 800 square feet of 9x9 gray floor tile within the Locker Room, Outside Office and Hallway.
- Approximately 800 square feet of 9x9 white floor tile and associated mastic within the Driver Room.
- Approximately 120 linear feet of elbow insulation within the Electrical Room & Above Solid Ceiling.
- Approximately 25 linear feet of window glazing within the Rear Storage Area.

Transfer Station

- Approximately 30 linear feet of window glazing throughout.
- Approximately 650 square feet of transite panels associated with the Former Conveyor Belt.

Exteriors Throughout 91-127 Rutherford St

- Approximately 80 windows with window glazing associated with each structure.
- Approximately 22,500 SF of built up roofing material and associated transite panels associated with Office Building and Buildings 4, 3 & 3A at the 91-127 Rutherford St. Note: Roofing materials were presumed to be asbestos containing (PACM)



Inv 18120

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

not 262 343 29926



Date of Notification (1) February 11, 2020		Name of Building Owner/Operator (2) Centerpoint Rutherford, LLC	
Agencies Notified	Type Notification	Street Address 1808 Swift Drive	
<input checked="" type="checkbox"/> EPA <input checked="" type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL	<input type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended Amendment # 1	City, State, Zip Code Oak Brook, IL 60523	
<input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	<input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	Name of Contact Project Manager	
		Telephone Number 201-336-0477	

Name of Facility Where Abatement is Taking Place (3) 49 Rutherford St Street Address 17-89 Rutherford St City (5) Newark		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
County (6) Essex	County Code (7) (STATE USE ONLY)	Square Feet	# of Floors
Name of Monitoring Firm Hired by Building Owner (8) AET, Inc		Current Use (Prior if being demolished) empty	

ASCM No.		Name of Abatement Contractor (9) Super, LLC	
Street Address 28 North Pennell Road		Street Address 203 Belmont Ave.	
City, State, Zip Code Media, PA 19063		City, State, Zip Code Haledon, NJ 07508	
Project Manager for Monitoring Firm Ron Khachadourian		Telephone No. (800) 969-6AET	License No. 01195
Start Date (10) 2/18/20	Scheduled Completion Date (11) 2/17/21	Name of OSHA Monitor Super, LLC	

Occupancy Status During Abatement (Check Only One) <input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____	Street Address 203 Belmont Ave. City, State, Zip Code Haledon, NJ 07508
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Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
Bld 9	<input checked="" type="checkbox"/>			roofing	18,500 s/f	<input checked="" type="checkbox"/>			
Bld 9a	<input checked="" type="checkbox"/>			"-	4,000 s/f	<input checked="" type="checkbox"/>			

Name of Registered Waste Hauler Super, LLC	NJ DEP Waste Hauler ID No. WH16329	Cubic Yards of Waste 225	Name of Registered Landfill Fairless Landfill
City, State Haledon, NJ	Disposal Date 2/17/21	City, State Morrisville, PA 19067	
Completed by Tailor Dominguez	Title Project Manager	Signature 	Date 2/11/20

MO 2687957426

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

Print Form
 RECEIVED
 FEB 14 2020
 ASBESTOS CONTROL & LICENSING

Date of Notification (1) 02/11/20 <i>Inv-18119</i>		Name of Building Owner/Operator (2) William Brennan	
Agencies Notified	Type Notification	Street Address	
<input type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input type="checkbox"/> DOH <input type="checkbox"/> DCA	<input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amended Amendment # _____ <input type="checkbox"/> Emergency (including justification) <input type="checkbox"/> Cancellation	[REDACTED]	
		City, State, Zip Code Montclair, NJ, 07042	
		Name of Contact Luis Amengual	Telephone Number

Name of Facility Where Abatement is Taking Place (3) William Brennan		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) Montclair, NJ, 07042	Square Feet 2200	# of Floors	Bldg. Age
County (6) Essex	County Code (7) (STATE USE ONLY) _____	Current Use (Prior if being demolished)	

Name of Monitoring Firm Hired by Building Owner (8)	ASCM No.	Name of Abatement Contractor (9) L.E.M. Construction LLC	
Street Address		Street Address 440 Lincoln Ave	
City, State, Zip Code		City, State, Zip Code Cliffside Park, 07010	
Project Manager for Monitoring Firm	Telephone No.	Telephone No. 201-500-9896	License No. 02004

Start Date (10) 02/11/20	Scheduled Completion Date (11) 02/14/20	Name of OSHA Monitor	
Occupancy Status During Abatement (Check Only One)		Street Address	
<input checked="" type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input type="checkbox"/> Abatement Performed Outside of Normal Facility Hours <input type="checkbox"/> Other - Describe: _____		City, State, Zip Code	

Scope of Work (Check All That Apply)

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

Location of Asbestos-Containing Material (ACM) TO BE ABATED In Facility (13)	Is Location Normally Used Solely by Maintenance/Custodial Staff? (12)			Description of Asbestos Containing Material (ACM) (i.e. thermal systems insulation, surfacing, VAT, or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
2nd Floor		X		Asbestos Clean Up	2200Sf			X	

Name of Registered Waste Hauler Newark Carting	NJDEP Waste Hauler ID No. 4509	Cubic Yards of Waste TBD	Name of Registered Landfill TBD
City, State TBD	Disposal Date TBD	City, State TBD	
Completed by Luis Amengual	Title Owner	Signature 	Date 02/11/20